THE ROLE OF RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE : GUIDELINES FOR CURRICULA DEVELOPMENT AT SOUTH AFRICAN SCHOOLS OF SOCIAL WORK.

BY

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DECLARATION OF ORIGINALITY

I hereby declare that the whole of this thesis, unless specifically indicated to the contrary in the text, is my original work.

RAISUYAH BHAGWAN

JANUARY 2002

Submitted with the approval of Prof. Vishanthie

Sewpaul.....(Supervisor), on the .....

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ABSTRACT

Religion and spirituality viewed within the context of the person-in-situation gestalt, interacts with and influences social work practice and education in a myriad ways. Internationally there has been strong acceptance of a biopsychosocial and spiritual paradigm in social work practice. Accordingly, a number of Schools of Social Work have moved toward integrating religion and spirituality into the curriculum so as to prepare students for spiritually sensitive social work practice. Locally, however, the field remains relatively unheard of and local Schools of Social Work have not introduced this topic into the curriculum.

This study was conceptualized to undertake a comprehensive investigation into the role of religion and spirituality in social work practice and education. Particular areas of interest included the use of spiritually based intervention techniques in practice, transpersonal social work and curricula development.

The study was directed primarily toward the development of an indigenous course on religion, spirituality and social work. Developmental research methodology in conjunction with participatory research methodology guided the research endeavour. A state of-the-art review of international syllabi was undertaken to serve as a framework upon which this course was built. A national survey was undertaken to assess the views of all final year social work students with regard to the role of religion and spirituality in social work practice, and their views about the inclusion of content in this area, in the curricula. This together with data obtained about their views on specific content for an indigenous course, was used to shape the interventional innovation. The latter took the form of comprehensive guidelines, consisting of thirteen units, which covered various facets of spirituality, religion and social work. Some of the units designed focused on spiritual assessment, models of spiritual development, spiritually based intervention and research techniques in this field. The guidelines were then disseminated to all Heads of Schools of Social Work in South Africa for the purpose of evaluation. Evaluative data reflected that the programme had covered all areas sufficiently and could be used to guide the introduction and implementation of the course at South African Schools of Social Work.

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(I wonder if this Friend be God ? – Anon).

DEDICATION

To Swami

with all my love and thanks
for Dharmesh, Aditi and Pranav

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PART ONE

INTRODUCTION

Marrying science and spirituality

The greatest sacred stories are our own stories.
This is because the spirit tells our stories to us in the unfolding of our life journeys.
Meinrad Craighead (in Clements, Ettling, Jenett and Shields, 1998, p. 114).

CHAPTER ONE

INTRODUCTION

Spirituality is .....

Human longing for relationship, to transcend oneself.
Yearning for meaningful relationships.
A person, creating / nurturing my being.

Sensual. Senses / smells / sounds / waves / breathing.
Something deep. A flame dancing / roaring .....
Tiny, barely going - it's life / it's alive.

Connectedness. With nature / snow / water.
A feeling. Faith - something greater.

Connections and interactions.

Struggle and hurt.
A circle, joining and pulling.
A creative restlessness.

Ongoing. A process, a journey.
To see beyond. Vision.
Beyond the present.
A moment.

The above poem mirrors the vast landscape of human experiences of spirituality (cited in The Spirituality and Social Work Forum, 1999, p.3). Writing in very profound terms, Voss, Douville, Little Soldier and Twiss (1999) said that "to speak of human beings is to speak of spiritual or transpersonal reality" (p.244). For both Canda (1988a) and Okundaye and Gray (1999) spirituality is the gestalt of the total process of human life that embraces biological, mental, social and spiritual aspects. Siporin (1985) asserted that spirituality provides a context within which "a person strives for transcendental values, meaning, experience and development; for knowledge of an ultimate reality, for belonging and relatedness with the moral universe and community; and for union with the immanent, supernatural powers that guide people and the universe for good and evil"

(p. 210-211). Writing in more personal terms, Peterson and Nelson (in Lukoff, Turner and Lu, 1993) expressed that spirituality is "the transcendental relationship between the person and a Higher Being, a quality that goes beyond specific religious affiliation" (p.13).

Sheridan, Wilmer and Atcheson (1994) made an important distinction between religion and spirituality, saying that spirituality may be seen as "the human search for purpose and meaning of life experiences, which may or may not involve expressions within a formal religious institution" (p.40). Spirituality is thus "not contained by the theological walls of any specific ideological system" .... nor is it "considered as equivalent with religion, religiosity or theology" (Cowley and Derezotes, 1994, p.33). "Indeed an atheist can have a profound spiritual life" (Bloomfield, 1980, p.124).

Canda and Furman (1999) embraced spirituality within the context of social work practice, saying that it is the "heart of helping. It is the heart of empathy and care, the pulse of compassion, the vital flow of practice wisdom, and the driving force of action service" (p.xv). This introduction reflects the essence of spirituality within a personal and social work context. The linking of spirituality, humankind and social work form the central threads around which this study is woven and bound.

This chapter provides the problem statement and rationale for the current study and discusses the role of religion and spirituality in social work practice. The research objectives and questions, the value of the study and the theoretical framework of the study are also elucidated. Developmental research methodology is introduced as the research paradigm for the study. This is followed by a brief description of the structure of the thesis as a whole and the content of the various chapters therein.

PROBLEM STATEMENT

Religion and spirituality are not considered in the social work curriculum at South African Schools of Social Work. Although students are being schooled into the holistic biopsychosocial model, spirituality is not being considered within this framework. Assessment and intervention strategies may therefore be less effective as they are ignoring important components of the client's life viz. the religious and spiritual dimensions.

RATIONALE FOR THE STUDY

There currently exists a void in the South African social work curriculum with regard to religion and spirituality. This may be attributed to the lack of awareness of the importance of the religious and spiritual dimensions in the lives of clients. These factors provided the impetus for the study and established the need to develop curricula in this area. It was believed that through the introduction of such a course students would begin to adopt a biopsychosocial and spiritual paradigm in practice. It would also equip students with knowledge and skill to intervene in this area. Educators would also become more aware of the importance of the field thus possibly leading to publications in this area and to empirical work being undertaken.

HISTORICAL DEVELOPMENT OF THE FIELD

Religion, spirituality and social work are not antithetical to each other. Social works' earliest roots are embedded in the rich Judeo-Christian heritage (Leiby, 1985; Siporin, 1986). Furman (1994) expressed that the Christian biblical command to love one's neighbour was translated into a sense of moral responsibility for social service and inspired the development of philanthropy and charity organizations in the United States

during the 19th century. It was through the vehicles of religious organizations, that social workers sought to establish orphanages, hospitals and schools, the values of the temple and church remaining dominant influences throughout the early years (Holland, 1989).

Although the earliest forms of organized social work were shaped by religious teachings (Siporin, 1983), the profession moved quickly away towards a secular orientation (Constable, 1983; Sheridan et al., 1994). The movement towards secularization was attributed to the rise of the scientific and positivist paradigms, which became the dominant ideologies in the 19th century (Sacco, 1996b). Scientism has been described as "the almost mythical belief that only science can provide the knowledge necessary for solving problems, technological as well as social and charitable" (Loewenberg, 1988, p. 19). The fledgling social work profession thus, began to fervently embrace the spirit of scientism. The chasm that existed between social work and religion may also be seen within the context of the profession's desire to align itself with the then prevailing medical model (Cnaan, Goodfried and Newman, 1996; Bullis, 1996). Spiritual struggles and moral quandaries were defined as problems of individual mental health needing expert therapeutic solutions (Holland, 1989). There was also, at the beginning of the decade, a lack of explicit curricular attention to religious dimensions of the field. Faver (1987) asserted that the neglect of religion in social work education should also be seen in its historical context. She wrote that although social work drew upon its religious values in its early years, its efforts to secure academic acceptance for its professional education, occurred at a time when skepticism and positivism were becoming dominant on American campuses (ibid).

THE ROLE OF RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE

The past decade has seen a resurgence of interest in the interface of spirituality, religion and social work (Bullis, 1996). According to Roof (in Russel, 1998) "religious and spiritual themes are surfacing in a rich variety of ways, in Eastern religions, in evangelical and fundamentalist teachings, in mysticism, and New Age movements, in Goddess worship and other ancient religious rituals, in the mainline churches and synagogues, in Twelve-Step recovery groups, in concern about the environment, in holistic health, and in personal and social transformation" (p. 17-18). A Gallup poll in America found that 94% of the population believe in God and more than 75% expressed that religious involvement has been a positive experience for them (in Sheridan, Bullis, Adcock, Berlin and Miller, 1992). There are no statistics available on current trends in the South African context.

A number of studies conducted amongst practitioners, educators and students, have established support for the role of religion and spirituality in social work practice (Canda and Furman, 1999; Bullis, 1996; Sheridan et al., 1994; Dudley and Helfgott, 1990; Cascio, 1998). Persuasive arguments have also been made for the inclusion of religion and spirituality in the social work curriculum (Derezotes and Evans, 1995; Tolliver, 1997; Amato-von-Hemert, 1994; Sheridan and Amato-von-Hemert, 1999). Despite the rapid movement towards spiritually sensitive social work practice, Canda and Furman (1999) noted that many practitioners, students, and educators remain unaware of this field of practice.

Religion and spirituality impact upon and shape social work practice in a myriad ways. Spirituality and social work share similar goals (Bullis, 1996; Cascio, 1998). Both form natural allies in working toward personal well

being and for strengthening groups, families and communities (Netting, Thibault and Ellor, 1990; Denton, 1990; Bullis, 1996; Smith and Gray, 1995). A spate of articles have been written elucidating the power of spirituality in dealing with a range of problems such as terminal illness, grief and divorce (Maton, 1989; Breen, 1985; Klein, 1986; Smith, 1995; Smith and Gray, 1995); physical impairment (Aguilar, 1997); and substance abuse (Berenson, 1987; Krystal and Zweben, 1989).

Within the context of the helping situation, clients may also show an interest in religious or spiritual issues and may identify spiritual problems or goals (Dudley and Helfgott, 1990). Bullis (1996) expressed that the spiritual issues clients bring to the helping situation are as diverse as the clients themselves. "For some grief, over the loss of a loved one, a job or career, a marriage, or a child is spiritual. For some decisions over pregnancy, marriage, separation and divorce, disease, terminal illness or debilitating illnesses are spiritual. For others the experience of depression, alienation, isolation or ennui evokes spiritual issues. For still others ...child custody disputes, child abuse or domestic violence trigger spiritual concerns" (p. 9). A client's spiritual beliefs are also major determinants in a vast range of decisions that the client has to make. Many social issues encountered during the helping process have religious dimensions. These include abortion, the use of contraceptives, homosexuality, reproductive technology and the roles of women in society (Zastrow, 1999).

Viewed within a multidimensional perspective, religion and spirituality also have the potential to manifest in unhealthy behaviour patterns. Bergin (1990) said that certain religious and spiritual phenomena have the capacity for destructiveness. Cult involvement (Goldberg and Goldberg, 1982; Addis, Schulman-Miller and Lightman, 1984), demonic possession (Sanville, 1975); religious pathology, rigid ideologies and religious fervor

associated with mental illness (Lukoff, 1985) all add practice challenges for the social work profession.

Of significance is the newest version of the American Psychiatric Associations' Diagnostic and Statistic Manual-IV, which recognizes religious and spiritual problems as an important area of assessment. Spiritual problems that do not involve mental illness have been categorized under a new V code in DSM-IV, "V62.89 Religious or Spiritual Problem" (p. 685). Those who advocated for this new category indicated that religious problems could include "distress relating to changes in religious membership or belief, unusually intense adherence to religious beliefs and practices, loss or questioning of religious faith, guilt at committing a transgression against religious principles, and participation in destructive religious groups" (Canda and Furman, 1999, p.244). A spiritual problem on the other hand was defined as "distressing experiences of a transpersonal nature or that involve powerful questioning of one's fundamental spiritual values that underpin the sense of self and reality" (ibid). Examples of this type include distress associated with mystical experiences, near-death experiences, meditation related difficulties, and crises of meaning associated with terminal illness and addictions.

Significant attention has also been drawn to the value of spiritually based intervention techniques in the treatment of a range of psychosocial problems (Bullis, 1996; Cascio, 1998; Canda and Furman, 1999). Some of those described in the literature are referrals to twelve-step self-help groups, use of or recommending religious literature in counselling, teaching spiritual meditation to clients, helping clients clarify religious or spiritual values in counselling, referring clients to religious leaders or to members of clergy and exploring religious elements in dreams (Bullis, 1996; Zastrow, 1999; Canda and Furman, 1999). Empirical work conducted in the United

States revealed that an extensive range of these interventions are being used in practice (Bullis, 1996; Canda and Furman, 1999). Despite the potential value of most of these interventions, there are those such as private prayer for a client, touching clients for "healing" purposes and performing exorcism that provoke strong ethical dilemmas in relation to their appropriateness in social work practice (Bullis, 1996; Canda and Furman, 1999). Social workers would therefore require education and training in terms of their use and appropriateness.

As a result of these issues there has been strong advocacy for the inclusion of religion and spirituality in the social work curriculum (Cowley and Derezotes, 1994; Dudley and Helfgott, 1990; Sheridan et al., 1992; Sheridan and Amato-von-Hemert, 1999; Russel, 1998; Netting et al., 1990; Kilpatrick and Holland, 1990; Canda, 1989). Spirituality and religion has also been reintroduced into the Council on Social Work Education's curriculum guidelines in the United States (Russel, 1998; Zastrow, 1999). The Council's Commission on Accreditation Handbook of Accreditation Standards and Procedures, 1995 (in Russel, 1998) stated that programs must provide curriculum content about differences and similarities in the experiences, needs, and beliefs of people. The Standards further provide that practice content also includes approaches and skills for practice with clients from differing social, cultural, racial, religious, spiritual, and class backgrounds.

Research conducted with social work practitioners, educators and students, reveal that a huge gap exists in the curriculum with regard to religion and spirituality (Joseph, 1988; Sheridan et al., 1992; Sheridan et al., 1994; Derezotes and Evans, 1995). Cox (1985) and Joseph (1987) argued that for social work practice and education to remain relevant to present day social problems, the spiritual dimension could no longer be neglected. Echoing

the sentiments of many in the literature, Derezotes and Evans (1995) said that social workers were "hungry for more knowledge and skills in these practice domains" (p.51). To fill this void Sheridan and Amato-von-Hemert (1999) articulated the need to build a course on religion, spirituality and social work.

VALUE OF THE STUDY

Religion and spirituality can be regarded as specialized domains of practice that have received minimal attention in social work in South Africa. There have however, been a few articles which have been published recently which have acknowledged the relationship between various religious systems and social work. Sewpaul (1997) for example highlighted the relationship between Hindu philosophy and social work, whilst Mupedziswa (1996) discussed the compatibility between Christianity and the social work profession as "human service strategies" (p.378). Other writers such as Kinghorn (1998) more clearly illustrated the influence of religion and spirituality on social work services. He suggested that social welfare should link up with religion, thus teaming up with the "widest grassroots network of human relations available in Africa" (p.89). Arguing the need for "cross cultural competence," Sikhitha (1996) said that social workers in the new South Africa, would no longer be practising within their own ethnic cocoons (p.61). Lending support for this stance, Sewpaul (1997) said that an understanding of religious and cultural diversity and pluralism is necessary as social workers are being called upon to provide services to clients with whom they had little or no interaction under the previous political dispensation.

The author was able to locate only one study, with a focus on spirituality and social work in the local context. Sacco (1996a) utilizing a qualitative

approach investigated the significance of spirituality in the lives of 35 social work students in their first year of study at the University of Witwatersrand. About 90% of the students saw spirituality to have provided: the opportunity to be part of the collective; guidance; clarity; a perspective on life; direction; sustenance; safekeeping and a reminder of the ever-presence of God.

Although the field of spirituality and social work has developed significantly in the international context, the field remains relatively unheard of in the South African context. Since the formation of the Society for Spirituality and Social Work in America in 1990, the growth of the field has rapidly extended to other countries like Britain and Asia. At a Conference on Spirituality and Social Work, which was hosted at the University of Kansas, from the 24-27 June 2000, it was revealed that the Society for Spirituality and Social Work had a membership of approximately 1000 social workers from around the world. Although membership consisted primarily of Americans, it also included social workers from East Asia, Canada, Britain and Ireland. There are only two South Africans who belong to the Society.

The relationship between religion, spirituality and social work practice has therefore become firmly established within these contexts. Models guiding assessment and the use of spiritually based interventions have also evolved, particularly within the American context (Bullis, 1996; Sherwood, 1998; Cascio, 1998; Canda and Furman 1999). Whilst empirical work has bourgeoned internationally, there appears to be little movement in this direction locally. The Society for Spirituality and Social Work have actively supported the need for research in this field and have created a support network for students involved in research in the field. This was done at a

research-mentoring workshop at their Conference in the year 2000. The researcher is a member of this global network.

An increasing number of universities in the American context have offered courses on religion, spirituality and social work. Although there appears to be a slight movement toward infusing such content into social work programs locally (Kasiram and Partab, 2001) educators will have to awaken to global trends in this field.

This study has been conceived to undertake a comprehensive investigation into the current state of the art of syllabi in religion and spirituality, with a view to designing and developing an indigenous model that will guide curriculum development in South Africa. Although significant empirical work has been done abroad, research in this field is non-existent within the local context. Literature review to date indicates that this topic is original and has not been given consideration within any other local research study. This study serves to assess the attitudes and opinions of final year social work students towards the role of religion and spirituality in social work education and practice. It also probes the extent to which these students have utilized spiritually based interventions in their fieldwork placements. Most importantly it provides baseline data that will enable the development of a course on religion, spirituality and social work. An indigenous course will therefore exist that can assist the planning and implementation of the programme at local Schools of Social Work.

A focus on education and training will contribute to ensuring that spirituality is accepted as an important component of human functioning, thus reinforcing the biopsychosocial and spiritual model. Adequate professional preparation will ensure that religion and spirituality is considered in assessment and absorbed into the process of intervention.

Most importantly this study will serve as an impetus to have the course introduced at Schools of Social Work in South Africa.

CONCEPTUAL FRAMEWORKS OF THE STUDY

The primary conceptual framework guiding this study is the holistic integrative biopsychosocial framework, embraced by the eco-systems perspective. Strengths theory (Saleebey, 1997) is also used as a framework to highlight the importance of spirituality as an integral strength component of the human system. The ecosystems perspective is used to create an awareness of the dynamic and reciprocal interactions between religion and spirituality and the worlds of education and practice.

The social work profession has long ascribed to the biopsychosocial paradigm as its conceptual base. The exclusion of the spiritual component within such a framework is antithetical to the holistic thesis, which is central to this framework. The biopsychosocial approach posits that no problem can be totally understood or totally explained until its component parts have been holistically assessed (Zastrow, 1999). The religious and spiritual dimensions are intricately interwoven with the other facets of human functioning, thus to ignore it prevents a holistic approach (Keen, 1974; Faver, 1987; Cowley and Derezotes, 1994; Aguilar, 1997). Oberteuffer (in Banks, Poehler and Russell, 1984, p. 16) said "man (sic) in total included physical, intellectual, emotional, social, aesthetic, and spiritual components." These components are in continual interaction as an individual functions and should not be seen as separate and competing selves (ibid). Similarly Satir (in Cascio, 1998) expressed that there are eight interrelated parts of an individual viz. the physical, intellectual, emotional, sensual, interactional, nutritional, contextual and spiritual dimensions, which need consideration in assessment. "Each is important to

the whole and needs to be acknowledged, considered and explored " as an imbalance in one of these contexts affects overall functioning (Schwab, in Cascio, 1998 p. 526). Those therapists who ignore or avoid the spiritual dimension of human experience therefore miss opportunities for supporting and fostering psychological growth (Hinterkopf, 1994; Jacobs, 1997).

The previous lack of emphasis on spirituality may be attributed to the fact that most social work theories were based on Western psychological frameworks. Traditionally the reductionistic, linear frameworks of the psychoanalytic, biomedical and behavioral models influenced social work (Cowley, 1993). A major flaw of these models was their focus on cumulative causative factors, current behavioral manifestations (Strohl, 1998), and on the treatment of pathology. Social work operates within the framework of the strengths perspective (Saleebey, 1997), which seeks to assess and build upon client's resources and positives rather than focus on pathology. For many clients "their spiritual nature is a tremendous strength from which the social worker must draw" (Cascio, 1998, p. 525). Canda and Furman (1999) argued that the practice of social work, within this perspective, means "people are viewed as whole beings with inherent capacities for resilience and creativity" (p. xxiii). Thus when people seek social work services for their problems, they are not reduced to these problems. Problems are merely one facet of their situation and not the defining feature. Problems instead create opportunities for growth. To define a person in terms of their problems or deficiencies is therefore to "dehumanize that person and to dull our own awareness of the strengths, resources and resiliencies" of that person (ibid, p. xxiv).

Although there is acceptance of the biopsychosocial and spiritual model, it remains to be absorbed into the worlds of practice and education. The eco-systems perspective, with its emphasis on the person-in-environment

gestalt, provides a framework for recognizing the complexities and dynamics of the interrelationships between the individual and other systems (Weick, 1987). Religion and spirituality, as it interfaces with social work practice and education, cannot be seen as discrete and separate entities. Rather they are all closely intertwined, their reciprocal interaction continuously shaping and influencing the delivery and effectiveness of new and innovative educational and social work services. Social work educators, administrators, researchers, policymakers, and practitioners will therefore have to take cognisance of the spiritual dimension - along with other dimensions such as physical, emotional, cognitive, cultural, organizational, or sociopolitical, with the clients, organizations and communities that they serve (Cowley and Derezotes, 1994).

In order to absorb the spiritual paradigm into the world of practice, the educational system will have to become more open to accepting this dimension. Thus far "the social work curriculum seems to have neglected, omitted, and carefully avoided one of the most basic aspects of human nature - the spiritual" (Cowley and Derezotes 1994, p.100). Sollod (in Cowley and Derezotes, 1994) said that a social work curriculum that deletes or omits content related to the spiritual dimension is "hollow" (p.100). If the social work profession seeks to embrace the multicultural, multidimensional and holistic approaches embraced by the ecosystems paradigm, educators will have to build the spiritual and transpersonal frameworks into the educational programme (ibid). In so doing the biopsychosocial and spiritual paradigm will start to guide social work practice.

THE RESEARCH OBJECTIVES

The primary aim of the study is to develop guidelines for curricula development in the area of religion, spirituality and social work. The objectives of the study are as follows: -

- To assess the opinions and attitudes of final year social work students, at all Schools of Social work in South Africa, towards religion and spirituality in social work education and practice;
- To assess the extent to which spiritually based interventions are being currently utilized in practice and to assess student social workers opinions on whether these constitute appropriate intervention skills;
- To establish the opinions of student social workers on the inclusion of content on religion and spirituality in the curriculum;
- To develop and evaluate guidelines for curricula in this area.

RESEARCH QUESTIONS

- What are the personal beliefs and attitudes of students toward religion and spirituality?
- What are the views of students on the role of religion and spirituality in social work practice?
- To what extent are religion and spirituality considered in the South African social work curricula?
- What are the beliefs and attitudes of student social workers towards the use of spiritually based intervention methods in practice?
- What content needs to be considered for the development of indigenous curricula in this field?

RESEARCH ASSUMPTIONS

- Religion and spirituality are not considered in the curricula of South African Schools of Social Work (Van Rooyen, 1996).
- Although student social workers may have been trained within the framework of the holistic biopsychosocial model, the spiritual component is still being neglected within such a framework.
- While most student social workers may consider spiritual or transpersonal experiences to be important they do not build such phenomena in their counselling methodology (Sheridan and Amato-von-Hemert, 1999).
- Although they may consider it appropriate, student social workers may not be utilizing spiritually based interventions in counselling because they lack professional training to do so (Sheridan and Amato-von-Hemert, 1999).

THE RESEARCH APPROACH

The social science research toolbox is a large one, well equipped with an extensive and growing range of research approaches. Each tool or methodology and its accompanying worldview or mindset boasts a different type of efficiency. To the researcher embarking upon a study, the choice of the appropriate tool can therefore be daunting. In the beginning logical positivism and psychological behaviorism were held "as the epistemological imprimatur" (Anderson, 1998, p. xxviii), making the choice of methodology an easy one. The past two decades however have seen the emergence of a range of theories such as feminist theory, existential phenomenological theory, constructionism, narrative methods, discourse analysis and heuristic methods that have significantly broadened the

horizons of epistemology and methodology (Sherman and Reid, 1994; Rodwell, 1998).

Traditionally research was guided by the following assumptions and research practices viz. research should provide access to accurate, valid knowledge and should possess unique safeguards against error, research is value free, its major aim should be to discover universal laws that provide the possibility of explanation, prediction and control, and quantitative approaches are privileged over qualitative methods (Braud and Anderson, 1998). Several theorists and practitioners began to question and criticize these conventional approaches, stating that although such assumptions and practices have been useful in certain areas of science, they are incomplete and unsatisfactory in addressing complex human actions and experiences. The terms "modern Western mind-set, orthodox science, positivist paradigm and separatist science" accordingly emerged to characterize the prevailing scientific paradigm, whilst the terms "alternative, complementary, naturalist, wholeness and extended science" were usedto denote the complementary views being proposed (ibid, p. xii.)

The quest to find a methodology that would marry science and the sacred proved challenging. Using Braud's (1998) words I felt that a paradigm which moved from "matter to spirit, from experimental to experiential and from quantitative to qualitative" (p.xi) would best wed these two worlds within a study on spirituality. My experiences as researcher, especially with the Master's programme, exposed me to and gave me the opportunity to become proficient with qualitative research methods. Having adopted and become familiar with this type of methodology, and its accompanying worldview, proved an immense challenge as this approach seemed to be the most significant and effective. The fierce debates in the literature, which dichotomized the quantitative and qualitative paradigms, compounded my

feelings of uncertainty and also made it difficult to abandon the qualitative approach as a research tool (Toseland, 1994; Patton, 1990).

Leedy (in De Vos, Schurink and Strydom, 1998) stated that research methodology rests upon a bedrock axiom ".... the problem for research dictate the research methodology" (p.15). As the research questions were more aligned with a quantitative approach, I began to accept the value of this paradigm. The conflict was resolved as I began to see both the qualitative and quantitative methods within a spirit of being "interlocked in an embrace, not of conflict or battle but of dance - swirling together to the tune of "both-and" rather than "either-or" (Braud and Anderson, 1998, p.xii). This union is not antithetical to the holistic perspective, which underpins this study. ".... the idea that the two paradigms are inherently incompatible or that one is better or more accurate than the other" must be discarded (Meares, in De Vos, Schurink and Strydom, 1998, p. 17). Despite their philosophical differences, both paradigms "play an equally complementary role in knowledge building" (Rubin and Babbie, 1993, p. 30).

BRIDGING THE GAP BETWEEN THE WORLDS OF RESEARCH AND PRACTICE

As early as 1964, Hollis (in Hess and Mullen, 1995) expressed that "casework has two great needs. One is for the development of greater skill among practitioners..... The other is for research into problems of casework practice"(p. 2). Woods and Hollis (in Hess and Mullen, 1995) asserted that "the growth of knowledge, the status of the profession, and the improvement of casework treatment require a spirit of cooperation between clinicians and researchers. Each has much to learn from the knowledge, perspectives and skills of the other; together they can contribute to

improved methods of clinical experimentation and increased clinical competence" (ibid, p.3). For Bisman and Hardcastle (1999) there exists currently a dichotomy between research and practice, both being seen as separate and distinct activities. Feldman and Siskin (1995) however pointed out that there was a call from social workers of all types - practitioners, administrators, researchers and educators to forge more effective partnerships between the worlds of research and practice. They contended that the well being of the worlds of practice, research and education are "mutually interdependent" (ibid, p. xi).

For Hess and Mullen (1995) the bifurcation of the profession's practice and research communities is one possible reason why social work knowledge has not developed adequately. The objectives underpinning the present study sets to bridge this bifurcation by developing social work practice knowledge through a collaborative effort among stakeholders from the research, practice and education communities. Bisman and Hardcastle (1999) wrote, "professionals need multiple means of knowledge development and research," and should rely on "multiple theories, bodies of knowledge, and scientific paradigms" (p. 12). In order to best achieve the objectives of the study, the researcher has integrated quantitative, participatory and developmental research methodologies. The use of developmental research methodology is described in the following section.

THE DEVELOPMENTAL RESEARCH MODEL

Although there has long been a cry for the design and development of effective interventions, paradoxically it is this type of research that has been most neglected (Tripodi, 1994, p. xx). "A new approach and methodology has (however) developed..... (that) has remained outside of the social science mainstream, largely unknown or ignored and rarely employed "

(Rothman and Thomas, 1994, p. xxv). Developmental research, a feature of intervention research, provides systematic procedures for designing, testing, evaluating, and refining needed social technology, and for disseminating proven empirically based service programs (Rothman and Thomas, 1994, p. xxv; Thomas and Rothman, 1994, p. 20; Thomas, 1978).

Developmental research provides a framework for "social-technological innovation in social work" (Thomas, 1981, p.593) or the "development of interventional innovation" (Thomas, 1978, p.469). Social work is undertaken with a social technology; developmental research is concerned with this type of technology and newly developed social technology is the product of such inquiry. Traditionally research in social work has been based on the behavioral science model, which is directed primarily toward knowledge development. Thomas (1978) said that there are significant differences between these traditional conceptions and methodologies and a research paradigm that is dedicated to interventional innovation. The purpose of inquiry in the behavioral science model is to contribute to knowledge; its research methodology is thus toward producing empirical data that has direct bearing on that knowledge. The objective of developmental research, however, is to generate interventional innovations for social work. The outcomes of developmental research are thus "products," that are the technical means of achieving social work objectives. These products are the "real, concrete instrumentalities for achieving the social and humane commitments of social work" (ibid, p. 471).

Since the primary objective of the study was to develop guidelines to facilitate curricula development, this methodology was most appropriate. Although an emerging methodology related to model development and social research and development (Thomas, 1989), it has already been

successfully used in the development of various social work interventions in the South African context (Van Rooyen, 1992; Sancho, 1994; Faul and Muller, 1990). The role of the researcher within the developmental research paradigm differs somewhat compared to traditional research approaches. As "the primary goal is not the generation of knowledge, as in the conventional application of research, but rather the building of intervention technology, the developer (or researcher) ... resembles an engineer who uses scientific knowledge and techniques to construct rather than to investigate. The primary end product is not a research report but rather a service model...."(Reid, in Van Rooyen, 1994, p.277).

Thomas (1978) described nine types of social technology for social work. The following Table (1) provides an outline of six of the most relevant technologies and their characteristics. Although less thought of in a social work context, but also important, are physical frameworks or structures, electro-mechanical devices and information systems.

TABLE 1: TYPES OF TECHNOLOGY FOR SOCIAL WORK

Types	Examples
Assessment methods	**Guides and procedures for information gathering e.g. questionnaires, interview guidelines.**
Intervention methods	**Principles and procedures for social work intervention e.g. Insight treatment, systematic desensitization.**
Service programmes	**Service components with specific target groups and objectives e.g. foster care.**
Organizational structures	**Structures which provide financial and social services e.g. bureaucratic or decentralized.**
Service systems	**Organisational structures developed to provide human service programmes e.g. community mental health agencies.**
Social and welfare policy	**Guidelines or directives to guide action with regard to services.**

(Adapted from Thomas, 1978; Thomas, 1985a)

This study may be seen to be contributing to two types of social technologies identified by Thomas (1985a). The data gathering technology or survey instrument used to collect data, although based on the work of

Sheridan (2000), contained a new section to obtain information about content for course development. This falls in the context of what Thomas (1985a) has referred to as "assessment methods" (p.485). The guidelines to facilitate curriculum development, the primary interventional innovation of this study, fall in the context of "social and welfare policy" (Thomas, 1985a, p.485). Although an indirect product, the literature review on spiritually sensitive social work practice and the use of spiritually based interventions may be used to facilitate intervention in these areas and therefore can also be seen as "social and welfare policy" (Thomas, 1985a, p.485).

Developmental research embraces the three phases of analysis, development and evaluation. The other two phases, diffusion and adoption, are concerned primarily with the utilization of the model and are termed "utilization research" (Thomas, 1981, p. 594). The full sequence of phases, with their associated steps and conditions, are referred to as developmental research and utilization (DR &U). This study embraced the developmental research sub-model and progressed sequentially through the first three phases of analysis, development and evaluation. Utilization research is not a pre-requisite of the developmental research model and was therefore not implemented for practical reasons. The Developmental Research Model is discussed in the Chapter on research methodology. The interrelatedness and interconnectedness between the various phases of the model and the research processes engaged in, in the study are also elucidated.

PRESENTATION OF THE DISSERTATION

The dissertation has been divided into six parts. Each part reflects the following themes viz. introduction, methodology, literature review, analysis and discussion of findings, conclusions and the guidelines. Some parts

contain more than one chapter. The chapters that form this dissertation have the following foci:

This chapter provided the rationale for and value of the study. The role of religion and spirituality in social work practice and education was discussed. The holistic biopsychosocial framework was elucidated as the primary conceptual framework of the study. The research objectives, questions and assumptions were highlighted. Developmental research methodology was introduced as the methodology for the study.

Chapter Two presents the Developmental Research Model and its application to the research processes of the study. The reader is introduced to the two samples viz. students and educators that were used in the study. The procedures for data collection and analysis are discussed. The limitations of the study and the ethical considerations involved in undertaking such a study are also described.

Chapters Three, Four, Five and Six constitute the literature review. Chapter Three highlights issues relevant to spiritually sensitive social work practice. Spiritual assessment, therapeutic intervention, religion and spirituality in relation to client populations and problems and the dysfunctional aspects of religion form the principal themes around which this review is centered.

Chapter Four contains a review of pertinent issues on spiritually based intervention techniques. The salient techniques, their use in practice and anecdotal evidence supporting their effectiveness is presented. Empirical work on the extent to which these techniques have been used by practitioners and students is also highlighted. General contraindications and cautions with regard to their use are discussed.

Chapter Five presents the literature reviewed in relation to the transpersonal paradigm. The nature and types of transpersonal experiences and the biopsychosocial and spiritual impact of such experiences on the individual are discussed. Guidelines for the assessment of such experiences in practice are elucidated.

Chapter Six brings the literature review to its conclusion. It contains a review of salient issues related to religion and spirituality in social work education.The extent to which religion and spirituality is included in the curriculum is discussed. Issues pertinent to curriculum development, teaching methodologies and course implementation are described.

Chapter Seven contains an introduction to the analysis and discussion of findings. Demographic data and the personal religious and spiritual beliefs and practices of the students surveyed are presented. Data in relation to their views on the role of religion and spirituality in social work practice, the extent of their use of spiritually based intervention techniques, and their opinions of the appropriateness for social work practice are discussed. Findings made in relation to their views on the inclusion of content on religion and spirituality in the curriculum at Schools of Social Work is also presented.

Chapter Eight presents data in respect of the extent of use of spiritually based interventions and their appropriateness for social work practice. Ethical considerations in relation to the use of such techniques are discussed.

Chapter Nine contains data in relation to the content that students saw as being relevant for a course on religion, spirituality and social work. Data obtained through a content analysis of international curricula received, from

the International Society for Spirituality and Social Work, is included in this chapter. Finally evaluative data obtained from the sample of educators in relation to the course that was developed are presented.

Chapter Ten brings the dissertation to a conclusion. The major conclusions are presented in the context of the research questions generated during the conceptual phase of the study. Recommendations for further research are also made. The interventional innovation or guidelines for a course on religion, spirituality and social work are brought to life in the final pages of this study.

Canda and Furman (1999) wrote that "mindful reflective reading opens the possibility that we will discover passages (poems, quotes) .... meant just for us.... this is contrary to the academic way of reading" (p.xxiii). May your journey through my dissertation be filled with such discoveries.

PART TWO

RESEARCH METHODOLOGY

Conceiving the sacred

Today, like every other day, we wake up empty and frightened. Don't open the door to the study and begin reading. Take down a musical instrument. Let the beauty we love be what we do. There are hundreds of ways to kneel and kiss the ground.

- Jelaluddin Rumi (in Anderson, 1998, p. 69).

CHAPTER TWO

RESEARCH METHODOLOGY

INTRODUCTION

In this chapter the theoretical components underpinning the Developmental Research Model (Thomas, 1985a) are elucidated. The operationalisation of the steps that constitute the framework of the model are explicated within the context of the research processes used in the study. The nature of the samples, the sampling strategies and the procedures for data gathering and data analysis are also discussed. The limitations of the study and ethical concerns form the conclusion to the chapter. The following section traces the personal journey and the dilemmas experienced by the researcher in relation to the focus of the study and her quest to find a methodology that would cohere with a topic on spirituality.

White (1998) wrote that although rarely recognized, exceptional human experiences often provide the impetus for scientific innovations in the social sciences. It was the researcher's spiritual experiences, during a crisis point that led to an awareness of the spiritual and transpersonal dimensions of life and its potential to lead to the biopsychosocial and spiritual transformation of individuals. This led to an exploration of its use in social work practice and eventually a personal desire to link spirituality and social work in a research study. The search to find a research methodology that would blend with a study on spirituality, led to the discovery of five novel and exciting transpersonal research approaches that are currently being used to guide studies with a spiritual or transpersonal focus in the United States (Braud and Anderson, 1998). These include integral inquiry (Braud, 1998),

intuitive inquiry (Anderson, 1998), organic research (Clements, Ettling, Jenett and Shields, 1998), transpersonal-phenomenological inquiry (Valle and Mohs, 1998) and inquiry informed by exceptional human experience (White, 1998). The more idiographic, experiential qualitative approach, embraced by these new methods were comfortable to the researcher who felt that a study with spirituality at its heart would best cohere with the qualitative paradigm.

A consideration of research gaps in the field, however, uncovered a need to focus on the training and development of student social workers in this area. The decision to develop guidelines for a course on religion, spirituality and social work brought with it a need to reconsider the research approach and in effect a complete paradigm shift. This provoked some feelings of unease as the researcher felt that the essence of spirituality would be lost within the logical positivist paradigm. The researcher therefore sought to build transpersonal extensions into the conventional research approach to create a supporting spiritual context within which the dissertation would be set. The suggestions made by Braud and Anderson (1998) in their presentation of transpersonal research methodology proved valuable in this regard. The transpersonal emphasizes the sacred, inclusive, experiential and contextual, transformative and transpersonal dimensions within the investigative endeavour (ibid). To create such an effect Braud and Anderson (1998) said that researchers should consider how dissertations could be presented in ways other than the familiar, rational linear manner. They asked researchers to consider how the dissertation or findings could be presented in ways that could effectively convey their meanings and power to the reader. The use of spiritual poems or quotes at the beginning of each Part was one strategy adopted by the researcher, to allow for reflective thought, feeling and awareness in the reader. The conventional way of providing a title for each Part was also expanded to include sub-titles, which provided a supporting

spiritual context. Thus although the study was operationalised within the developmental research paradigm and data are presented in accordance with a quantitative framework, the spiritual dimensions were nurtured and brought to life in other ways in the dissertation. I wanted the expression of the essential qualities of spirituality to extend beyond the written word on the page; to give it life and breath. I wanted the reader to interact with it rather than simply read about it. The "interlocking or embracing" of two divergent perspectives, allowed for a bonding between science and the sacred, both began to cohere in their complexity within the framework of the study. In so doing the dilemma was resolved.

Although the study itself did not lend itself to the use of transpersonal research methodology, the introduction of these innovative epistemological extensions into the study were important in the context of the developmental objectives. As the thrust of the study was curriculum development, it was important that transpersonal research methodology be built into a unit on research, within the interventional innovation. This would not only make students aware of this type of methodology, but would also serve as an impetus for the birth of studies in the field of spirituality and social work.

THE LOGICAL POSITIVIST PARADIGM

The major perspectives permeating the current discourses in social work are the positivist and interpretive paradigms. Although proponents of each perspective have dichotomized the nomothetic and idiographic approaches each perspective is valuable depending upon the thrust of the research endeavour. Rodwell (1998) was right in saying "it is not that one is better than the other. It is more a case that they are different, capable of producing different kinds of information for knowledge building" (p.13).

The developmental objective of the study and the intention to conduct a national survey with a large sample aligned itself more easily with the traditional scientific positivist perspective. Marlow (1998) wrote that this approach is best suited to the study of large numbers of subjects, thus allowing for findings to be generalized. The objective, rational conduct of research and analysis of data, which is oriented to carefully defined structures including variables, sample frames, data collection and data analysis strategies form the basis of this approach (Marlow, 1998; Rodwell, 1998).

Although positivist research is researcher-driven (Guba, 1990), leaving participants with little say about how the research is conducted (Marlow, 1998), the use of participatory research methodology in conjunction with the positivist approach created opportunities for the involvement of participants in the research process. Participatory research methodology has three aims viz. to produce knowledge directly useful to groups of people, to encourage people to construct and use their own knowledge for empowerment and to promote collaboration throughout the research process (Marlow, 1998). There are some authors who argue that all research is to some extent action research as research is designed to create some disturbance in the world (Mathieson in Williams, 1998). While not extending the same sort of logic to argue that all research involves a participatory element, "participatory," within the context of this study has a particular meaning. The research was participatory to the extent that final year social work students were given the opportunity to provide input into the development of curricula guidelines. Heads of Schools of Social Work were also given the opportunity to evaluate the first draft of the guidelines. In addition to the evaluation questionnaire and the detailed guidelines, Heads of Schools were also sent a summary of the findings of the survey with the students. The research process effectively demonstrates how

students, educators and the researcher formed a team to shape and design the course. Although the process was driven by the researcher, the primary stakeholders and those who would ultimately use the product were consulted with during all three phases of the research study viz. analysis, development and evaluation. Although many researchers obtain data via various means and then formulate recommendations themselves, this was not the case in the current study. The research participants had a direct say in suggesting content for inclusion in the curricula. Participatory research assumes that people can contribute to the development of knowledge. In this instance the academic and practice experiences of final year social work students, and the expertise of academics were validated as they were invited to participate in the development and evaluation of knowledge, and validation is one of the most important empowerment based strategies available to social workers and social work educators.

Within the positivist paradigm, the researcher adopts an objective and detached epistemological stance (Terre Blanche and Durrheim, 1999). Although levels of objectivity were maintained in the collection and analysis of data, it was not possible to remain detached from the subject matter of the study. Anderson (1998) said that research within the framework of exceptional human experiences or personal experience, brings compassion to the research process. She added that research informed by compassion, is qualitatively different from emotionally detached research because our values and intentions frame the manner of our thinking and actions. The deep desire to create something that would serve as a resource to educators and ultimately filter down to the people that students would work with served constantly to motivate the researcher. At the end, the completion of the study was not just an academic achievement but also a deeply fulfilling spiritual exercise. A melting of the boundaries between the two activities that are generally kept separate and distinct viz.

research and personal psycho-spiritual development occurred. Each of these processes, common to transpersonal research methodology (Braud and Anderson, 1998) mutually informed and supported each other throughout the research process.

THE RESEARCH STUDY WITHIN THE FRAMEWORK OF THE DEVELOPMENTAL RESEARCH AND UTILIZATION MODEL

The Developmental Research and Utilization Model of Edwin Thomas (1985a) was used as a research design for the study. As the primary aim of the study was to develop guidelines for curriculum development in the area of religion and spirituality, the Developmental Research Model (Thomas, 1985a) was pivotal as the conceptual framework within which the study was executed. Thomas (1985a) described the first three phases of the model viz. analysis, development and evaluation as "developmental research" (p.487). He referred to the latter two phases, diffusion and adoption as "utilization research," stating that they are concerned primarily with using the innovation (ibid, p.487). The complete sequence of the phases with their constituent operational steps and conditions form the framework of the Developmental Research and Utilization Model (DR and U model). This framework is schematically represented in Table 2. The operational steps within each phase form the "how -to-do-it" features of the framework, while the material conditions constitute the "real world outcomes of the DR and U activity" (Thomas, 1985a, p.489).

TABLE 2 : PHASES, MATERIAL CONDITIONS AND OPERATIONAL STEPS OF THE DR AND U MODEL

PHASES	MATERIAL CONDITIONS	OPERATIONAL STEPS
ANALYSIS	A. Problematic human condition. B. State of existing technology. C. Technological information and resources.	1. Problem analysis and identification. 2. State -of-the art review. 3. Feasibility study. 4. Selection of technological resources. 5. Selection of information sources.
DEVELOPMENT	D. Relevant data. E. Materialized design of social technology. F. New product.	6. Gathering and evaluation of technological resources. 7. Designing of social technology. 8. Technological realization.
EVALUATION	J. Trial and field implementation. K. Outcome of use.	9. Trial use. 10. Collection of evaluation data. 11. Evaluation of social technology. 12. Redesigning as necessary and repetition of steps 6 - 12.
DIFFUSION	L. Diffusion media.	13. Preparation of Diffusion Media. 14. Dissemination of Product Information.
ADOPTION	M. Broad use.	15. Implementation by users.

(adapted from Thomas, 1985a).

One of the merits of the developmental research and utilization model is that it does not demand that the developmental process embrace all five phases. Although the phases of diffusion and adoption are important processes of disseminating the product to users, it is not a requisite within the developmental effort. Since the developmental effort in the study progressed sequentially through the first three phases of the model viz. analysis, development and evaluation, only the operational steps within these phases will be explicated. The following section provides attention to the way in which the steps within the Developmental Research and Utilization Model (Thomas, 1985a) were operationalised in relation to the research processes of the study. The operational steps served not only as a structural guide to the researcher, but highlights the interconnectedness and interrelatedness of the activities within the model and the developmental processes of the study.

PHASE 1: ANALYSIS

The phase of analysis contains activities that precede the process of design and development (Thomas, 1984). The three material conditions viz. problematic human condition, state of existing interventions and relevant information and resources that characterize this phase, determine whether or not subsequent development will occur and the direction it should take.

STEP 1 : PROBLEM ANALYSIS AND IDENTIFICATION

Before developmental activity may occur, a problematic human condition must be shown to exist (Thomas, 1984). Interventions that are found to be "nonexistent" or "somehow deficient," also create a springboard for interventional innovation (ibid, p.144). The lack of a course on religion, spirituality and social work served as the impetus for the developmental effort. Thomas (1985a) wrote that the process of problem analysis and identification involves the preliminary activities of identifying and analyzing the problem for which the interventional innovation might be appropriate. A review of local literature revealed a paucity of empirical work in the area of religion, spirituality and social work. Contact with a local expert in the field, Ms Sacco, a research associate with the Graduate School for the Humanities and Social Sciences from the University of the Witwatersrand, confirmed that there was a neglect of this area in the educational arena in South Africa. Telephonic contact with Heads of Departments, at training institutions nationally, further supported Ms Sacco's assertion of the lack of indigenous material within the curriculum. This together with strong support in the international arena for the consideration of religion and spirituality in the domains of education and practice stimulated the initiation of the developmental effort.

STEP 2 : STATE- OF- THE-ART -REVIEW

Without a critical review of the state of existing technology (Thomas, 1985a) or the state of existing interventions (Thomas, 1984), the development of new technology cannot be charted. The purpose of this review is to determine whether relevant interventions exist, the strengths and limitations of these interventions and whether further development is merited. Thomas (1984) expressed that review and appraisal of existing technology, might include assessment of literature, discussion with knowledgeable informants or attendance at conventions, conferences and workshops where new developments are presented.

The following activities were implemented as part of the state-of- the-art-review:

- A critical review of the literature was undertaken to assess curriculum related issues in the area of religion and spirituality. Particular attention was given to articles, which explored course content, and other issues related to the implementation of curricula within the educational context. Suggestions made by important contributors to the field with regard to issues that needed to be built into curricula were identified. They have been presented as broad components, in Table 18 in Chapter 6. The review of the literature also served to identify issues relevant to social work practice and the current state-of-the art of spiritually based intervention methods in the field (Canda, 1988a; Canda, 1989; Derezotes and Evans, 1995; Bullis, 1996). This was necessary so as to ensure that the course developed would contain the state-of-the-art assessment and intervention strategies.
- The lack of indigenous curricula made it impossible to assess whether limitations existed in local courses. Course outlines received from the

syllabi bank of the International Society for Spirituality and Social Work, however, were assessed to note the strengths and limitations of content. Parallels were drawn between themes identified in the literature and those contained in the course outlines to assess whether gaps existed in current international syllabi. Areas that needed adaptation and indigenous information were noted.

- Attendance at the Conference 2000, on Spirituality and Social Work, hosted by the Society for Spirituality and Social Work, at the University of Kansas in the United States also provided the opportunity to become aware of trends in curriculum development in the international field. Attendance at workshops, and discussions with educators in the field and practitioners who were attending the Conference, made the researcher more aware of the issues that would need attention in a course on spirituality and social work. It was at this Conference that personal contact was made with Dr Sheridan. She provided the researcher with a document titled "Approaches to teaching spirituality across the curriculum" (Sheridan, 2000a). This proved invaluable in assisting the researcher in designing the local programme.

STEP 3: FEASIBILITY STUDY

In the third operational step, the existing information and resources are considered to determine whether the developmental effort, is "technologically feasible" or not (Thomas, 1985a, p.492). In general sufficient technological data and resources must be available to justify the developmental effort. The processes engaged in during the first and second operational steps indicated that sufficient technological data and resources existed to guide and support the developmental effort. The lack of a course

on spirituality and social work in the local context, further strengthened the technological feasibility of the study.

STEP 4: SELECTION OF TECHNOLOGICAL OBJECTIVES

According to Thomas (1981) the technological objectives are analogous to the new social technology to be developed. Within a social work context, the objective may be to develop a new assessment or intervention method, service programme or welfare policy. In this study the primary interventional innovation can be described as guidelines for curriculum development in the area of religion, spirituality and social work.

STEP 5: SELECTION OF INFORMATION SOURCES

The resources for technological development can be derived from several areas (Thomas, 1985a). The primary sources of information included the following:

- Research articles and textbooks, which focused on religion and spirituality in social work, were reviewed. Particular attention was paid to the literature which accorded attention to the educational needs of social workers in this area;
- The copies of course outlines received from the Society for Spirituality and Social Work;
- Finally, but most important, were the data secured from the survey undertaken in the present study. Further attention is paid to the selection of this sample, after the complete sequence of operational steps implemented has been discussed.

PHASE 2: DEVELOPMENT

The developmental phase is a pivotal phase in the developmental research model, because it is here that the interventional innovation is created (Thomas, 1981). Through a series of operational steps, relevant data "are transformed and shaped into a new product" (Thomas, 1981, p.601).

STEP 6: GATHERING AND EVALUATION OF TECHNOLOGICAL RESOURCES

There are nine potentially relevant sources that may be used in intervention design. The information from these sources constitutes the basic raw material, used in the formulation of intervention innovations (Thomas, 1984). These include basic research, applied research, scientific technology, allied technology, legal policy, indigenous information, practice experience, personal experience and professional experience. In this study basic and applied research and indigenous knowledge served as the main sources of information for innovation. Personal, practice and professional experience of the researcher also served to guide the design of the innovation. Basic research, findings primarily from the allied field of transpersonal psychology were used to design the unit on transpersonal social work in the course. Similarly, applied research, which included research findings from fields such as psychotherapy, and psychiatric research lent understanding as to how practitioners could differentiate between genuine spiritual experiences and psychotic episodes. This information was also included in the course guidelines.

Thomas (1984) said that relevant personal experience adds a unique and valuable dimension to the process of design. Borkman (in Thomas, 1984) captured the power of personal experience, saying, "the type of information

in experiential knowledge is wisdom and know-how, gained from personal participation in a phenomenon instead of isolated, unorganized bits of facts and feelings upon which a person has not yet reflected. This wisdom and know-how tend to be concrete, specific, and commonsensical, since they are based on the individual's actual experience, which is unique, limited, and more or less representative of the experience of others who have the same problem" (p.115). The researcher's transpersonal experiences added to her understanding of this type of phenomena and led her to identify the need for social workers to develop skill in distinguishing between genuine transpersonal experiences and those that fall in the realm of psychopathology. In addition the ability to have drawn strength from spiritual support systems and spiritually based activities strengthened her understanding and deepened her belief in the potential of such resources to assist clients in crisis.

Professional and practice experience gained utilizing a spiritual perspective also proved invaluable in understanding the type of knowledge, skills and intervention strategies that would need to be incorporated into the training and development of social workers. Thomas (1984) asserted that professional experience is less subjective and biased than personal experience and may be relevant for most, if not all, design problems. Professional experience also created greater awareness of special client groups e.g. terminally ill patients and the elderly who would benefit from a spiritual model of practice. An area on special client groups and client problems was therefore incorporated into the design of the interventional innovation.

Thomas (1984) wrote that information derived from these sources often come in "raw form" and "cannot be used without some transformation and specific application" (p.116). The changes required transforming and

applying basic information from one or more sources into results or products, that may be used during the process of design and development are referred to as the "generation processes of intervention design" (ibid, p. 116). "Knowledge application," is the process by which knowledge of human behaviour from research findings (basic and applied research) is transformed into results directly applicable to the design of interventions. There are two vital components of the generation process in knowledge application. The first component, termed "transformation," involves the process by which the research findings are transformed into relevant practice guidelines. "Operationalization," the second component, consists of making the practice guidelines operational in real-world terms (ibid, p.117). Both these processes were operationalised in the design of the course on religion, spirituality and social work.

Transformation, itself, is characterized by two important processes. The first process is the formulation of empirical generalizations based on a literature review in the area of intervention. According to Thomas (1984) the activities involved here are the location of pertinent studies, assessing data for reliability, validity and applicability, codifying data into suitable categories, constructing consensus findings from selected data and drawing appropriate generalizations and propositions from the consensus findings. This process was implemented during the literature review and analysis of data. Certain segments of the review were reshaped or absorbed directly into the guidelines that were developed as course content. Adoption is the process by which an innovation is diffused from its field of origin to a different user group, to be used for the same purpose as that for which it was originally intended. In intervention design an innovation may be adopted without alteration or it may need to be changed. Because the innovation to be adopted is already developed for another user group, the process of adoption can be efficient and easy. Some of the information

contained in Dr Sheridan's document: "Approaches to teaching spirituality across the curriculum," and from the course outlines received from the United States, were either reshaped or directly imported into the intervention (Sheridan, 2000a). This together with data from the survey, in its totality, constituted what Thomas (1981, p.601) described as a "research-produced material condition," which served as a basis for the birth of the innovation. Thomas (1981) conceptualized this phase as "a critical juncture that calls for a creative transition," as it is at this point that the data is used to bring about "something that is technologically different" (ibid, p.601).

STEP 7: DESIGN OF SOCIAL TECHNOLOGY

Design has been described in several ways: "bringing something new and useful into being, conceiving something new...., translating existing knowledge into applications, the systematic creation and application of knowledge through organized effort and an imaginative leap" (Thomas, 1984, p.151). Thomas (1984) further wrote that design is "an art.... and calls for imagination, inventiveness and creativity" (p.152). He indicated that the following activities are involved in the design process: determining the objective of the innovation, identifying requirements of the innovation, selecting information sources, gathering and processing information, assembling design components and describing how the innovation might be used. These processes were concretized in the intervention in the following ways: - the intervention contains a rationale for the course, it specifies the skills and knowledge objectives of the course, and it includes points to facilitators with regard to the teaching of the units within the course. The process of assembling the design components involved identifying the core units of the course and then building relevant material into each unit. Indigenous information was built in wherever appropriate and material from

the literature and international syllabi was adapted to make the programme relevant to the local context.

STEP 8: TECHNOLOGICAL REALIZATION

The final step within the developmental phase involved bringing the technological product or the interventional innovation into being. Technological realization was represented through the form of guidelines for a course that was titled: Religion, spirituality and social work. The guidelines consist of an introduction to and rationale for the course. A description of the course and the knowledge and skills objectives are also specified. The core guidelines take the form of 13 units, which deal with different facets of religion, spirituality and social work. Some of the principal issues explored in a single unit are, for example spiritual assessment, transpersonal social work and research. Potential assignment topics and a sample of experientially based class exercises are also included. Points to facilitate the infusion of content into the curriculum are provided. A full reference list is included as a resource for educators. The guidelines in their entirety are contained in the final chapter.

PHASE 3: EVALUATION

The evaluation phase of the DR and U model is akin to evaluation research. Evaluative research methodology may be used to gather data systematically for purposes of evaluating the innovation (Thomas, 1981; Thomas, 1984). The process within this phase is not disembodied from the earlier phases of analysis and development; rather evaluation is an integral part of the research innovation process. It is used to appraise and if appropriate to revise the innovation (ibid). The evaluation phase consists of the following operational steps:

9. & 10. TRIAL USE AND COLLECTION OF EVALUATIVE DATA

Trial use of the interventional innovation follows the creation of the intervention and enables the collection of evaluative data (Thomas, 1981). Use of the intervention was not piloted in this study for practical reasons. It however would have been valuable in identifying problems related to content and implementation of the course and to assess student and educator receptivity to the programme.

11. & 12. EVALUATION OF TECHNOLOGY & REDESIGNING AS NECESSARY

Thomas (1981) asserted that evaluative research allows for appraisal of the innovation in terms of criteria such as effectiveness in the attainment of given objectives, its efficiency, and its costs and benefits. Given that the objective was to evaluate the relevance, strengths and weaknesses of the material contained in each unit and the overall course itself, Heads of the Schools of Social Work in South Africa were seen to be best suited to this type of evaluation. Further rationale for the selection of this sample is detailed in the following section. The process of evaluation and redesign, the last operational steps in the Developmental Research Model, brought to a conclusion the developmental effort of the study. Thomas (1981) said that if indicated it may be necessary to revise the innovation, repeat trial use, collect new evaluation data and reappraise the revised product. Only when this process has been completed satisfactorily and the innovation found to be worthy can it be disseminated for use. Evaluative data revealed that there was little needed in terms of revision of the document. Suggestions made for improvement were taken into account and the programme was adapted accordingly.

The preceding section served to contextualize the research process in relation to the operational steps that frame the Developmental Research Model. The following sections give attention to the samples utilized in the study, the strategies used to select the samples and the procedures used for data collection and analysis in relation to these two samples.

SELECTION OF INFORMATION SOURCES: SAMPLING PROCESS

The selection of samples is analogous with the fifth operational step of the DR and U model, viz. the selection of information sources. Thomas (1985b) described the units of study or sampling elements as including individuals, groups, programs or organizations. The selection of these sampling elements rests on their potential to create an understanding of the developmental problems identified in the study. This process has been referred to as sampling for "developmental relevance" (ibid, p.53). Two samples were selected in accordance with their developmental relevance. Table 3 links the sample selected to the developmental objectives of the study.

TABLE 3: RELATIONSHIP BETWEEN SAMPLES AND THE DEVELOPMENTAL OBJECTIVES

Developmental objectives	Sample used
Investigate student social workers views about content for a course on religion, spirituality and social work.	**Sample One : All final year social work students at all Schools of Social Work in South Africa.**
Evaluate the interventional innovation.	**Sample Two: All Heads of Departments / Schools of Social Work in South Africa.**

Both samples fall in the context of probability sampling (Lewin, 1979; Marlow, 1998; Rubin and Babbie, 1993). Probability samples are those in which "every person, in the population has a known chance of being

selected for the sample" (Reamer, 1998, p. 136). Where the sample is defined as "a selection ..... of the total population that one desires to study," then for the purpose of the present study the population and the sample are the same (Bailey, 1982. p. 479). The population may also be described as the "universe" or the "total group to be studied" (ibid, p.494). Rubin and Babbie (1993) asserted that a basic principle of probability sampling is that the sample will be representative of the population from which it is selected if all members of the population have an equal chance of being selected in the sample" (p. 223). Although the sampling procedure that was utilized enabled the researcher to make generalizations about the views of all student social workers and educators, representativeness is not critical in the Developmental Research Model. The developmental relevance of the subjects or units of study are more crucial to the research process than their representativeness of a general population (Thomas, 1984).

SAMPLE 1: ALL FINAL YEAR STUDENT SOCIAL WORKERS

The initial aim of the study was to conduct a survey with social work practitioners nationally. Concerns about poor response rates to a mailed questionnaire, particularly at a national level, led the researcher to reconsider the sample. Consultation with a member of the South African Council for Social Service Professions confirmed that the organization had experienced poor response rates to questionnaires mailed to practitioners. This is consistent with research literature, which emphasizes poor response rates as a feature of mailed survey questionnaires (Goldstein, 1963; Neuman, 1997). The use of final year social work students was considered to be more practical and feasible for several reasons. It was felt that the distribution, administration and collection of the questionnaires would be more easily facilitated through the support of Heads of Departments at each of the training institutions. This would enhance the return rate of the

questionnaires. Final year social work students were seen to be in a more pivotal position to provide information about the current state-of-the-art in the area of religion and spirituality in the curriculum. It was assumed that they would be able to assess curriculum gaps in this area and thus be able to provide specific information on what was needed to be built into the course based on needs identified during fieldwork placements. It was therefore decided to engage all final year student social workers, at the twenty-one Schools of Social Work in South Africa in the study.

Sample 2: All Heads of Schools of Social Work in South Africa

The population used for this sample was all Heads of Schools of Social Work in South Africa. A list of the population was accessed through the International Association of Schools of Social Work (IASSW) directory. The population consisted of twenty-one units (Thomas, 1985b, p.53). Given their experience and expertise in curriculum planning and development, it was felt that this sample would best be able to offer a critique of the guidelines that had been developed. Their involvement in this phase was also important as it allowed the researcher the opportunity to provide feedback in terms of the data obtained during the phase of analysis and development. Their initial assistance with the distribution of the questionnaires to students made such feedback necessary. Furthermore as potential users of the product the researcher believed that it was important that they be drawn into the evaluation of the guidelines. This cohered with the participatory research framework, which guided the research process. It was also hoped that creating awareness of the move to build this course into curricula would serve to support the adoption of the programme at Schools of Social Work in South Africa, and to stimulate educator interest in this field.

DATA GATHERING AND EVALUATION TECHNOLOGIES

SURVEY INSTRUMENT: SAMPLE 1

Data were collected through the use of a survey instrument (Appendix 3). All segments of the questionnaire, apart from the section on "Content Issues" are a replication of the work of Dr Sheridan, Virginia Commonwealth University, who graciously provided permission for the use of her work. The section on content issues represents the original work of the researcher and was compiled through a review of the literature (Russel, 1998, Joseph, 1988; Canda, 1988a; Canda, 1988b; Canda, 1989). Dr Sheridan has contributed immeasurably to empirical work in this area. Her questionnaire has been used in three studies in America (Sheridan et al., 1992; Sheridan et al., 1994 and Sheridan and Amato-von-Hemert, 1999).

Each questionnaire contained a covering letter, explaining the nature and purpose of the study to the student (Appendix 2). The potential value of the study in terms of curricula development was also highlighted. Students were assured of anonymity in this letter and voluntary participation was emphasized. The survey instrument consisted of the following five sections (see Appendix 3):

Views about the role of religion or spirituality in practice. This was assessed through a scale titled "Role of Religion and Spirituality in Practice Scale, hereafter referred to as the RRSP Scale (Sheridan, 2000b);
use of and appropriateness of spiritually based intervention techniques;
views on the inclusion of content on religion and spirituality within the curriculum of schools of social work;
specific content areas for a course on religion and spirituality and

demographic information and personal information on religious and spiritual affiliation, belief and background.

Bisman and Hardcastle (1999) described questionnaires as "paper -and-pencil recording devices" that ask respondents to record their current or prior behaviour, feelings, attitude, or knowledge to the questions. Questionnaires are comprised of questions that could be open ended or "preset forced-choice," with categories that have already been provided (ibid, p. 122). Preset response questions provide the participant with preset responses to the questions. Bisman and Hardcastle (1999) said that these are generally useful when the range of potential response categories and thresholds of the variable are known and have been pre-selected. Most of the questions in the instrument were pre-set questions which included single-answer items or scaled-response items.

There were several Likert type scales in the instrument. The type of questions used in this scale are called matrix questions and are used by the researcher who wants to ask several questions, that have the same set of answer categories (Rubin and Babbie, 1993). Participants are usually asked to respond using one of five response alternatives viz. strongly agree, agree, neutral, disagree or strongly disagree, or some variant of this (Marlow, 1998). Views about the role of religion and spirituality was assessed through this type of scale. The section on the views about the inclusion of content on religion and spirituality in the curriculum also included two questions with Likert type scales. The first included two questions, which hinged around two arguments viz. diversity and the second the biopsychosocial framework as a basis for the inclusion of religion and spirituality in the curriculum. The second scale in this section contained seven guidelines for the provision of religious or spiritual content in the curriculum.

The questionnaire also contained several open-ended questions. These type of questions allow subjects to express their answers in their own words (York, 1997). In the questionnaire participants were asked if they were aware of any other spiritually based interventions they considered appropriate for practice. They were also asked to make suggestions or comments regarding content issues for a course on religion, spirituality and social work.

EVALUATION QUESTIONNAIRE: SAMPLE 2

A questionnaire was used to collect evaluative data (Appendix 5). It consisted of five broad sections, related to evaluating different facets of the course. The first section contained closed-ended questions which allowed educators to comment on whether content contained in the different units of the course was most useful, useful or least useful. The second section provided for a more in-depth evaluation of each unit contained in the guidelines. Only open questions were used in this segment of the questionnaire. Participants were given the opportunity to comment on the strengths and limitations of each unit in the guidelines. They were also asked to make suggestions about how each unit could be improved. The third section contained what can be described as a filter or contingency question (Lewin, 1979). This question directed participants to describe any other units that they thought needed to be included in the overall course. This was contingent upon them having answered yes to a need for this. The fourth section focused on evaluating the sample of test and assignment questions and the class discussion exercises that were provided in the course. Participants were given three options viz. very satisfied, satisfied and not satisfied to describe their levels of satisfaction with these aspects. The final question on the evaluation sheet provided participants with the

opportunity to comment or make suggestions with regard to the overall programme.

THE VALIDITY AND RELIABILITY OF THE DATA GATHERING TECHNOLOGIES

York (1997) asserted that when researchers seek to measure a variable, they need to know if their instruments are credible and trustworthy. Establishing validity and reliability are two parts of this process. According to De Vos and Fouche' (1998) validity rests on two issues. The instrument should measure the concept in question and the concept should be measured accurately. The most common classification schemes attempting to categorize the validities underlying measurement is content, face and construct validity.

Although the terms face and content validity are often used synonymously in the literature, they do have some important differences (De Vos and Fouche', 1998; Reamer, 1998). De Vos and Fouche (1998) indicated that two questions are generally asked to determine content validity viz. is the instrument really measuring the concept we assume it is and does the instrument provide an adequate sample of items that represent the concept? Content validation is a judgmental process that can be undertaken by the researcher alone or with the assistance of others. Face validity does not refer to what an instrument "actually" measures, but rather what it "appears" to measure. A measurement instrument has face validity when its items provide, on the surface level, a good indication of what is being measured (Reamer, 1998).

Both questionnaires can be seen to have face and content validity. Although the survey instrument was standardized for the American context it did not

contain any terms that were ambiguous or unfamiliar to social workers in the local context. Although the section on "content issues," was new the process of design was informed by the literature and checked for clarity by the researcher's supervisor and colleagues. The process of cross checking for clarity was also undertaken with the evaluation questionnaire.

Construct validity refers to determining the degree to which an instrument successfully measures a theoretical construct (De Vos and Fouche', 1998, p.84). "A theoretical construct is an idea or concept that cannot be measured directly but must be measured indirectly" (Reamer, 1998, p. 166). Attitudes and views about the role of religion and spirituality in practice is one such example. Psychometric information based on three different studies using the RRSP Scale, including general descriptive statistics, estimates of internal consistency reliability, and evidence of construct validity have demonstrated that the RRSP is a reliable and valid research instrument suitable for measuring attitudes in the area of religion and spirituality and social work practice (Sheridan, 2000b).

Reliability has been defined "as the accuracy or precision of an instrument; as the degree of consistency or agreement between two independently derived sets of scores; and as the extent to which independent administrations of the same instrument yield the same (or similar) results under comparable conditions" (Hudson in De Vos and Fouche', 1998, p.85). Reliability is synonymous with dependability, stability, consistency, predictability and generalisability (ibid, p.85). Reliability of the scale was tested in three different studies, using Cronbach's alpha. The scale demonstrated relatively high internal consistency across all these studies, with alpha =.88 (Sheridan et al., 1994), alpha = .82 (Sheridan and Amato-von-Hemert, 1999) and alpha = .83 (Sheridan in Sheridan, 2000b). Although high reliability does not guarantee valid results there can be no

valid results without reliability (Hudson in De Vos and Fouche', 1998, p.86). Test-retest reliability is one way in which reliability may be assessed. It refers to the use of the same measuring instrument to see whether results would be consistent (Reamer, 1998; De Vos and Fouche, 1998). Findings from the current study were consistent with other studies, which used the instrument. Although the contexts in which the studies have been undertaken are different the instrument has been used with a similar population viz. students (Sheridan and Amato-von-Hemert, 1999). Although test-retest reliability was not undertaken it is very likely that similar results would be obtained if this were to be done.

PROCESS OF DATA COLLECTION

SAMPLE ONE

The targeted population was comprised of all final year student social workers, at all universities in South Africa. The IASSW directory provided a database listing the names of all the educational institutions, the Heads of Schools of Social Work at these institutions and their contact details. All 21 of the institutions, listed on this database, were included in the study. Telephonic contact was first established with the Head of Department of each training institution to explain the nature and purpose of the study to them. An appeal was made to each Head to assist with the distribution of the questionnaires to their students during lecture time. They were also asked to collect the questionnaires after students had completed them and mail their batch back to the researcher. They were informed that a self addressed, postage paid envelope would be mailed with the questionnaires, to enable the return of questionnaires. Where Heads of Departments had expressed that it was not possible to relinquish academic time to allow for the questionnaires to be completed, they were still amenable to assisting the

researcher with the process of distribution, collection and return of the questionnaires to the researcher. It was emphasized that student participation in the study was voluntary and Heads were asked to reassure students of their anonymity, if they were willing to participate.

All the Heads of Departments except one, were extremely willing to assist with this process. In this instance the researcher was asked to make the request for participation in the study to students herself and to personally distribute questionnaires to the students. Most Heads of Departments expressed a great deal of enthusiasm about the topic and welcomed the development of material in this area. The researcher also enquired about the total number of final year students at the institution, so that the same number of surveys could be mailed to them. Two institutions indicated that where students were in fieldwork placements, distribution would be difficult. Nevertheless they still indicated a willingness to reach out to students to fill in the questionnaires.

Batches of questionnaires were then posted to the Heads of Departments at each institution using a courier service, in August 2000. The expensive procedure of a tracking system was utilized to ensure that the questionnaires would be delivered "to the door" of institutions overnight. Each batch contained a covering letter to each Head of Department to recapitulate the issues discussed during the telephone calls that were made to them (Appendix 1). The nature and purpose of the study was discussed and a request was made for their assistance with the distribution and collection of the questionnaires. Each batch also contained a self-addressed postage paid envelope, for the questionnaires to be mailed back to the researcher. The courier service and tracking device, was used again, to ensure that each envelope that would contain the questionnaires, would reach the researcher safely and quickly.

Most of the institutions responded fairly quickly in terms of returning the surveys. Telephonic contact was made with four of the institutions that had not responded by November 2000. Despite several telephonic appeals for the return of the questionnaires, these institutions still did not respond. Given that universities would have closed in December 2000, the researcher began data analysis as no further surveys could have been expected to be returned after this date. Table 4 provides a breakdown of the number of questionnaires distributed to and received from the various institutions. A total of 714 questionnaires were distributed. Three hundred and thirty two were eventually received, indicating a response rate of 47%.

TABLE 4: NUMBER OF QUESTIONNAIRES DISTRIBUTED TO AND RECEIVED FROM SCHOOLS OF SOCIAL WORK

Name Of Institution	No. of questionnaires distributed	No. of questionnaires received
University of Fort Hare	60	44
University of Natal, Durban	20	6
University of the North	65	29
University of North West	80	64
University of the Orange Free state	33	6
University of Port Elizabeth	18	5
Hugenot College	17	13
Potchefstroom University for Christians	22	19
Rand Afrikaans University	30	25
RhodesUniversity	10	Nil
University of Cape Town	24	Nil
University of Durban Westville	25	8
University of Namibia	8	6
University of Zululand	23	19
University of the Witwatersrand	30	1
University of Pretoria	30	11
UNISA	20	2
University of Stellenbosch	41	36
University of Transkei	60	Nil
University of Venda	38	Nil
University of Western Cape	60	38
Total	714	332

SAMPLE TWO

The IASSW directory again was used as a reference point to contact all Heads of Schools of Social Work in South Africa. A copy of the guidelines with the evaluation questionnaire was posted to each institution (Appendix 5). As with the distribution of the survey instruments, a courier service was used to ensure that each institution received the copies safely and timeously. The covering letter to Heads of Departments explained the nature and purpose of the study (Appendix 4). An appeal was made for them to fax the completed questionnaires to the researcher. Only six institutions responded. Despite appeals made to others to complete them, no further questionnaires were received. The researcher proceeded to analyze data from those questionnaires received in order to timeously complete the write up of her dissertation.

DATA ANALYSIS

SAMPLE ONE

Data analysis was undertaken, with one of the most popular statistical analysis packages, SPSS for Windows (Version 9). Once the questionnaires had been received, the researcher began to prepare to conduct statistical analyses. The questionnaires were received in batches from the different institutions. For the purposes of organization they were stored in these batches. Each questionnaire was labeled, with an identification number, from 1 to 332, to facilitate data entry. Most variables already contained numerical scores as reflected in the questionnaire. Variables, which did not have numerical scores, were coded so as to make the data suitable for analysis. The process of coding involved converting the responses to numerical codes and assigning names or labels to the variables (Marlow,

1998). A data matrix table was constructed for the purpose of data entry. Each row represented one subject and each column represented one variable. Data were arranged by "field" and by "record." "A record consists of all the data for a given subject and is represented as rows" in the data entry sheet (Graziano and Raulin, 1997, p.390). Each record consisted of individual fields, which contained the scores for a subject on a given variable (ibid).

Both descriptive and inferential statistics were computed, using the package. Primarily descriptive statistics were computed. Descriptive statistics provide categorical data which represent a classification of subjects and the appropriate summary statistics termed frequencies, score data such as the mean, standard deviation, minimum and maximum and correlations of dependent variables with other variables measured (Graziano and Raulin, 1997). As the primary objective of the study was the development of guidelines, the researcher did not conduct extensive statistical tests. The t-test and the analysis of variance (ANOVA) were two of the inferential statistical tests that were run. The t-test was used to compare the means of two populations whilst the ANOVA was used to compare the means of more than two populations.

SAMPLE TWO

Despite using the very expensive process of a courier service, to ensure that each institution received a copy of the guidelines, only six educators participated in the evaluation of the interventional innovation. Lack of participation may have been as a result of the following:

- the length of the guidelines coupled with time constraints;
- a lack of interest in the subject or unfamiliarity with subject material and/or resistance toward the introduction of such a course.

As there were only six questionnaires analysis proved simple. One of the participants is involved in research in this field and has been a member of the International Society for Spirituality and Social Work for some time. Evaluative data indicated that educators felt positively about all the units, the material contained therein and the introduction of the course. The strengths of each unit were noted. In general there were very few comments in relation to weaknesses of the units or the overall course. Where changes were suggested the guidelines were adapted accordingly.

ETHICAL CONSIDERATIONS

"Ethics define what is or is not legitimate to do, or what "moral research procedure involves" (Neuman, 1997, p.443). Although there are a few fixed rules, there are general principles, which involve a balance between two values viz. "the pursuit of scientific knowledge and the rights of those being studied" (ibid, p.443). In attempting to uphold the principles of ethical research the following aspects were given due consideration during the research process.

INFORMED CONSENT

Reamer (1998) described "informed consent, " as informing participants about the purposes, methods and risks associated with the research (p.111). People must also voluntarily consent to participate. The participation of students in the development phase and educators in the evaluation phase of the study was totally voluntary. Voluntary participation was emphasized in the covering letters to Heads of Departments and students. Signed informed consent is generally optional for most survey research (Neuman, 1997) and was therefore not obtained. Also given the lack of risk of potential harm to

the subjects it was decided not to consider it. Although written informed consent was not obtained, the covering letter attached to each questionnaire (Appendix 2) contained sufficient information for students to make an informed decision about participation (Graziano and Raulin, 1997; Neuman, 1997). This included the following:

- A brief description of the nature and purpose of the study;
- a guarantee of anonymity and confidentiality;
- the identification of the researcher and information about where to reach her;
- a statement that participation was totally voluntary;
- a statement about the potential value of the study.

Although an offer to provide a summary of findings is also contained in informed consent statements (Neuman, 1997), this was not detailed in the letter to students. Heads of Departments received copies of the guidelines as they were involved in the evaluation of the intervention. Data obtained in relation to students' views on the introduction of the course and their views about the content that needs to be included in the programme were included as appendices to the guidelines. These were sent to Heads of Departments.

SPECIAL POPULATIONS

Neuman (1997) asserted that some populations such as students, recipients or children are not capable of giving true voluntary consent. The involvement of Heads of Departments in the distribution of questionnaires might have created the possibility of subtle coercion. Fear of reprisal or wanting to please their lecturers may have served as motivating factors in the decision to participate. The emphasis on voluntary consent and the poor

response rate from some of the institutions, indicate that the principle of voluntary participation was upheld. Certain Heads of Departments raised concerns of voluntary consent when initial telephonic contact was made with them. They expressed that they would emphasize this to students, verbally, prior to the distribution of the questionnaires. Follow-up telephonic contact with educators revealed that, in most instances, questionnaires were not completed during normal lecture time. Instead students who chose to participate took questionnaires away and returned them voluntarily to their Departments. Furthermore since there were no "special benefits" attached to participation, there was no form of coercion involved.

Open ended data from the "comments or suggestions" segment of the questionnaire revealed that those who participated were "very excited about the study," were in favour of the development of a course and were "sad" that they did not have the opportunity to have been exposed to it. Many students commended the researcher for her initiative and wished her well in the study.

PRIVACY AND ANONYMITY

Survey research invades a person's privacy when beliefs, backgrounds, and behaviours are probed in a way that reveals intimate private details (Neuman, 1997). Although information related to the student's religious and spiritual background and beliefs was probed, it was done minimally. Furthermore, privacy was protected by allowing students to remain unknown or anonymous. As data analysis was done for the collective sample and not in relation to each institution, the anonymity of each institution was also protected. Educators were also reassured of anonymity in terms of their participation in the evaluation phase.

CHALLENGES CONFRONTED BY THE STUDY

There are several limitations inherent in the research design. The following is a discussion of what may be considered to be the limitations of the study and the efforts made to counter these limitations.

SAMPLE SIZE

Although 714 questionnaires were disseminated, only 332(46, 5%) were received. Although this can be regarded as a good response rate, for a mailed questionnaire, the small sample size raises questions about generalizability. Generalizations, however, can still be made given that this was a national study and almost all the Schools in all areas throughout the country participated. Poor response rates from some institutions were offset by institutions with good response rates from the same area. Although the participation rate was good, for a mailed survey, responses of those who participated may differ from those who did not participate. Interest in the subject or other factors may have motivated participation and thus shaped the findings. Hence no definite conclusions can be made about the total sampling frame. However the study represented the largest group to be surveyed locally with regards to this topic and thus contributes significantly to knowledge development in this area. Furthermore, the developmental relevance of the sample is of greater importance in the developmental research paradigm as compared to sample size.

POOR RESPONSE IN TERMS OF EVALUATION OF THE GUIDELINES

Despite the fact that copies of the guidelines were couriered to each institution and that numerous personal calls were made to the various Heads of Departments, appealing for their participation in the evaluation of the guidelines, there was still a poor response from educators. This may be seen to affect the validity and quality of the interventional innovation. However given that the intervention was developed through a sound scientific process via the survey with students and based on current international literature and curricula, its validity and quality was by no means compromised.

TIME SPAN OF THE STUDY

The research study was operationalized over a period of approximately twenty-four months. Data gathering in relation to all the sources of information occurred during this period. Potential changes in information gathered from the various sources may affect the validity and quality of the interventional innovation. However, the researcher kept abreast of relevant trends in curriculum development in this area to ensure the adequacy of the material, despite the time lapse since the information for design was obtained. Curriculum planning in itself is a dynamic process and the fact that courses may have been developed in the interim no doubt affects the importance of the innovation. Discussions with Heads of Departments in the year 2000 indicated that such a move was not imminent in the near future. They in fact supported the study, stating that it would provide the impetus and the information necessary to introduce the course.

RESEARCH EXPENSES

The printing of the survey instruments, evaluation questionnaires and the guidelines was expensive due to the length of the documents and the number of copies required. The use of a courier service and tracking device to distribute and monitor the movement of mail from the researcher to the different institutions and back again to the researcher over a large geographical area added to the expenses incurred. Funds obtained from the National Research Foundation were invaluable in meeting these expenses and ensuring the safe and timeous distribution of these items.

A discussion of the ethical issues and challenges that confronted the study brings the Chapter on research methodology to its conclusion. The third Part of this dissertation focuses on the literature reviewed.

PART THREE

LITERATURE REVIEW

Nurturing a new soul

The hidden well-spring of your soul must
needs rise and run murmuring to the sea;
And the treasure of your infinite depths
Would be revealed to your eyes.
But let there be no scales to weigh your unknown treasure;
And seek not the depths of your
knowledge with staff or sounding line.
For self is a sea boundless and measureless.
Say not, "I have found the truth,"
but rather, " I have found a truth."
Say not, "I have found the path of the soul."
Say rather , "I have met the soul
walking upon my path."
For the soul walks upon all paths.
The soul walks not upon a line, neither
Does it grow like a reed.
The soul unfolds itself, like a lotus of countless petals.
(Kahlil Gibran, 1982).

LITERATURE REVIEW

INTRODUCTION

Social work literature mirrors the development of religion and spirituality, effectively portraying the initial gaps and subsequent growth spurts in the field. Historically minimal attention was afforded to the twin issues of religion and spirituality. According to Loewenberg (1988) early social work literature "ignored or dismissed the impact of religion on practice" (p.5). For Judah (1985) the literature was slow to develop and for the most part fragmented. Echoing Judah's sentiments, Canda and Furman (1999) expressed that the literature was "wide" and "scattered" (p. xvi).

Bullis (1996) best described the chasm that existed between spirituality and social work two decades ago when he said they seemed to be "divorced with irreconcilable differences" (p.1). Social work journals contained a few articles on religion, and reflected primarily its ambivalence toward religion or its isolation to practice. Where attention was given to the topic, writers focused their attention on the role of religious and spiritual values in social work practice (Spencer, 1956; Stroup, 1962; Solomon, 1967; Teicher, 1972). Since these publications, articles were written sporadically by a select few who were concerned about this void (Joseph, 1988).

The reasons for the lack of attention to religion and spirituality in social work have been discussed in Chapter One. To briefly recapitulate social work's neglect of religion and spirituality was as a result of the historic

rift between the religious and psychoanalytic movements; the positivist orientation of social workers; and the economic, political and professional competition between religious professionals and secular social workers (Loewenberg, 1988; Spencer, 1956; Marty, 1980; Bullis, 1996). The last decade however has seen a burgeoning amount of interest in the field, particularly in the American context. Although there has been some interest in this area of practice, in the British and Australian contexts, a plethora of articles have been generated by American writers. Sheridan and Amato-von-Hemert (1999) took cognizance of the current resurgence of interest in the role of religion and spirituality in social work education and practice, indicating that based on a keyword search of terms, such as religion, religious, religiosity, spiritual, spirituality and transpersonal, the Social Work abstracts database listed 235 topics, with a focus in these areas in the last decade. The strengthening of the bridge between religion and the allied field of psychology is also evident in the literature (Quackenbos, Privette and Klentz, 1986; Lannert, 1991; Bergin, 1980; Bergin, 1988a; Bergin, 1988b; Bergin, 1990; Bergin and Jensen, 1990; Wadsworth and Checketts, 1980; Lewis and Lewis, 1985; Worthington, 1986; Beutler, Pollack and Jobe, 1979; Worthington and Scott, 1983; Kotesky, 1974). Social work literature and research in relation to religion and spirituality within the South African context, however, is by contrast sparse. Despite a paucity of work a few writers have recently elucidated the importance of the religious and spiritual domains in social work (Sewpaul, 1997; Sewpaul, 1999; Sacco, 1996b; Kasiram, 1998).

The literature, in the context of developmental research, serves as a critical source of information (Thomas, 1985a) that guides and shapes the development of the interventional innovation. Accordingly, the principal themes that dominate the literature have served to structure the

intervention. Each of the chapters in the review, flow from one to the other reflecting their interrelatedness. The first three chapters contain issues that are pertinent to the clinical world. The last chapter serves to bridge the dichotomy between the clinical and academic world and provides a context against which issues identified in the first three chapters may be absorbed into the training and development of social workers. The chapters in the review have the following four foci:

- Chapter 3 : Religion and spirituality in social work practice
- Chapter 4 : Spiritually based intervention techniques
- Chapter 5 : Transpersonal social work
- Chapter 6 : Religion and spirituality in social work education

CHAPTER THREE

RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE

In this chapter the reader is introduced to religious and spiritual concepts and theory relevant to social work practice. Definitions of religion and spirituality have been elucidated. This is followed by a discussion of the role of religion and spirituality in practice. Empirical work which reflects the extent to which such issues present themselves in practice is highlighted. The helping relationship, as the keystone to spiritually based practice, is described. Techniques to conduct a religious history and spiritual assessment and a model of therapeutic intervention are also elucidated. This chapter concludes with a discussion on the use of religion and spirituality in the treatment of various psychosocial problems. Some of the dysfunctional aspects of religion and spirituality are also considered. The latter issues set the pace for the use of spiritually based techniques, which is described in the chapter that follows.

DEFINITIONS OF SPIRITUALITY AND RELIGION

Canda and Furman (1999) wrote that, for practitioners to conduct assessments of spiritual development or strengths and challenges posed by clients' participation in religious groups, the key concepts of religion and spirituality have to be understood. They argued that for research to be conducted about the impact of religion and spirituality on human behavior clearly defined concepts needed to be applied in a consistent manner. Although the concepts religion and religiosity, at a surface

level, may appear to be couched within definitions of spirituality, there are distinct differences between these two often misinterpreted terms (Bullis, 1996; Ingersoll, 1994). Concomitant with the proliferation of articles giving attention to spirituality in social work practice, are the abundant and diverse descriptions and interpretations of spirituality within the literature (Ingersoll, 1994, Elkins, Hedstrom, Leaf and Saunders, 1988; Siporin, 1985; Siporin, 1986; Cascio, 1998).

Most definitions are imbued with the personal perspectives of various writers on spirituality and the literature seems to elude a precise definition of the term. Canda and Furman (1999) were perhaps most apt in recognizing the inherent "mysterious quality" of spirituality, stating that its deepest meaning cannot be expressed, but that its expressions and names were numerous (p.37). Cascio (1998) contended that one of the reasons that practitioners have avoided dealing with spiritual issues is because of the confusion surrounding the terms religion and spirituality. The literature reflects that religion, to some degree, is viewed within a negative context, with several authors noting its association with rigidity, dogmatism and pathology (Loewenberg, 1988, Kilpatrick and Holland, 1990; Sermabeikian, 1994; Clark, 1994; Jacobs, 1997). It has also been linked to ideology, ritual and institutions (Sermabeikian, 1994). Yet others like Joseph (1988) have asserted that religion may be seen to contribute to other problems such as the development of passivity and waiting for God to intervene in life's problems. It is perhaps for these reasons that there is a general reluctance on the part of practitioners to entertain religious or spiritual issues in working with people. It is also perhaps for these reasons that those advocating a spiritual perspective have gone to great lengths to differentiate between these two terms.

Very little has been done empirically with regard to exploring meanings and interpretations of the terms religion and spirituality. In one study involving a National Survey with 1069 social work practitioners in America, Canda and Furman (1999) investigated ways in which social workers understood the three common terms viz. spirituality, religion and faith. Practitioners were asked to identify the descriptors (e.g. meaning, purpose, belief) as they related to the terms spirituality, religion and faith. Participants in the study saw a close relationship between these terms, as almost every descriptor had overlap for some people. A clear distinction, however, emerged through a comparison of the top six descriptors for each. Spirituality was most often associated with the descriptors meaning (85%); personal (82%); purpose (78%) belief and personal relationship with higher power (72%). Faith was most often associated with the descriptors belief (87%) and personal relationship with higher power (61%). Religion on the other hand was most frequently associated with organization (78%), ritual (77%), belief (74%), scripture (73%), prayer (66%) and community (64%). The descriptors associated with spirituality however were less associated with religion.

These findings mirror the general interpretations of these terms in the literature. Canda (1989) wrote that the term religion was used to refer to "formal institutional contexts" for spiritual beliefs and practices (p.39). Cascio (1998) asserted that religion "consists of worship practices, denominational affiliation and overt participation in a faith organization"(p.524). It also entails an acceptance of the values, ethics, practices and beliefs of a specific faith community (Cascio, 1998) and leads adherents to prefer myth, symbol, rite and ceremony over other forms of expression (Marty in Ingersoll, 1994). Furthermore since religion deals with specific beliefs, it is often exclusive (Furman and

Chandy, 1998). Spirituality on the other hand can be described as being eclectic and inclusive (Bullis, 1996) and may or may not include a belief in God.

The literature is rich with descriptions of spirituality (Ingersoll, 1994; Siporin, 1985; Siporin, 1986; Canda, 1983; Sheridan et al., 1992; Sherwood, 1998; Canda, 1989). Rather than detailing each of them, a few which capture the salient features of spirituality are outlined. Vaughan (1991) portrayed spirituality as a phenomenon that could be experienced by all humankind, when she said that spirituality is not the special property of any group or religion but rather exists within the hearts of all men and women regardless of race, creed and culture, both within and outside of religious institutions. Bullis (1996) referred to spirituality as inner feelings and experiences of the immediacy of a higher power. These feelings do not necessarily lend themselves to the political formulations of creedal statements or to theological discriminations.

Hartman (in Hatchett, 1999) regarded spirituality as relationship with oneself, with people, nature and the environment as well as with absolute reality. Writing more in relation to the personal self, Siporin and Brower (in Canda, 1983) said that "spirituality encompasses human activities of moral decision making, searching for a sense of meaning and purpose in life, and striving for mutually fulfilling relationships among individuals, society, and ultimate reality, however conceptualised" (p.238). Recapitulating Siporin and Brower's interpretation, Canda (1989) asserted that spirituality "designates the human striving for a sense of meaning and fulfillment through morally satisfying relationships between individuals, communities, the surrounding universe, and the ontological ground of our existence

(whether conceived in theistic, animistic, nontheistic, atheistic or other terms" (p. 573).

Following a review of current definitions in the field, Canda and Furman (1999) synthesized the attributes of spirituality as being:

- A holistic quality of a person, considered to be inherently sacred, valuable and irreducible;
- an aspect of a person or group that deals with a search for meaning, morality and relationships with others, including ultimate reality;
- experiences of a transpersonal nature;
- a developmental process embracing movement toward a sense of wholeness in oneself and with others;
- participation in religious or informal spiritual support groups;
- engaging in particular beliefs and practices, such as prayer or meditation in a spiritual or religious context.

ROLE OF RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE

There is strong agreement that religion and spirituality have a pivotal role to play in social work practice (Bullis, 1996; Loewenberg, 1988; Canda and Furman, 1999; Sheridan et al., 1992; Cascio, 1998; Cascio, 1999; Meystedt, 1984; Johnson, 1997; Sherwood, 1998). After a review of the literature, Andrews (1994) noted the consensus among psychiatrists, psychologists, social workers, family therapists and chemical dependency counsellors that "cultivating a more spiritual outlook on life" was the key to well being (p.28). For Colangelo (in Hickson and Phelps, 1997) spirituality is "inexorably interwoven into the systematic process of helping clients change" (p. 44). "To exclude spirituality is to refuse to look at a very significant influence on human behaviour" (Theodore in Hickson and Phelps, 1997, p.45). In a similar vein Cunningham (in Hickson and Phelps, 1997) contended that effective outcomes would prove temporary, and the benefits of therapy

restricted, if the therapist did not integrate solutions that took cognisance of spiritual or religious issues. One of the most important reasons, however, was forwarded by Bullis (in Cascio, 1998, p. 525). He contended that incorporating the spiritual dimension in the process "acknowledges the legitimacy of the topic," and affirms its acceptance within the helping relationship. Echoing his sentiments, Tolliver (1997) stated that the social work practitioner's "discomfort with spiritual material ..... stands as a silent barrier against the client's freedom to tell his or her story" (p. 477).

In the following section the researcher has given attention to the extent to which religion and spirituality are considered in social work practice. This is followed by an overview of elements of a spiritually sensitive helping relationship. This lays the foundation for a discussion on the taking of a spiritual history and conducting spiritual assessments. The spiritual model of therapeutic transformation is elucidated.

EXTENT TO WHICH RELIGION AND SPIRITUALITY ARE CONSIDERED IN PRACTICE.

Empirical work, which considers the extent to which religious and spiritual aspects are incorporated into the helping process, is non-existent in South Africa. This has been the focus of several studies in America (Sheridan et al., 1992; Derezotes and Evans, 1995; Canda and Furman, 1999). Social work practitioners involved in a survey conducted by Sheridan et al. (1992) reported that about one third of their clients presented with religious or spiritual concerns. Similar findings were made by Furman and Chandy (1998) who indicated that social workers from North Dakota, had reported that religious and spiritual issues were prevalent amongst 33% of their caseloads. Sheridan and her

colleagues (1992) believed that data from their study reflected a tendency of practitioners to understate their client's religious issues or a tendency on the part of clients to not raise religious issues with clinicians. They expressed that if this were true, practitioners were "losing important sources of meaning, support, and possibly pathology in their clients" (p. 200).

Other studies reflected different results. Using quantitative research methodology, Cascio (1999) probed the extent to which MSW students encountered religious and spiritual issues during their fieldwork. Religion and spirituality were investigated as separate entities. Sixty nine percent of the sample reported dealing with religious issues "sometimes." Twenty five percent expressed that they "often," dealt with this topic in the field and 4% reported dealing with religious issues "always." Thirty one percent and 8% indicated encountering spiritual issues "often" and "always," respectively. A strong majority (75%) expressed dealing with spiritual issues "sometimes."

Derezotes and Evans (1995) through in-depth interviews with 56 practitioners from Utah, found spirituality to be an important component of social work practice for almost the entire sample (89%). Most practitioners indicated that religion and spiritual beliefs gave them "respect for their clients as spiritual beings" (p. 46). Most of these practitioners believed that spirituality was an important part of being human and that social workers needed to view spirituality as an integral dimension of the whole person. However only 57% of the sample indicated that issues related to religion and spirituality should be discussed during counselling, stating that it depended upon whether the client initiated discussion in this area. They expressed the view that if

the client raised the issue it was appropriate, otherwise it was not. Forty six percent of the sample reported raising the issue of spirituality with their clients, using terms that were less loaded. For example they used phrases such as "what's meaningful to you?" or "what do you value?"

The survey conducted by Canda and Furman (1999) with 1069 practitioners, shed light on the areas appropriate to raise the topic of spirituality in a nonsectarian manner. In terms of frequency reported, participants believed it was most appropriate in cases related to: terminal illness (90%), bereavement (87%), substance abuse (74%), suffering the effects of a natural disaster (73%), sexual abuse (69%), foster parenting (66%), partner violence and difficulty in family relations (64%), criminal justice (59%) and chronic mental disorder (52%). Some empirical evidence and anecdotal evidence from case studies, which indicate the effectiveness of religion and spirituality in dealing with these issues, are presented in a later section. Although most respondents believed it was important to raise the issue of religion in cases of terminal illness (73%), bereavement (75%), foster parenting (62%) and difficulty in family relations (47%), a comparison of the reported frequencies revealed that fewer saw the importance of raising religion compared with nonsectarian spirituality. Canda and Furman concluded (1999) that although many social workers recognized the importance of both spirituality and religion, they do make a distinction when applying them in practice.

THE HELPING RELATIONSHIP : A FOUNDATION FOR SPIRITUALLY BASED PRACTICE

The characteristics of a spiritually sensitive helping relationship have been elucidated in the literature. Canda and Furman (1999) saw it is an

"expression of compassion" (p.4), whilst Jacobs (1997) noted that "our capacity for developing a healing relationship with others is the essence of our profession" (p. 171). Powell (1988) mentioned the need to create "spiritual intimacy" in the helping relationship through a shared revelation of faith, beliefs and insights into spiritual matters (p. 158-159). Findings made in Canda's (1988a) study reflect the sentiments of these writers. Social workers interviewed described social work practice as a "spiritual endeavour that involves the growth and fulfillment of client, professional helper, and the larger community" (p. 243). Holland (1989) confirmed the spiritual theme, asserting that professional practice from a faith perspective "can become the enactment of a sacred relationship, a relationship that affirms the ultimate worth of all persons involved" (p. 39). It may be seen as a sacred act proceeding from faith in the values of love, justice and community responsibility that are inherent in the roots of social work.

Sermabeikian (1994) and Cascio (1998) along with Canda (1988a; 1988b), one of the most prolific writers in the field, linked the core values espoused by the profession with the spiritually sensitive helping relationship. They described it as one which is client centered, empathic, respectful, caring and nonjudgmental of a client's spiritual beliefs and practices. Canda (in Okundaye and Gray, 1999) extended these ideas, claiming that the spiritually sensitive helping relationship is one "in which the worker links personal and professional growth, engages in dialogue with clients about their frameworks for meaning and morality, appreciates diverse religious and nonreligious expressions of spirituality, supports creative resolution of the crises, and connects with a variety of spiritual resources as relevant to the client" (p.373).

Social workers interviewed during Canda's (1988a) study, recapitulated his sentiments. Utilizing qualitative research methodologies, he sought to develop a comprehensive conceptualization of spirituality that incorporated insights from diverse religious and philosophical perspectives. The main beliefs, values, and practice implications of Buddhist, Christian, existentialist, Jewish and shamanistic perspectives were examined in relation to social work literature. In-depth interviews were then conducted with social work scholars who represented atheistic and theistic humanism as well as the five diverse perspectives mentioned. Respondents were found to agree that a good helping relationship that is sensitive to the spirituality of the client includes skills generic to social work settings such as empathy, careful listening, and loving acceptance. Providing specific guidelines to create and nurture a spiritually sensitive relationship, Canda (1988a) suggested that social workers learn to deal explicitly with the spiritual aspects of clients' situations, but refrain from using religious beliefs, terminology, or helping approaches if irrelevant to the client. Social workers also need to learn to assess the spiritual aspects of client needs and to relate to those needs according to the clients' own perspective. The professional value of respecting the dignity of the client should also be extended to include respect for the clients' own responsible choices for expression of spirituality (ibid).

More recently Canda and Furman (1999) can be credited with extending the basic principles eschewed by the social work profession, to include those that would facilitate the development of a spiritually sensitive relationship. They are as follows:

1. VALUE CLARITY

This requires self-reflection to explore and refine one's values and moral and ethical understanding of oneself, the client and the helping process. The social worker's strengths and resources, including those based in spiritual and religious perspectives need to be identified and linked to the profession's Code of Ethics. Similarly limitations, biases, prejudices, and negative attitudes need to be identified so that the worker can move beyond them. Reflections on the interplay of the values, feelings, thoughts and actions of the worker and client should include explicit attention to religious, moral, and spiritual concerns and dynamics. Canda and Furman (1999, p.187) suggested journaling and asking the following questions to accomplish value clarity:

- What factors predispose me to this reaction?
- What does this indicate about my strengths and limitations in general and in relation to this particular helping situation?
- What are the implications for personal and professional growth?
- What steps can I take to accomplish growth?
- How will I use this self-understanding and growth to help this person and future clients?
- What is my time frame for working on this?

2. RESPECT

This entails affirming the inherent dignity and worth and recognizing the divinity or sacredness of each person. It also means encountering the client with a fresh mind unhindered by presumptions. The process of labeling, analyzing, categorizing and judging our clients and ourselves leads to distraction. To keep this possibility open the social worker should avoid reading any prior diagnostic material about the client.

Instead the client should be invited to tell his or her story in an open-ended way (Canda and Furman, 1999). To enable the social worker to be open to the present experience the authors suggested that when "you notice your mind waver, become drowsy, or full of chatter, return awareness to the flow of your breath. Then pay special attention to the sound of the client's voice, the color of his or her clothes, the nuances of body posture and motion, and the emotional tone of his or her words. Perceive these details as you would smell a freshly cut flower" (ibid, p.188).

3. Client centeredness

This requires that the client's worldview and spiritual experiences be taken seriously. Even when the worker has disagreements or detects signs of delusion, this needs to be done with respect for the client. Proselytization or moralistic judging, based on religious, political, theoretical or other ideological positions, is not appropriate.

4. Inclusivity

Inclusivity refers to the ability to include exclusive spiritual practices in practice. Some clients may, for example, use religious rationales to justify ethnocentrism, racism, homophobia, or violence against women. Certain religious communities may wish to live separately from others in order to maintain a unique lifestyle and moral commitment. Establishing trust, mutual understanding and cooperation in the relationship can only occur when the worker truly values inclusivity. Even when there are disagreements, the relationship that has been created encompasses agreement to disagree. In situations where the social worker may advocate for change of spiritual beliefs and values,

change needs to occur with dialogue in which openness to learning and change is encouraged as the interaction continues.

5. Creativity

This refers to the nurturing of creative possibilities for growth, problem solving and crisis resolution. Canda and Furman (1999) likened the spiritually sensitive social worker to a midwife who provides a supportive environment, helpful skills and knowledge, and positive energy to help the client to give birth to a new self and situation. The creative social worker also attends to the aesthetics of helping by filling the place of helping with colours, sounds, and images with which the client identifies. Social workers also need to welcome back all the places, powers, beauties, relationships, colours, sights, sounds and smells, tastes, dances, songs, and memories that can have an inspiring, healing, and helping significance for clients.

The principles identified by Canda and Furman (1999) resonate with those identified by Tolliver (1997). A project undertaken by Hunter College School of Social Work and an agency using a psycho-spiritual method to enhance family well being, served as the means to research and develop a psycho-spiritual training manual. The following six practice principles were seen as important for informing psycho-spiritual practice: -

- Human beings are viewed as expressions of divine creation; the person is seen as whole and complete;
- clients need to be treated with respect;
- psycho-spirituality is an expression of the belief that the mind is inspired by spirit. In this conceptualization the spirit is the life

force; clients are perceived to have an inner strength, no matter what circumstances they are confronting;

- the therapist approaches work with the realization that both client and therapist alike experience growth challenges;
- clients often come to the therapeutic encounter, without an awareness of the spiritual dimension of the self. One of the first tasks of the worker is to discover this dimension and to help the client find hope in their situation;
- social workers need to be aware of the systems, practices, rituals, symbols, taboos and other schema within a client's ethnic culture, so as to establish a treatment environment that respects the person.

Upholding these principles in practice demands skill and knowledge in the areas of spiritual assessment. The following section focuses on the taking of a religious history and spiritual assessment.

TAKING A RELIGIOUS AND SPIRITUAL HISTORY

The need to take a religious history during the assessment phase of therapy has been strongly articulated in the literature (Peterson, 1987; Benner, 1989; Kochems, 1994; O'Rourke, 1997; Amato-von-Hemert, 1994; Sheridan et al., 1992; Cascio, 1998; Zastrow, 1999). Sheridan et al. (1992) asserted that the taking of religious and spiritual history is as vital as the taking of a psychosocial history. Amato-von-Hemert (1994) provided a strong argument, contending that the social worker who never enquires about the client's religious (spiritual) development "sends a silent message (of either) disrespect for the client's religion ? disinterest, ? ignorance,? (or) disagreement? " (p.9).

Benner (1989) expressed that therapists who take a religious (and spiritual) history during intake "give permission for the raising of spiritual matters" (p. 26), whilst Rizzuto (1994) pointed out that obtaining information about an individual's religious background, parental beliefs, experience of religious rites (for example, bar mitzvahs) provide both the therapist and the client with a context for exploring spiritual issues in greater depth during the course of treatment. Extending Rizzuto's argument, O'Rourke's (1997) said that the taking of a religious (and spiritual) history could shed light on religious and spiritual crises. He highlighted how obtaining a religious history from adult survivors of abuse, during a group treatment programme, provided these patients with the opportunity to explore the connections between their religious upbringing and their childhood abuse. He suggested that questions in this area be framed around the clients' religious affiliations, changes made in their religious affiliation over time, early religious memories and images of God. For Sheridan et al. (1992) knowing the particular beliefs of a client's religious group enables the social worker to maintain a professional and respectful demeanour towards clients. Professional demeanour includes, for example refraining from speaking a deity's name harshly, and recognizing the holy month of Ramadan for Muslim clients and Diwali for Hindu clients and by making allowances in the scheduling of appointments to accommodate religious practices and or celebrations.

Guidelines for the taking of a spiritual history have begun to emerge in the literature (Bullis, 1996; Zastrow, 1999; Cascio, 1998). Designed as an assessment tool, the guide offered by Bullis (1996) explores the following three significant areas of religious and spiritual impact: a) parents or parental figures; b) spouses or significant others and c) one's own history (p.177). Questions contained therein are useful in that they

elicit more information than the client's denominational affiliation and can be used as a springboard for mutual discussion, as evidence for ongoing assessments, and as a means for establishing therapeutic goals (ibid). Some of them include:

- What was the religious or spiritual faith of your parents?; were they strict or lenient in their beliefs ?; what do you think were the most important spiritual beliefs that they held? Did they pass these on to you? How?
- What religious or spiritual issues, if any have caused problems in your relationship with spouses or significant others / If they are resolved, how did you resolve them? If they are not resolved, how do they affect your relationship?; If you have children, do you and your spouse (or significant other) agree or disagree on the spiritual orientation with which they are being raised? What are the principle spiritual values that you both wish to impart to your children?
- In what religious or spiritual orientation were you raised?; what is your current affiliation?; what are its major tenets, values and principles?; How has your spiritual orientation changed since your upbringing? Why has it changed? What events or experiences helped to change you?

SPIRITUAL GENOGRAMS AND TIME LINES

Recently several innovative techniques have evolved to assist practitioners to formulate a spiritual history (Cascio, 1998; Bullis, 1996). Cascio (1998) highlighted the use of family genograms or "spiritual genograms" with regard to this (p.526). Spiritual genograms reflect a person's "ancestors and influences" and include data such as significant persons, ideas, events, experiences and conflicts that have

contributed to the spiritual perspective (Bullis in Cascio, 1998, p.26). Lectures, books and travel that may have impacted on the individual's spirituality may also be charted. According to Bullis (in Cascio, 1998) a spiritual genogram can be developed through asking the following questions:

- Who were the most significant people and what were the most significant events in relation to your spiritual development?
- How have they affected your spiritual growth and development?
- Has there been any change in your spiritual stance, in the last five years?
- Has there been one particular experience (or experiences) that has had a lasting spiritual impact on you?
- What are the current spiritual ideas, books, authors, persons, or events most important to you?

Using McGoldrick and Gerson's suggested outline of a genogram, Cascio (1998) made other suggestions with regard to obtaining information about religious background. She pointed out that discussions about major life events such as death or substance abuse can be used as opportunities to enquire about how family members coped and whether spirituality is strength from which they draw. The spiritual evolution of the client can also be graphically reflected in the form of a "time line" (Bullis, 1996; Cascio, 1998; Canda and Furman, 1999). Similar to the spiritual genogram it records information such as significant events, persons, and experiences that have had an impact on the client's spirituality. Suggesting another technique Bullis (in Cascio, 1998) said that a spiritual collage or "photographs or.... pictures or drawings" could be created by the client (p. 527). This can then be used as tool to elaborate upon the chronological description and to put the client's spiritual experiences into perspective.

SPIRITUAL ASSESSMENT

Assessment in social work practice is necessary to understand the client's situation, to develop therapeutic goals, to identify resources and strengths and plan appropriate interventions (Hepworth and Larsen, 1986). Writing specifically with regard to spirituality, Sherwood (1998) asserted that "our professional paradigms legitimize and even mandate the inclusion of spirituality and religion as integral dimensions of assessment and practice" (p.82). The fundamental social work concepts of persons-in-situation, systems and holistic understanding have, however, been undermined to the extent that spirituality and religion have been functionally ignored or marginalized as important sources of meaning. Supporting Sherwood's argument Aguilar (1997) contended that practitioners needed to "re-engineer" intervention approaches, so that the spiritual aspects could be integrated into practice (p.2). She identified the need for an assessment tool or risk index that include questions that identify the spiritual dimensions of a person along with strengths and coping mechanisms.

For Hook (in Sherwood, 1998) exploring client's religious beliefs not only reveals sources of comfort but also identifies alienation from God and from organized religion. She pointed out that "people might be reluctant to voice their anger, doubts, and sense of alienation to other people out of fear that family members and their support system within the church and the community will condemn them for these thoughts and emotions. The experience of raising these issues with someone who can listen without judgment and understands the pain can be an important first step in the healing process" (ibid, p. 94).

Bullis (1996) described spiritual assessment as a "dynamic, ongoing process" (p.47). Sherwood (1998) conceptualized spiritual assessment and intervention to be "a functional, interactive, organic, progressive process" adapted to the situation or interaction" of a client (p.86). Consequently, it does not consist of an exhaustive list of questions, but grows through sensitive listening as clients tell their stories and through asking the appropriate questions to help them tell their stories (ibid). Canda (1988a) wrote that assessment strategies need to consider the quality of the client's relationships between self, significant others, the social environment, the non-human world and ultimate reality. Situational and social - structural conditions that oppress the client's spiritual growth also need attention. Sheridan et al. (1992) added that the specific attitudes and practices of clients also needed to be assessed, both in the present and past, for example whether the client prayed, meditated, read spiritual literature which is significant, whether the client had changed their faith over the years and what the quality and nature of their religious or spiritual experiences had been.

Bullis (1996) described two exciting and innovative techniques for conducting spiritual assessments viz. "drawing spirit bodies" and "creating spirit masks" (p. 49-52). Both involve meditation and visualization exercises to set the precedence for the drawing and creation of symbols or masks. This enables the clinician to make a spiritual interpretation of what the client is trying to depict through these symbols and masks which in turn can foster creative solutions. Spirit masks, in particular, serve as a vehicle to externalize spiritual intuitions, insights and instincts. They are also a vehicle through which the client discloses their strengths, fears and anxieties (ibid).

Of importance is the recent emergence of tools consisting of a series of questions that could facilitate the process of spiritual assessment and intervention in practice (Sherwood, 1998; Zastrow, 1999; Bullis, 1996). Dudley, Smith and Millison (1995) and Quinlan (in Sherwood, 1998) for example, outlined a series of questions that could be used in a hospice. Locke, Garrison and Winship (in Sherwood, 1998) suggested that questions be framed in an open ended way, thus inviting clients to talk about religious and spiritual issues closest to their hearts. They offered the following as examples of questions that could be used, emphasizing that they specifically avoided "religious language" (ibid, p.88): -

" What is your source of strength? "
" On what is your hope based? "
"What gives meaning to your life?"
" What do you value most? "

The most comprehensive Religious / Spiritual Assessment Tool, was developed by Boyd (in Sherwood, 1998) and has been published as part of his chapter "Spiritually Sensitive Assessment Tools for Social Work practice," in the text edited by Hugen, titled Christianity and Social Work: Readings on the integration of Christian faith and Social work practice. He used time dimensions to organize his tool. The historical (past) explores events, experiences and individuals that have shaped the individual's life, whilst the present dimension explores how a person currently manifests their spiritual self-their current beliefs and affiliations. The future dimension gives attention to the person's hopes and desires for spiritual growth and their spiritual vision. Boyd (in Sherwood, 1998) emphasized that proper use of this tool, was contingent upon its modification and careful limited selection of relevant issues. It was not to be used in its entirety. This concurs with Sherwood's (1998)

views that because spirituality and religion are important, it does not mean that they always have the same relevance for every client and social work helping context. Like all assessment, spiritual assessment would have to be adapted to the nature and purpose of the interaction with a particular client (ibid).

Canda and Furman (1999) identified two styles of spiritual propensity viz. extrinsic and intrinsic spiritual propensity, stating that determining the spiritual propensity of the client was critical in the planning of culturally appropriate practice activities. Extrinsic spiritual propensity means that a persons spiritual values, beliefs and behaviors are centered primarily in external religious or non-religious social groups in accordance with group norms, consensus and spiritual group leaders' directions. Intrinsic spiritual propensity, includes the possibility that a person may have privatized his or her spiritual beliefs and practices and have no affiliation with a spiritual group, or the person may be committed to a spiritual group and its principles. This results in four types of spiritual propensity viz. extrinsic religious and nonreligious propensity and intrinsic religious and non-religious propensity.

Canda and Furman (1999) suggested that these distinctions be used as starting points to identify a client's interest and participation in religious or nonreligious spiritual groups and activities. A nonreligious client should therefore not be approached in a religious manner. A religious client on the other hand would be more interested in religiously based social work practice, referral or collaboration. Clients who have an extrinsic spiritual propensity are more likely to be reliant on beliefs, values and practices prescribed by spiritual reference groups and authority, be they religious or nonreligious. They would therefore be more averse to social work practices that are prohibited or held suspect

by the spiritual reference group. In contrast, clients who have an intrinsic spiritual propensity are more likely to be willing to engage in self-reflection, explore new spiritual insights and try different spiritual helping activities, even if not officially approved by the spiritual reference group (whether religious or nonreligious).

Based on this Canda and Furman (1999) developed a valuable discussion guide, which may be used by practitioners to explore a client's spiritual propensity. It incorporates topics such as spiritual group membership and participation; frequency, types and helpfulness of spiritual activities; inspirational sources of support; and extrinsic or intrinsic styles of spiritual .propensity. Other questions included relate to the frequency and type of spiritual practices performed with spiritual groups, family members and by the client.

Having highlighted the salient features of spiritual history and spiritual assessment, attention will now be accorded to issues of intervention. A model to guide therapeutic intervention will be elucidated. The use of religion and spirituality in the treatment of various psychosocial problems will then be explored. This chapter concludes with a discussion on how religion may impact on client and family life in a negative way. A framework to assist practitioners help clients discern between functional and dysfunctional religious groups is also presented.

A MODEL OF THERAPEUTIC TRANSFORMATION

Using the body of ritual studies as a basis, Canda and Furman (1999) have developed a useful model to effect therapeutic transformation. The model, which also shares much of the basic precepts of crisis theory (Golan, 1986), is underpinned by five phases.

These phases are presented in summary form in the following Table:

TABLE 5: FEATURES OF A MODEL OF THERAPEUTIC TRANSFORMATION

Phases	Characteristics and Tasks
Phase 1 : Preparation (Pretherapy)	• **One of crisis, the client experiences intense feelings of being overwhelmed and out of control.** • **When usual problem - solving strategies and resilient qualities fail the client reaches out to a professional helper.**
Phase 2 : Separation (Beginning Formal Helping)	• **The client is welcomed into the helping relationship;** • **the social worker expresses intentions to help and the person's troubles and aspirations are identified;** • **the situation is deconstructed and new possibilities are opened;** • **if client is being overwhelmed by feelings of chaos, restoration of a sense of protection, cognitive understanding and hope for the future needs to be emphasized.**
Phase 3 : Flux	• **Disorder has advantages in that the client's status quo is disrupted, thus making the client more amenable to change and growth;** • **new possibilities and personal strengths and resources that could support the change process should be explored;** • **this phase can be likened to the liminal phase, meaning the "passageway phase," in which a person is not in any particular room (which can result in feelings of ambiguity), but has the potential to move from one room to another (which can feel hopeful and empowering) (Turner, in Canda and Furman, 1999, p. 255). People experiencing feelings of chaos or a lack of structure need supportive order, thus catalyzing the transformational process.** •
Phase 4 : Aggregation	• **The process of deconstruction should be followed by reconstruction, of helping clients to incorporate insights, stabilize lifestyle changes and work through these implications with significant others;** • **clients should be assisted to rise above constraining situations, journey to a peak of new possibilities, and integrate this new learning at a plateau of enhanced living.**
Phase 5 : Congregation (Posttherapy)	• **Once a sense of successful passage has been achieved, the client's life is characterized by spontaneous creativity and enjoyment;** • **no further reliance on a professional helper.**

THE USE OF METAPHORS AND STORIES OF TRANSFORMATION WITHIN THE MODEL

Canda and Furman (1999) stated that their model could serve as a context in which social workers could draw on metaphors and stories, pertinent to clients that demonstrate the spiritual growth inherent in their experiences. After establishing the spiritual perspective of the client, he or she could be asked to identify symbols and stories of transformation and crisis resolution that are inspirational to him or her. Christians for example, may be asked to reflect on the story of the passion, death and resurrection of Jesus. Hindus could be asked to consider the epic related to the Bhagavad-Gita, about the dilemmas faced by Arjuna on the battlefield and Lord Krishna's divine words of wisdom to him. If there are no religious or spiritual metaphors that could be used, non-religious metaphors for transformation could be explored. Examples of this include that of a butterfly emerging from a cocoon, the moon moving through its phases or the passage from the coldness of winter to the vitality of spring (ibid).

The client's previous experiences of transformation could also be discussed and experiences of challenge can be recalled thereby identifying previous successful strategies. Clients could be asked to recall dreams that have depicted experiences of struggle, victory or resolution. Inspirational people who have overcome crises and transformed themselves and others may also be reflected upon. When such people are deceased ancestors or sacred beings, clients may develop insight by engaging in inner dialogue with them, asking them for guidance and support. Likewise living spiritual helpers, friends and relatives can be sought out in an effort to connect with them (ibid).

THE USE OF RELIGION AND SPIRITUALITY IN TREATMENT

The literature reveals that religion and spirituality can be applied to the treatment of a broad spectrum of psychosocial problems. Much of the articles that have emerged provide anecdotal evidence in these areas, based on case studies. Despite the lack of a solid empirical base there appears to be growing acceptance of its use in individual, conjoint, family and group treatment in a range of problems. These provide valuable starting points, from which researchers may begin to probe and verify the benefits of therapeutic intervention for specific client groups and problems. New areas and new methods of intervention can be assessed for their relevance. The following section illuminates these areas. Methods of intervention are given attention in the following chapter.

Religion and spirituality have been noted to form an important component of the treatment of sexual abuse and violent trauma (Decker, 1993; Maton, 1989; Peltzer, 1997; Ryan, 1998; Garbarino, 1996).Valentine and Feinauer (1993) wrote that female survivors of childhood sexual abuse expressed that their religious beliefs had assisted them in freeing themselves of blame and guilt for the abuse. Grubbs (1994) made a similar point in her article, which documented a case study of a twelve-year-old boy who had been sexually abused. She said that her experience with abused children had led her to believe that once they had released their wounding,..... "they (were) free to make connections with and express the spiritual depths of their being " (p. 206). Some empirical support for this is evident in Elliott's (in Ryan 1998) study, which found that female survivors of childhood sexual abuse, who adhered to a religious belief system, were less symptomatic than survivors who did not. Healing rituals, using feminine spiritual

images, have also been found to be effective with women who have been victims of male violence (Jacobs in Ryan, 1998). Ryan (1998) referred to evidence that prayer and the use of guided imagery of Jesus had therapeutic benefits such as a reduction in the levels of fear.

Several articles have emerged which have highlighted the role that religion and spirituality may play in the treatment of a range of mental difficulties or disorders such as anxiety (Bugental and Bugental, 1984), suicidal ideation (Fournier, 1990), multiple personality disorder (Bilich and Carlson, 1994) and schizophrenia (Walsh, 1995). Sullivan (in Walsh, 1995) in a study of 40 respondents who had had a serious mental illness, found spiritual beliefs to be a critical factor in the recovery process of 48 % of the persons studied. Participants reported that their spiritual beliefs had helped them to work through their problems, and served as a means of social support through attendance at religious functions. Research undertaken by O'Rourke (1997) with patients presenting with Axis 1 diagnoses of major mental illness, as defined by the Diagnostic Statistical Manual of Mental Disorders also documented the benefits of religion and spirituality in helping participants of a group treatment programme. The Spiritual Issues Group, which served, as the source of the study's data, comprised of twelve subjects all of whom carried Axis I diagnoses. Of these seven were dually diagnosed with Substance- Related Disorders. Subjects in recovery from addictions reported that God served as a source of strength in their efforts to remain abstinent. Group discussions also revealed that "Jesus" served as a source of strength and consolation in helping patients cope with their mental illness.

Although little has been published in this area, Schatz and Horejsi (1994) drew attention to the need to consider religion within the context

of foster care. They wrote that problems could arise in placements when a child has religious beliefs significantly different from those of the foster parents; when the child in care will not participate in or ridicules the beliefs and religious practices that are of great importance to the foster parents (church attendance, prayer); when the foster child has frightening or bizarre beliefs (e.g. devil worship); when the child undermines the beliefs of other children in the home; and when the biological parents object to or ridicule the religious beliefs or practices of the foster parents. Problems could also erupt where the foster parents do not honour the religious beliefs held by the foster child and where foster parents' beliefs give rise to inappropriate handling of the foster child, for example, religious indoctrination. Making reference to their programme, Schatz and Horejsi (1994) indicated that foster parents reported that they were rarely asked questions regarding their spirituality and / or religious beliefs and practices, implying that religion was often a "no- talk" subject in the screening and placement process.

Although not linked directly to the placement, Gregory and Phillips (1997) highlighted the therapeutic spin-offs of a spiritually based therapeutic programme at the Progressive Life Center (PLC), in America for emotionally disturbed foster care children. The common clinical pattern of children was severe cultural deprivation, spiritual disconnection, lack of awareness of their own personal biography, disconnection from community and family, and an intense sense of not belonging. The researchers contended that the use of a spiritual perspective resulted in 74% of the youths improving emotionally, 37% improving scholastically and 53% in behavioral improvement. Ninety percent of parents supported this type of intervention, indicating that they could see the child's progress in the healing process socially, emotionally, psychologically, and spiritually.

Although very preliminary, there is evidence that religion and spirituality are also important in the treatment of people living with HIV/AIDS. Greif and Porembski (1988) assessed the coping mechanisms of individuals, families and friends facing AIDS, through a qualitative study with 11 respondents. A renewed or continued faith in God, for both themselves and the person with AIDS, was a positive factor for 9 of the 11 respondents in the study. Dunbar, Mueller, Medina and Wolf (1998) found similar results in their study of 34 women living with various stages of HIV. Participants reported that spirituality, in particular facilitating spiritual growth was an important process of their coming to terms with their HIV status. For many women the ability to find meaning in life, within a spiritual context, had assisted their process of healing and growth.

The spiritual and transpersonal perspectives have received much support in the literature in relation to the treatment of substance abuse (Small, 1987; Sparks, 1987; Berenson, 1987; Krystal and Zweben, 1989; Gallant, Holosko, Gorey and Lesiuk, 1998; Cascio, 1998; Carroll, 1999). Significant empirical work has been undertaken in relation to Alcoholics Anonymous, commonly referred to as AA. Recovery in AA is believed to be based on spiritual growth, effected through the 12 Steps within the program (Albers, 1999; Sandoz, 1999). After a review of surveys and outcome evaluations of AA, Emrick (in Davis and Jansen, 1998) reported that 40% to 50% of alcoholics who maintain long term, active membership in AA have several years of total abstinence while involved; 60% to 68% improve, drinking less or not at all during AA participation. A meta-analysis conducted by Emrick, Tonigan, Montgomery and Little (in Davis and Jansen, 1998) found that participation in AA could also predict reduced alcohol consumption.

Other studies have shown AA to be effective as an adjunct to formal treatment and when used as a form of after care (Alford, Koehler and Leonard, in Davis and Jansen, 1998). A 10 year follow up study by Cross, Morgan, Mooney, Martin and Rapter (1991) found that combined with formal treatment programs AA was the only significant predictor in the maintenance of sobriety of male and female patients.

Terminal illness, physical impairment and grief have also been identified in the literature as areas that could benefit from a spiritual perspective (Breen, 1985; Klein, 1986; Cascio, 1998; Bradey, 1990; Coberly and Shapiro, 1998; Sormanti and August, 1997). Bullis (1992) wrote that the process of healing and growth, of changing loss, grief, hurt, anger and despair into hope demands psychological and spiritual transformation. Articulating the feelings of those faced with mental, physical or sensory impairment, disfigurement or disability, Aguilar (1997) said that they might feel depressed, fearful and apprehensive. Intervention including those that nurture the spirit viz. prayer, meditation and faith in God may help patients to heal (Joseph, 1988; Aguilar, 1997; Dudley and Helfgott, 1990). Using case studies of patients with cancer, Smith (1995) proposed that a transpersonal approach be used to help them transcend their fear of death and dying.

Sormanti and August's (1997) study of 43 bereaved parents of children with cancer, highlighted the importance of the spiritual dimension in terms of coping with grief. Thirty eight percent of the sample reported having spiritual encounters with their children, which allowed for feelings of continued connection with their deceased child. One mother expressed "So far, it's not even one year, I feel spiritually connected with Angela through sunsets, sunrises". Another stated, " I imagine his spirit is in the trees behind his grave. When I begin to talk to him the

wind almost always rustles the leaves, which tells me he is there" (ibid, p.464). A majority of parents asserted that they wished that helping professionals were more open, respectful and non-judgmental of their bereavement experiences. One mother said : "If you listen long enough and are open and nonjudgmental you will hear at least one story from each person about something 'weird' and unexplainable that connects them with the one who died. It's there. They may not choose to disclose it for fear of ridicule" (ibid, p.468).

Women's spirituality is also being recognized as having distinctive qualities (Hickson and Phelps, 1997; Ozorak, 1996; Nathanson, 1995; Canda and Furman, 1999). The spiritual development of women is not necessarily confined to religious organizations, but may also be facilitated within the therapeutic process (Hickson and Phelps, 1997; Canda and Furman, 1999). As women have traditionally been influenced by cultural and religious ideas about the role of women in society, images of God, the nature of sin and other theological issues, they need to learn to feel free to express who they are without looking for approval from others (Hickson and Phelps, 1997). Social workers are in a pivotal position to help women break the silence with regard to issues that stifle their growth and learn to value and respect their own voice.

Religion and spirituality also form an integral part of the lives of the elderly (Haber, 1984; Abramowitz, 1993). Religious and or spiritual systems provide solace for increased isolation and as eventual demise is anticipated (Joseph, 1988; Abramowitz, 1993). Joseph and Koenig (in Abramowitz, 1993) made reference to several studies which found that the most common coping mechanism used by the aged is prayer or religion. Empirical evidence also exists which suggests that the elderly

often correlate personal happiness (or life satisfaction) with religion (Abramowitz, 1993).

A study conducted by Abbot, Berry and Meredith (in Nakhaima and Dicks, 1995) with 225 married adults from 20 different religious denominations, in the U.S., brought to the fore the importance of religion to family life. Seventy five percent of the sample indicated that religion was helpful by "a) enhancing the family's social support network; b) sponsoring family activities and recreation; c) promoting supportive family teachings and values; d) providing family social and welfare services; and e) encouraging families to seek divine assistance with personal and family problems (p.361). Although largely ignored by social workers (Nakhaima and Dicks, 1995), religion and spirituality is an important resource within the context of family therapy (Prest and Keller, 1993; Stewart and Gale, 1994; Ross, 1994; Holmes, 1994; Anderson and Worthen, 1997; Denton and Denton, 1998) and divorce therapy (Blomquist, 1985 and Nathanson, 1995). The importance of the spiritual perspective has provided the impetus for the development of several spiritually oriented family therapy models (Smith and Gray, 1995; Cowley, 1999; Nakhaima and Dicks, 1995).

Despite the benefits of religion and spirituality, there are dysfunctional aspects of religion that practitioners need to take cognisance of. These aspects are discussed in the following section.

DYSFUNCTIONAL ASPECTS OF RELIGION

A holistic approach to religion and spirituality recognizes its potential to manifest in both pathological and healthy patterns of behaviour (Vaughan, 1991). Despite evidence presented, which supports the

assertion that these domains can be therapeutic and empowering, adherence to negative religious beliefs and practices may also form the basis of dysfunctional behaviour patterns. A meta-analysis of twenty-four studies undertaken by Bergin (1983) revealed no support for the preconception that religiousness is necessarily linked with psychopathology. There are, however, situations when religion acts to the detriment of individuals, groups and families. Furman and Chandy (1998) reported that 17, 6% of the social workers involved in their study agreed that religion was dysfunctional in the lives of their clients. Vaughan (1991) and Furman and Chandy (1998) commented that individuals sometimes use religion to anesthetize or relieve them from life's responsibilities. It has also been known to foster fanaticism, intolerance and prejudice. In the following section issues pertaining to religious fundamentalism, asceticism, patriarchal faith traditions and cults have been discussed.

Religious fundamentalism and the belief that "the etiology of human problems lies in sin" (Midgley and Sanzenbach, 1989, p.284) and not in biological dysfunction or the psychological or interpersonal dynamics of individuals appeared to be a significant factor in client's problems in two studies. In a qualitative study by Cascio (1999) students reporting on their field experiences, expressed that some clients felt that they were being punished by God for previous transgressions. One student expressed that her client saw his diagnosis of HIV, as God's retribution for his immoral behaviour. Another student indicated that a client who was diagnosed with a debilitating disease, believed that her problems were because she had not gone to church regularly and had remained in an abusive relationship. She believed that "since she was 16... she started making bad choices, so this illness was God's way of punishing her" (in Cascio, 1999, p.136). Similarly Sewpaul (1995; 1999), in her

study of infertility, noted that a pervasive theme was that respondents across all religious faiths believed that their infertility was punishment for their wrong-doing. One participant speaking in relation to the law of karma and reincarnation said "it must have been something that I have done in my past life.... may be I was an abortionist or a murderer, robbed parents of their children and made them suffer the way I am suffering now" (Sewpaul, 1999, p.747). Holden, Watts and Brookshire (1991) suggested that depressive religious ideation be dealt with by understanding the client's religious worldview, understanding how specific religious beliefs and practices aggravate or alleviate symptoms of depression and to help transform the destructive psychodynamic elements of a client's religious life to constructive ones.

The twin beliefs of the dominance of religion over the family, and dominance of men over women have produced a patriarchal hierarchy that is characteristic of all the major religious faiths. Canda and Furman (1999) drew particular attention to the oppression and abuse of women, saying that women who are victims of familial abuse are often advised by religious leaders to remain within such relationships, even under risk of serious injury and death. Denton (1990) wrote that religion within fundamentalist families is not incidental to life or the family system, but that the boundaries, acceptance of feedback, control functions, role performances and information exchange are closely monitored by religious institutions. Canda and Furman (1999) suggested that where a woman feels that her affiliation to a particular religious group is no longer viable, she may require assistance in exploring alternative spiritual support systems and in working through feelings of guilt.

Asceticism or the voluntary and sustained practice of self-denial, in which immediate or sensual gratifications are renounced in order to

reach a higher spiritual state (Kaelber in Fallon and Horwath, 1993) may also provoke practice challenges. Extreme religious practices are common across all religious denominations. Ascetic fasting and self-flagellation amongst Muslims, Christians and Hindus are often considered viable ways to deepen spiritual understanding. Although it serves as an individual act of prayer and as a movement towards greater spiritual depth, Fallon and Horwath (1993) argued that were it appears to be causing harm to a client judgments and to pathology it cannot be based solely on the content of the patient's belief system. Pathological religious commitment would have to be distinguished from healthy religious devotion.

Religion has also been used as a defense in the legal context to excuse the abuse and neglect of children. Bullis (1991) drew attention to the fact that out of 50 state statutes reviewed in America, 47 of them exempted parents, who treat serious illnesses by spiritual means, from prosecution. Despite limitations having been imposed upon this exemption, this excuse continues to be offered as a defense in the death of children. Bullis (1991) highlighted two cases where different verdicts were reached. In the well publicized case of David and Ginger Twichell, Christian Science believers, both were sentenced in July 1990 to 10 years of probation for the death of their son who could have been treated for a surgically correctable bowel obstruction. The opposite verdict however was made by a California court, when it acquitted another Christian Science couple of involuntary manslaughter and child endangerment for the death of their fifteen month old child. Their son, who had bacterial meningitis, was treated exclusively with prayer under the tenets of the Christian Science Church. Because he showed periodic signs of improvement, reasonable doubt was raised as to whether the exclusive use of prayer was a grossly negligent act.

Laws purporting to excuse child abuse are no longer tolerable. The legal profession has made a strong call for the abolition of the spiritual healing defense. Consultation with members of the legal fraternity revealed that there are no known cases of this nature in the South African context. Social workers attached to the Department of Welfare however, indicated, that they have encountered a few cases where children were being prevented from attending school on religious grounds. Such parents saw the influence of the school system as "evil," and believed that they were in a position to educate them at home. Local practitioners need to be alert to the fact that certain religious beliefs and practices of parents may be to the detriment of the biopsychosocial and spiritual well being of children. In such instances protective measures will have to be implemented to protect their physical well-being and psychosocial development.

The growing global phenomenon of dysfunctional cults has brought to the fore alternative religious group activities. Bullis (1996) and Lewandowski and Canda (1995) highlighted the deaths of the more than eight Branch Davidian members in 1993, in Waco, Texas. Concurrent with such happenings, is the increased attention in social work literature to cults and the destabilizing impact they have had on families who are being torn apart through members involvement in such groups (Wheeler, Wood and Hatch, 1989; Bloch and Shor, 1989; Goldberg and Goldberg, 1982; Addis, Schulman-Miller and Lightman, 1984).

Cults are often viewed in a negative light. The term cult and cultic activity according to Bullis (1996) however is misunderstood. Simply put cult means "a work or labor. It could also mean a group of people working to cultivate a worship experience or a desired state of

consciousness" (p. 110). Dysfunctional cults are closed systems characterised by "intense relationships" and "authoritarian structure" (Bloch and Shor, 1989, p. 112). Bullis (1996) expressed that it is the phenomenon of this double-bind viz. intense relationships and authoritarian structure, that the cult uses to break down the adherent's defenses.

Bullis (1996) contended that clinicians are generally not in a position to distinguish functional cults from dysfunctional cults, as they do not have the competency to judge the rightness or the theological propriety of cultic activity. Evaluation and assessment of the spiritual responses of the client through questions such as how did you become involved in the group?; what are you attracted to? and how has your life changed since your involvement with the group? will afford the practitioner the opportunity to preserve the integrity of the client's choices and self determination without judging the validity of the spiritual group. Bullis (1996) argued that there are legal and ethical implications for social workers who become involved with cult members, former members or those seeking to rescue cult members. Such implications include:

- those who engage in deprogramming or rescue operations should be prepared to defend themselves against a suit for false imprisonment or intentional infliction of emotional distress;
- they would have to be mindful of violating the ethical right of client self determination. Although clients may have joined bizarre spiritual groups against the wishes of family members, their rights to freedom of religious belief, association and private self-determination outweigh the religious or spiritual preferences of anyone else;
- those who rescue members or deprogram them run the risk of being sued. Social workers who counsel families of cult members, should not be tempted to encourage family members to kidnap or rescue

them as they can also face legal jeopardy. Instead law enforcement officials should be contacted if the cult is considered dangerous or harmful.

Strong rigid religious ideologies have also been known to provoke a range of value dilemmas in relation to cohabitation, pre-marital sex, homosexuality and abortion (Bullis and Harrigan, 1992; Canda and Furman, 1999; Berliner, 1987; Wagner, Serafini, Rabkin, Remien and Williams, 1994). In the next section issues related to religion, spirituality and sexuality are highlighted.

RELIGION, SPIRITUALITY AND SEXUALITY

Although the interrelationship between religion, spirituality and sexuality has been well documented by other disciplines in response to topics such as AIDS, premarital and extramarital sex, abortion, cohabitation, homosexuality and sexual diversity, social work literature has given scant attention to the impact of religion and spirituality on sexual behaviour and attitudes. These issues however have important considerations for clinical practice (Bullis and Harrigan, 1992). In the following sections particular attention is paid to the issues of abortion and homosexuality.

Bullis and Harrigan (1992) noted that most denominations have promulgated policy statements that are intended to direct and inform the sexual behaviour of their adherents. Although most religious denominations are not sympathetic to the right of abortion, differences do exist. Judaism forbids abortion except as a lifesaving measure (Notzer, Levran, Mashiach and Soffer in Bullis and Harrigan, 1992). Consultation with local Hindu and Islamic religious leaders indicate that

these groups also condemn abortion. Christian denominations according to Bullis and Harrigan (1992) have inconsistencies. The Eastern Orthodox Church, forbids abortion except when the mother will die without it. The National Conference of Catholic Bishops holds that abortion is an unjust destruction of human life and consequently murder. The United Presbyterian Church, by contrast, has assumed a more liberal view, allowing abortion under certain circumstances such as the socioeconomic condition of the family (ibid). Similar discrepancies exist with regard to homosexuality and premarital sex across denominations (ibid).

Practitioners treating clients who are seeking an abortion or who present with other sexually related matters need to understand the impact of religion on the client. Bullis and Harrigan (1992) suggested that assessment be guided by knowledge of a client's denomination and the impact of denominational policy on sexuality. The potential for value conflicts may arise for the client and practitioner alike (Bullis and Harrigan; Canda and Furman, 1999). For example, a client with an unwanted pregnancy who is seeking an abortion, may need help to come to terms with the fact that her religious denomination forbids abortion. On the other hand a social worker, who adheres to an anti-abortion position, may have to deal with a client whose desire to seek an abortion is guided by the policy of a more liberal religious denomination. Loewenberg (1988) pointed out that practitioners could respond in several ways when confronted with a value conflict. These include a refusal of services, avoidance of religious issues presented by client, a referral, or separation of personal values from professional values. A refusal of services or avoidance of religious issues, however, is in direct breach of the ethical principles eschewed by the profession. Value conflicts require self examination on the part of the worker, outside consultation and adherence to the primacy of the client's interests at all times (Bullis and Harrigan, 1992).

Estimates of homosexual population in all cultures range from between two to ten percent, making it likely that every large religious and spiritual tradition has gay or lesbian members amongst them (Canda and Furman, 1999). Most religious denominations however consider homosexual behaviour to be immoral, causing gay people to believe that they must either reject their religious beliefs or suppress their homosexuality (Wagner et al., 1994; Canda and Furman, 1999). Wagner et al., (1994) argued that rejecting one's religious faith or one's sexuality is likely to have a profound effect on mental health. Religiosity has been found to be an important ideological correlate of "internalized homophobia" (Nungesser, in Wagner et al., 1994, p.93), a condition associated with guilt, depression, and feelings of worthlessness (Wagner et al., 1994). It has also been associated with increased frequency of passing as heterosexual, severity of negative reaction of significant others to gay disclosure, and fewer years since self-acknowledgement of being gay.

Social workers regardless of their religious convictions about homosexuality (or abortion and other related issues) will have to help clients engage in the process of integrating their religious faith and homosexuality. Wagner and his colleagues (1994) explored the relationship between internalized homophobia and the process of integrating one's religious faith and homosexuality by comparing levels of internalized homophobia among male participants of Dignity (an organization of Catholic gay men), with a community sample of gay men with Catholic backgrounds. They hypothesized that participants of Dignity were less homophobic than the community sample, as Dignity members were actively allowed to integrate their religious faith and homosexuality. Although results showed no significant differences between the groups with regard to internalized homophobia, the data revealed that involvement in the Dignity program helped foster positive attitudes towards one's homosexuality.

The preceding sections illuminated the potential that religion has to create dysfunction. The next section contains a description of a typological framework for assessing the psychosocial impact of participation in religious or spiritual groups.

A FRAMEWORK FOR THE ASSESSMENT OF THE PSYCHOSOCIAL IMPACT OF PARTICIPATION IN RELIGIOUS OR SPIRITUAL GROUPS

Given the myriad of problems that may ensue through participation in religious groups, Lewandowski and Canda (1995) proposed a typological model to assist social workers' assessment of possible helpful or harmful psychosocial impacts on clients resulting from their participation in such groups. The model incorporates combinations between various leadership and recruiting styles to differentiate nine particular types of religious organizational cultures. Authoritarian, facilitative and collaborative are the three leadership styles described in the model. Recruiting styles include aggressive, assertive or passive styles. The intersection between these leadership and recruiting styles has established the following typology for religious groups:

TABLE 6 : A TYPOLOGICAL MODEL FOR THE ASSESSMENT OF PSYCHOSOCIAL IMPACTS ON CLIENTS RESULTING FROM PARTICIPATION IN RELIGIOUS GROUPS.

Type Of Group	Characteristics
Type I : Totalitarian	• **Intragroup relations are characterized by a high degree of control and manipulation; also referred to as "destructive cults;"** • **members are expected to sever relations with biological family and are allowed relationships with other members only;voluntary departure is not possible and physical, psychological and emotional coercion is used to prevent members from leaving.**
Type II : Persuasive	• **Leaders believe that they have a just cause and that the ends justify the means;** • **coercion and deception are the means by which new members are recruited;** • **members are expected to submit to the cause and organization as opposed to submission to the leader;** • **strong persuasive incentives are used to keep members within the group and strict rules are enforced for leaving the group.**
Type III : Apocalyptic	• **Members are convinced of the absoluteness and divine support of their cause;** • **the leader is granted strong authority because of his charismatic or inspirational qualities;** • **religious revitalization movements that formed in reaction to perceived cultural decadence or impending end of the world could be an example of this type of group;** • **group survival is dependent on members' internalizing the group's worldview and on their influence on each other to maintain membership;** • **adherence to doctrine is more closely monitored as opposed to groups where leadership and organizational structure are used to exercise control;** • **individual commitment is maintained through strong reliance on group ritual and ceremony with group pressure being the primary mechanism to discourage exiting.**
Type IV : Autocratic	• **members may express dissent, issues are resolved through the application of the group's principles and beliefs;** • **members are allowed to relate to people outside the group, however, they are encouraged to look at all outside knowledge through group beliefs;** • **ideas foreign to group doctrine are perceived as harmful;** • **psychological or emotional coercion may be used to retain members as opposed to physical coercive methods such as isolation and restraint.**

Type V : Democratic	• relationships are formed through common interests and affinity; • submission is first to the group and its beliefs and then to the leader; • members are free to establish their own relationships without seeking sanction from group leaders, although prescribed formats for appropriate relationships are evident; • rituals are used to facilitate individual growth and transformation; • voluntary exit is permitted through procedures that have been established for this purpose.
Type VI : Consensual	• Relationships are not restrictive, both within and or outside the group; the group is not the centre of the individual member's life, though membership may be the individual's primary source of identity; • members submit to each other and to the purpose of the group; • participation in group ritual provides meaning for members, members however do have other avenues for experiencing renewal; • leaving is viewed as an individual decision, few measures are taken to discourage exiting.
Type VII : Sequestered	• Evolve from totalitarian or autocratic groups; are essentially closed; • members have a shared purpose and contact with the outside world is minimized and highly controlled; • members are expected to receive a spiritual benefit through submission to the group's authority, embodied in the leader(s), doctrine, or texts; • the group is the only recognized authority on all that is known about the group.
Type VIII : Canonical	• Orthodox Judaism and other groups that base membership on genealogy or birth exhibit the organizational culture of canonical groups; • Strong group culture is evident, with an emphasis on socializing children into group traditions and norms; • Marriage with non-members is discouraged, but permissible; • Submission is to the group's beliefs and when members leave or become inactive concerted efforts are made to bring them back.
Type IX : Laissez Faire	• AA and other twelve step groups that have a spiritual component to the self help process are examples; • group members bond with each other on the basis that each is seeking the same individualized purpose; • recruitment is targeted to people sharing similar concerns and who may be seeking a support group; leaving is a personal choice and members remain for as long as participation is meaningful to them.

Adapted from : Lewandowski and Canda (1995).

According to Canda and Furman (1999) this kind of typology provides a framework that will enable social workers to help their clients think about the nature of the spiritual group he or she is in or wishes to explore, to consider whether it fits with his or her aspirations and needs, and to weigh the possible desirable or undesirable consequences of participation. They suggested that the following topics be used to help clients examine the congruence between themselves, their loved ones and the spiritual group they are in:

Leadership and 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
Adaptability of the group regarding changes in the environment
Allowance for member's departure from the group
Opportunities for support and assistance from the group
(Source : Canda and Furman, 1999, p.279). Reproduced with permission.

This chapter has reviewed issues pertinent to the establishment of a spiritually sensitive relationship in practice and religious and spiritual assessment. The following chapter illuminates the literature on spiritually based intervention techniques.

CHAPTER 4

SPIRITUALLY BASED INTERVENTION TECHNIQUES

INTRODUCTION

Religious and spiritual forms of healing have gained popularity as viable strategies in coping with a host of medical, psychological and social problems. Eisenburg, Kessler, Foster, Norlock, Calkins and Delbanco (1993) reported that Americans who see their medical doctors for a serious health problem might be using unconventional therapy in addition to conventional medicine for that problem. One in three respondents in their study indicated using psycho-spiritual therapies, such as spiritual healing, prayer, homeopathy, energy healing and imagery. More recently Butler (1998) made reference to American polls which revealed that a majority of the population have tried some form of alternative healing. He maintained that, "many of us yearn for forms of healing and living that might re-engage our bodies, encourage us to create even the small, quiet, commercial-free space of an altar or reconnect us with the natural world" (p. 28).

Even locally it appears that clients are trying alternative, holistic biopsychosocial and spiritual methods in order to resolve their problems. The Centre for Health Policy (Magubane, in Sewpaul, 1997) estimated that up to 80% of the African population consult traditional healers. The use of traditional healers was further highlighted in Sewpaul's (1999)

study of infertility. All five of the African couples interviewed, reported seeking and using traditional healing from Zionist priests, iZangoma (diviners who are said to be able to portend events through the throwing and reading of bones) and inyanga (those who prescribe herbal remedies). As with the African participants, Indian respondents also reported enlisting the aid of various lay priests, people who get into trances and Moulanas (Muslim priests) in the hope that they would be able to have children.

Parallel to the use of religious and spiritual methods by the client population, is the recognition within the social work profession of the value of an array of therapeutic strategies that have their base in religious and spiritual traditions (Zastrow, 1999; Sheridan et al., 1992; Sheridan and Amato-von-Hemert, 1999; Bullis, 1996; Canda and Furman, 1999). These techniques are also receiving the support of Christian psychotherapists (Ball and Goodyear, 1991; Richards and Potts; 1995; Worthington, DuPont, Berry and Duncan, 1988). Jacobs (1997) wrote that "experiences of religious rituals, prayer, meditation or scripture may bring feelings of joy, hope, comfort, and peace" that social workers have come to "accept and understand as signs of healing" (p.173). The efficacy of some of these interventions was documented in a study by Stern, Canda and Doershuk (1992) with 402 cystic fibrosis patients. Ninety four percent of them reported receiving benefit from group prayer whilst 92% reported the benefits of meditation. Other non-medical treatments which were found to be beneficial included religious pilgrimage (73%) and faith healing (70%). Faith healers were defined as "persons who say or imply that they have or are thought by others to have special access to God's healing power" and pilgrimages were defined as "trips to religious shrines where the main goal was to improve health" within the context of the study (p. 612). The reported benefits of these "treatments" included a reduction of symptoms,

emotional comfort, improvement of overall well-being, security of social support, and prevention of feelings of guilt from not having tried everything (ibid).

In this chapter the reader is introduced to an armamentarium of spiritually based skills and strategies that may be used in all modalities of practice. Empirical work documenting the extent to which social workers have utilized these techniques in practice is presented. A select few techniques and options in terms of their use are discussed. The chapter concludes with a discussion on the appropriateness of spiritually based strategies in social work practice.

THE NATURE OF SPIRITUALLY BASED INTERVENTION TECHNIQUES

Spiritually based intervention strategies are based on the premise that the mind, body and spirit functions as a harmonious unit. This is consistent with the holistic biopsychosocial and spiritual paradigm, which undergirds this study. As the holistic spiritual model (Canda and Furman, 1999) can be seen to embrace all facets of life such as sleep, exercise, diet, nutrition, rest, leisure activities and body posture, unlimited possibilities emerge with regard to the scope and range of techniques that may be implemented. Traditional counselling techniques can be combined with nonconventional interventions like journaling, prayer, silence, solitude, awareness exercises, breath training, chanting, drumming and scripture study (Vaughan, 1993; Walsh and Vaughan, 1993a; Strohl, 1998; Kasiram, 1998; Bullis, 1996; Bullis, 1992).

Most intervention strategies are experiential compared with traditional approaches (Hutton in Strohl, 1998). In a study, which drew comparisons between three groups of psychotherapists, Hutton (1994)

found that that spiritually oriented or transpersonal counsellors tended to be less exclusive and more eclectic than psychoanalytic and behavioral-cognitive therapists. He also found that transpersonal counsellors were similar to behavioral-cognitive therapists in their use of behavioral-focused visualization, biofeedback and relaxation; similar to psychoanalysts in their use of intuition and dream work; and significantly different from both groups in using meditation techniques, guided imagery with a spiritual focus and recommending spiritual books to clients.

TYPES OF SPIRITUALLY BASED INTERVENTION TECHNIQUES

Canda and Furman (1999) presented a rich and diverse range of religious and nonsectarian helping activities. Table 7 reflects those that may be used with and by individuals, families and groups whilst Table 8 illustrates strategies that may be implemented by organizations. Some of these interventions are discussed in greater detail in the section that follows.

TABLE 7: SPIRITUALLY BASED INTERVENTIONS FOR USE WITH AND BY INDIVIDUALS, FAMILIES AND GROUPS

Active imagination
Art, music, dance and poetry therapies
Assessing spiritual emergencies
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 mutually beneficial human-nature relationships
Developing or participating in rituals and ceremonies
Dialoguing across spiritual perspectives
Differentiating between spiritual emergencies and psychopathology
Dissolving inner chatter and distractions
Distinguishing between religious visions and hallucinations or delusions
Dream interpretation
Exploring family patterns of meaning and ritual
Exploring sacred stories, symbols and teachings
Family brainstorming
Focused relaxing
Forgiveness
Guided visualization
Intentional breathing
Journaling and diary keeping
Meditation and prayer
Mindful paying attention
Nature retreats
Physical disciplines for spiritual cultivation such as hatha yoga
Reading scripture and inspirational materials
Reflecting on beliefs regarding death and afterlife
Reflecting on helpful or harmful impacts of religious participation
Win-win solution making

Source: Canda and Furman (1999, p.291) (Reproduced with permission by the authors).

TABLE 8: SPIRITUALLY BASED INTERVENTIONS FOR USE WITH AND BY ORGANIZATIONS AND COMMUNITIES

Advocacy for spiritual sensitivity in health and social service policy
Almsgiving and donations
Cooperation with clergy, religious communities and spiritual support groups
Cooperation with traditional healers
Creating a spiritually sensitive administrative approach
Developing and using multicultural teams
Developing mutually beneficial human-nature relationships
Developing or participating in rituals and ceremonies
Dialoguing across spiritual perspectives
Exploring sacred stories, symbols and teachings of spiritual communities
Lobbying and social activism by religious groups
Reflecting on beliefs regarding death and afterlife
Voluntary agency assistance to redress poverty and justice issues
Win-win solution making

Source: Canda and Furman (1999, p. 291-292) Used with permission.

THE EXTENT OF USE OF RELIGIOUS AND SPIRITUALLY BASED INTERVENTIONS

Empirical findings from four studies, which documented the percentage of social workers who use certain spiritually based interventions, are presented in Table 9 (Canda and Furman, 1999; Sheridan and Amato-von-Hemert, 1999; Bullis, 1996; Sheridan et al., 1992). Participants in the study were asked to indicate in the affirmative, as to whether they had used any of the interventions presented in practice. In the study by Bullis (1996) social workers were asked whether they were personally comfortable with using these interventions in practice.

Details related to the samples in each of these studies are as follows: the study undertaken by Canda and Furman (1999) involved a national survey with 1069 social work practitioners in the U.S.; the survey undertaken by Sheridan and Amato-von-Hemert (1999) was with 208 students from two Schools of Social Work (U.S.); data in respect of the study by Bullis (1996) were generated from a survey conducted in 1992, with 116 clinical social workers in Virginia and findings from the study undertaken by Sheridan et al. (1992) were from a mixed sample of 328 randomly selected Virginia licensed clinical social workers, psychologists and professional counsellors. Viewed holistically Table 9 represents data from a mixed and varied pool of students, practitioners and psychologists. Findings in relation to the most recent study viz. Canda and Furman (1999) were ranked by the researcher, from highest to lowest, so as to contextualise those that are being used to a greater degree as compared to others.

Table 9 : Empirical work related to the use of religious and spiritually based activities

Interventions Used In Practice	Canda and Furman (1999) (P)	Sheridan & Amato-von-Hemert (1999) (S)	Bullis (1996) (P)	Sheridan et a 1992 (P)
1. Help clients consider ways their religious / spiritual support systems are helpful.	94,1%	NA	NA	NA
2. Use religious or nonsectarian spiritual language or concepts.	68,2% (R) 87,2% (S)	39, 2% (R&S)	54,1% (R) 81,6% (S)	59%
3. Know clients religious/ spiritual background.	NA	67, 8%	97,3% (R) 96,4% (S)	89%
4. Recommend participation in a religious or spiritual support system or activity.	81,3%	31, 2%	65,5% (R) 91,8% (S)	46%
5. Help clients clarify their religious or spiritual values	NA	29, 4%	72,3% (R) 94,7% (S)	70%
6. Discuss role of religious or spiritual beliefs in relation to significant others.	80,7%	NA	NA	NA
7. Refer clients to 12-Step programs (AA etc.).	NA	NA	NA	88%
8. Recommend religious / spiritual forgiveness. penance or amends.	74%	5, 9%	57,7%	NA
9. Help clients reflect on their beliefs about what happens after death.	71,8%	NA	NA	NA
10. Refer clients to religious or spiritual counsellors.	NA	19, 6%	87,3% (R) 80,9% (S)	NA
11. Help clients consider the spiritual meaning and purpose of his/her current life situation.	71%	NA	NA	NA
12. Help clients consider ways their religious / spiritual support systems are harmful.	70,9%	NA	NA	NA
13. Assist clients to reflect critically on religious or spiritual beliefs or practices.	64,2%	NA	NA	NA
14. Help clients develop religious ritual / spiritual rituals as a clinical intervention (e.g. house blessings, visiting graves of relatives).	63,3%	11, 7%	86,5%	NA
15. Use or recommend religious /spiritual books or writings.	59%	18, 1%	41,3% (R) 83,3% (S)	33%
16. Pray privately for a client.	57,9%	42%	70,5%	30%
17. Encourage the clients to do regular religious / spiritual reflective diary keeping.	53,8%	NA	NA	NA
18. Help clients assess the meaning of spiritual experiences that occur in dreams.	37,2 %(S)	NA	61,5% (R) 82,6 % (S)	NA
19. Pray with a client.	28,3%	11, 8% (pray/meditate)	24,5 %	17% (pray/meditate)
20. Participate in a client's religious / spiritual rituals as a practice intervention.	18,2%	6, 8%	38%	NA
21. Touch clients for "healing" purposes.	14,6%	5, 9%	10, 9%	NA
22. Perform Exorcism	NA	0%	3, 6%	NA

R-religion; s-spirituality; NA-not applicable

As is indicative in Table 9 practitioners and students are engaging in an array of religiously and or spiritually based therapeutic strategies. Some include in-session activities such as prayer and others include activities outside sessions, such as journaling. Referrals to religious helpers or spiritual support systems have also been engaged in. There are also those who use extremely controversial techniques, such as touching

clients for healing purposes and performing exorcism. The following percentages of social workers, in the studies reviewed have used the interventions listed in practice:

Over 70% know their clients religious or spiritual background (except for student group, Sheridan and Amato-von-Hemert, 1999); help clients to consider ways that their religious and spiritual support systems are helpful; help clients clarify their religious or spiritual values (except for the student group: Sheridan and Amato-von-Hemert, 1999). The interventions: discuss the role of religious or spiritual beliefs in relation to significant others; help clients reflect on their beliefs about what happens after death; help clients consider the spiritual meaning and purpose of his or her current life situation and help clients consider ways their religious or spiritual support systems are harmful were probed in Canda and Furman's (1999) study only. They also scored a frequency over 70%. Although the intervention pertaining to recommending religious or spiritual forgiveness was used by 74% of the sample in Canda and Furman's study (1999), a slightly lesser percentage of the sample in Bullis' study (57%) felt comfortable with using this intervention. Lower percentages were evident in the student group (Sheridan and Amato-von-Hemert, 1999), in relation to most of the interventions, possibly indicating a lack of experience and knowledge in relation to the use of these techniques. The fact that some of participants have used them however, indicates general acceptance of these interventions, despite their being at an early point in their career (Sheridan and Amato-von-Hemert, 1999).

Between 50-69% used or were comfortable with using religious or nonsectarian spiritual language or concepts; assisting clients to reflect critically on religious or spiritual beliefs or practices and helping clients develop religious or spiritual rituals (except for student group, Sheridan

and Amato-von-Hemert, 1999). There were differences in the frequencies of responses in relation to the use or recommendation of religious or spiritual books. Whilst over 50% of the samples in Canda and Furman's study (1999) favoured this technique, slightly smaller percentages were evident in the other two studies viz. 18,1% (Sheridan and Amato-von-Hemert, 1999) and 33% (Sheridan et al., 1992).

Between 20-40% prayed with a client and participated in a client's religious or spiritual rituals as a practice intervention. Less than 15% of the respondents in three of the studies indicated that they had or were comfortable with touching clients for "healing" purposes. Four percent of the sample in Bullis' (1996) study reported that they would be comfortable with performing exorcism as an intervention strategy. The data appears to reflect that the use of these interventions is contingent upon experience and professional ethics. Strategies, which converge with social work goals and ethics, appear to have been used to a greater degree than others. This becomes evident in the last section of this chapter, which pays attention to the appropriateness of spiritually based activities within the context of social work practice.

THE USE OF RELIGIOUS OR SPIRITUAL INTERVENTIONS IN PRACTICE

1. SPIRITUALLY ORIENTED MUSIC

Spiritually oriented music group work intervention combined with therapeutic principles founded in music therapy and music psychology has been noted to assist in positive affective and behavioral change with clients (Gallant, Holosko and Siegel, 1997; Gallant, Holosko, Gorey and Lesiuk, 1998). Spiritually - oriented music intervention often helps to induce a more positive, helpful state and this somewhat elated mood

enables more positive thinking, thus creating opportunities for attitudinal and behavior change (Gallant et al., 1998). In a deeper tone McMahon in Gallant et al., (1998) asserted that spiritually oriented music can move "one's whole being with a depth and breath far surpassing what any concepts or words could adequately express" (p.124).

Music intervention activities such as music listening and discussion, lyric analysis, movement to music and song writing have been found to be effective particularly in dealing with alcoholism and addiction (Treder - Wolff in Gallant et al., 1998; Gallant, Gallant, Gorey, Holosko and Siegel in Gallant et al., 1998). Empirical support for this can be found in the study conducted by Gallant et al., (1998) which documented the positive impact of spiritually-oriented music intervention on alcoholic couples in a group work setting. The objective of the study was to determine whether music intervention made a difference in marital satisfaction, loneliness, isolation and psychosocial problems among alcoholic couples in a therapeutic group work setting. The method involved a group of couples (N = 9) that received music intervention, over a six week period, with a matched group, (N =8) who did not receive such treatment, using a pre and post test design. Although the major finding was that the group, which received music intervention, did not show significantly more improvement on the major dependent variables, there were interesting differences when the variables of gender and enjoying music were examined. Women in the music group showed significant improvement in loneliness at posttest than those in the non-intervention group.

The songs used in the study invited the respondents to trust in a power greater than themselves and to move beyond their limitations. One respondent said that the song "Candle in the Wind," signified faith and

trust in others and in God. "It makes me mindful of an eternal light in me that is meant to help me and others." Another respondent stated in response to "In the Stillness of My Journey," : "This song really hit home. I can see how much I have drifted from God and people in my life and how 'off course' I've been lately. I realize how dead I am spiritually without people in my life" (p.124).

2. PRAYER

Although not regarded as a social workers' panacea, prayer is being increasingly seen as an appropriate therapeutic strategy (Canda, 1990; Bullis and Harrigan, 1992; Bullis, 1996). Prayer could be silent, it could be short, mantra-like recitations or community shared prayers (Bullis and Harrigan, 1992). Despite the controversial nature of this technique (Bullis and Harrigan, 1992), Caplis (in Loewenberg, 1988) urged social workers not to ignore the possible therapeutic values of prayer. Writing in relation to the power of prayer, Gatza (1979) asserted that God's power is invited directly into situations of pain, injustice or disorder through its use, whilst Kasiram (1998) expressed that when all else has failed humankind may benefit from prayer.

A suggestion by the therapist that the client pray about the matter confers respect upon the client's belief system, engages the client in the process of reflection on the problem and frequently relaxes the client (Denton, 1990). Recognizing and valuing the client's method and content of prayer, also fosters empathy and helps reinforce the professional relationship on both an emotional and spiritual level (Bullis and Harrigan, 1992). One of the most significant studies in relation to the use of prayer in social work practice was undertaken by Canda (1988b) with social workers from diverse secular and religious spiritual backgrounds. They supported the use of prayer with clients directly or

through a referral to a religious leader. They also expressed that stress management, increase of self-awareness and enhancement of empathy skills for the worker and client through private or shared prayer were some of the potential benefits of prayer. Interestingly these social workers also believed that prayer invokes a divine helping power that could lead to exceptional experiences of insight and healing.

There is general unanimity about the need for caution, with regard to its use however. Canda (1990) emphasized that prayer should always be used to support the plan and process of professional helping in accordance with professional social work standards. Similarly Gatza (in Canda, 1990) argued that healing prayer should complement, rather than replace professional knowledge and skill. Judah (1985) rightly pointed out that explicit formal prayer activities may be problematic when there are differences of worldviews and religious practices between client and the social worker, whilst Sneck and Bonica (1980) cautioned against the use of prayer with clients "when the counselor is inexperienced; when the client is potentially hostile or in danger of being exposed to needless additional pain and; when an act of prayer is a substitute for a more genuine and imaginative intervention" (p. 31). Practitioners should therefore assess clients' use of prayer to discern whether it is employed by clients to avoid therapeutic issues, whether it hinders more effective responses to presenting problems, or whether it does in fact, support intervention strategies (Bullis and Harrigan, 1992). Valuable guidelines or options for the use of prayer activities in social work practice have emerged in the literature (Canda, 1990; Canda and Furman, 1999). These will be presented in a later section. Canda (1990) proposed that in order to resolve the dichotomy between praying (as religious proselytization) and not praying (as respect for spiritual diversity), that a holistic approach be adopted. When the helping process is understood

as prayer in action, the social worker can pray continuously without uttering a single pious acclamation (ibid).

3. COLLABORATION BETWEEN SOCIAL WORKER AND RELIGIOUS HELPER

An active collaborative relationship between the social worker and religious or spiritually based helper or support group (Joseph, 1987; Joseph, 1988; Canda and Furman, 1999) remains "a largely untapped resource which should be considered in the development of new, more effective ways of helping" (Bilich and Carlson, 1994, p.11). Arguing for the use of this strategy, Canda (1988a) stated that collaboration between the worker and religious helpers such as the shaman or minister can maximise the strengths of the client's natural support systems. Bilich and Carlson (1994) believed that one of the benefits of including clergy in the psychotherapeutic process, was a lessening of the dependence on the therapist as the sole source of support. Using a case study of a female patient with multiple personality disorder, they illustrated how collaboration between a psychologist and two pastors added dimensions to the treatment process unobtainable in traditional individual therapy. The pastors added a spiritual dimension to treatment through the inclusion of scriptures, the use of metaphor and guided meditation. They were also able to facilitate bringing the patient back into the community through the involvement of members of the church.

Bullis (1996) expressed the need for caution however, when the client and practitioner had ambivalence towards the teachings or techniques of the spiritual leader. To facilitate effective collaboration he proposed that the social worker define his or her role clearly. Specific role functions have been presented in succinct form in Table 10.

TABLE 10: THE ROLE FUNCTIONS OF THE SOCIAL WORKER IN ESTABLISHING A COLLABORATIVE RELATIONSHIP WITH RELIGIOUS LEADERS

Role of the social worker	Specific tasks
1. Assert role with clergy or spiritual leaders with regard to the purposes of and procedures in, referral.	• **Initiate contact, describe rationale for the cooperation, define specific roles of each participant and clearly define and assess therapeutic goals.**
2. Draw up "a therapeutic cooperation agreement" (Bullis, 1996, p.159).	• **Agreements, decisions and procedures discussed should be written up;** • **define who would do what, how, when it would be done and to what purpose;** • **clearly define and follow boundaries regarding professional role, to prevent blurring of professional boundaries.**
3. Ensure follow up and termination.	• **Loose ends should be tied up and consensus reached that therapeutic work is complete;** • **a decision should be made as to whether the client should be referred to another counselling professional;** • **an invitation should be extended for the client to return to therapy, if he or she requires same.**

(adapted from Bullis, 1996).

4. CONDUCTING RITUAL AND CEREMONY

According to Canda and Furman (1999) "rituals not only mark transitions; they also create them, celebrate them, and help us to pass through them safely" (p.253). Referring to the work of Eliade, Frank, Turner and Kiev, they expressed that rituals of healing can be conceived as rites of passage that help a person to move from a condition of distress to a new condition of restored or enhanced life. Similarly Diaz and Sawatzky (1995) asserted that they serve as a "buffer" that enable people to meaningfully deal with "life crises" or "stressful transitions" (p.69).

Canda and Furman (1999) distinguished between ceremony and ritual, stating that the former "refers to celebrations and confirmations of existing situations and conditions," whilst the latter "refers to procedures

that bring about a fundamental transformation of existing situations and conditions" (p. 303).

Empirical work reviewed reflects that a significant number of practitioners help clients to develop rituals (Canda and Furman, 1999; Bullis, 1996). Drawing upon the ritualised practices of Islam and Judaism and from her own practice experience, Bradey (1990) noted that religious or spiritual rituals allowed for enhanced coping with grief. Lending further support for the role of rituals in practice, Laird (1984) and Lantz and Pegram (1989) contended that the process of helping clients to develop meaningful celebrations, rituals or ceremonies is critical to the successful mastery of life transitions. Lantz and Pegram (1989) highlighted divorce, retirement and the empty nest syndrome, as common examples of under-ritualized and under-symbolized events in society.

Although several writers have advocated the use of this strategy, Canda and Furman (1999) can be credited with developing guidelines that would help practitioners to help clients design personally tailored events, suited to their particular beliefs and circumstances. They described the process of designing and performing rituals or ceremonies with loved ones, spiritual mentors, the community and (if believed) sacred beings, as an extremely powerful event for the client.

5. USE OF RELIGIOUS IMAGERY AND METAPHORS

The use of religious imagery and metaphors in clinical practice, has also received some attention in the literature (Cascio, 1998; Prest and Keller, 1993; Bullis and Harrigan, 1992). Suite and Paradise (1985) expressed that religiously committed clients may be more familiar with the spiritual experiences and exercises of their particular sacred scriptures.

These scriptures parallel metaphorical interventions. In clearer terms Bullis and Harrigan (1992) indicated that images drawn from the clients' sacred scripture could serve as sources of comfort and strength to clients. Practitioners who incorporate positive religious images and metaphors into therapy could therefore help clients confront painful memories, substituting sacred images for self-defeating memories. The judicious use of religious metaphors could also serve to enhance the practitioner-client relationship, as empathy, positive regard and competence is demonstrated (ibid).

The researcher was able to access two articles, which detailed the use of this technique (Bilich and Carlson, 1994; Bullis and Harrigan, 1992). Bullis and Harrigan (1992) made reference to a client who was unwilling to discuss his experience of sexual abuse. Using the New Testament image of Jesus of Nazareth as a door through which the seeker finds health and succor, the client was able to confront, divulge and subsequently be free from this past trauma. The client visualised Jesus leading him through a door and was able to recollect and confront his abuse using the help of a comforting sacred image. Dr Bilich (in Bilich and Carlson, 1994) illustrated the benefits of guided meditation, using the green pastures described in Psalm 23, with a female patient with multiple personality disorder. Visual imagery enabled her to create a safe place that she could turn to when she was afraid.

6. MEDITATION

Meditation is fast evolving as an adjunct to treatment of a wide variety of problems in social work (Keefe, 1986). It has been defined "as the conscious training of attention aimed at modifying mental processes so as to elicit enhanced states of consciousness and well-being" (Walsh, 1982, p.77). Empirical work reviewed has documented its effectiveness,

in relation to a host of problems such as stress, anxiety and depression (Keefe, 1986; Bloomfield, 1980; May, 1980; Deatherage, 1980; Carrington, 1980; Knight and Euvrard, 1992). It was therefore not surprising that a majority (72%) of the practitioner's surveyed in Bullis's (1996) study indicated that teaching spiritual meditation to clients, was an ethically appropriate social work intervention.

Literature in the allied field of transpersonal psychology abounds with a variety of types and forms of this technique. In essence most constitute a synthesis of correct posture, breathing patterns, the cultivation of inner silence and self-discipline to still the thought processes of the mind (Trungpa in Cascio, 1998; Bloomfield, 1980; May, 1980; Deatherage, 1980; Keefe, 1986; Bullis, 1996). Writing in a social work context, Cascio (1998) suggested that decisions surrounding which type to use should be based on client preference. The researcher was able to locate one model of a meditative session, which was written within the discipline of social work (Bullis, 1996). The salient features of the model include progressive muscle relaxation and visualization of religious symbols and sacred places. The subsequent stage of affirmation involved the client envisioning positive images and ideas in an effort to replace negative thought patterns. The final phase of confirmation enables the client to concretize the affirmation by thanking the image or idea with a specific act such as a "touch, a word or a wave" (p. 529).

7. Exploring Spiritual Elements in Dreams

Although empirical work reflects that social workers have been helping clients to assess the meaning of spiritual experiences that occur in dreams (Canda and Furman, 1999; Bullis, 1996), literature in relation to the use of this technique is scant. Since ancient times dreams have been

regarded as a source of inspiration and messages (Walsh and Vaughan, 1992). According to Bullis (1996) spiritual dreams embrace a continuum of purposes viz. precognitive dreams, clairvoyant dreams and healing dreams. Certain dreams are straightforward, making interpretation simple. In these instances, angels, prophetic figures or gods and goddesses give a person direct information or render boons in dreams. In other dreams however spirituality or even gods or goddesses express themselves through symbols (ibid). Within a Jungian framework, symbols form the syntax of the collective unconscious (Edinger, Jung and Singer in Bullis, 1996). Symbols may also be described as "divine gifts to humankind" that do not belong to any religion, sect, denomination, cultural group or spiritual group (ibid, p. 58). Given the myriad interpretations that may be ascribed to such symbols, knowledge and training is critical to unraveling the language of such symbols and images.

Bullis (1996) made important recommendations with regard to dream interpretation. Briefly they state that:

7. 1. Dream symbols should speak for themselves

- **The metaphor itself could be empowering, transformative or painful.**
- **The social worker should suspend his or her own interpretations, clinical diagnoses and methods of intervention, so that the symbol or myth may do its work.**

7. 2. Treat dream images like living beings

- **The rote meaning of symbols constitutes superficial knowledge of the dream image;**
- **dream images should be considered in their entirety. Images should speak for themselves, in their own voices. The setting, time and characters can reveal significant things;**

- **the client should give the dream attention - by painting, drawing, sculpting, and writing about them, without interpreting or evaluating them.**

7. 3. Interact with dreams

- **The client may do this by asking or praying for a dream that offers insight into a particular problem or for creative solutions to particular dilemmas. The person may also ask for additional images and insight to supplement earlier dream images.**

8. PRACTISING FORGIVENESS

There is a dearth of literature on forgiveness. Advancing one possible reason for this, Pingleton (1989) wrote that a theological term is utilized to describe a psychological process. Forgiveness has been described as "letting go of the need for vengeance and releasing associated negative feelings such as bitterness and resentment" (DiBlasio, 1993, p.163). DiBlasio and Benda (1991) and Todd (1985) elucidated the benefits of its practice, stating that it is an important step in releasing painful feelings of guilt, shame or anger toward oneself and anger toward others. Forgiveness has been found to be beneficial in relation to a broad spectrum of psychosocial difficulties. Fitzgibbons (1986) commented on the effectiveness of forgiveness in dealing with depression and the management of personality disorders. For Joy (1985) it is therapeutic in helping women come to terms with abortion. It has also been found to be helpful with clients who have suffered childhood neglect or physical and emotional abuse (Hope, 1987). Forgiveness has also been found to be valuable in healing broken marital relationships (Worthington and DiBlasio, 1990) and as a means to resolve old family-of-origin issues (Framo, 1976; Fitzgibbons, 1986).

The dismantling of the South African apartheid system and the country's first democratic elections in 1994, heralded a time for reconciliation and

peace. The Truth and Reconciliation Commission (TRC), under the guidance of Archbishop Desmond Tutu, provided a platform not only for confrontation of perpetrators of atrocities committed during the old regime but also for the forgiveness of offenders for their crimes. As restorative justice is one of the key principles that the country is moving toward, practice of forgiveness in this context is exemplified as an important spiritually based activity that has ensured peace and well being at a macro level. Writing in relation to the TRC, Tutu (1999) said in his new book, ***No future without forgiveness***: "we are charged to unearth the truth about our dark past; to lay the ghosts of that past so that they will not return to haunt and that we will thereby contribute to the healing of a traumatized and wounded people – for all of us in South Africa are wounded people – and in this manner to promote national unity and reconciliation" (p.87).

He portrayed his thoughts and emotions in relation to the proceedings of the TRC in the following poem (ibid, p.90) :

The world is wept.

Blood and pain seep into our listening;

Into our wounded souls.
The sound of your sobbing is my own weeping;
Your wet handkerchief my pillow for a past so exhausted it cannot rest- not yet
Speak, weep, look, listen for us all
Oh people of the silent hidden past,
Let your stones scatter seeds into
Our lonely frightened winds
Sow more, until the softness of this land can soften, can dare to hope and smile and sing;
Until the ghosts can dance
Unshackled until our lives can know your sorrows
And be healed.

Restorative, rather than retributive justice, that includes elements of constructive confrontation and forgiveness of perpetrators is also being increasingly used by the criminal justice system in South Africa. This is especially so in dealing with young people in trouble with the law.

Research in the field indicates that a significant number of practitioners recommend religious or spiritual forgiveness, penance or amends as a clinical intervention strategy (Canda and Furman, 1999; Bullis, 1996). Worthington and DiBlasio (in Canda and Furman, 1999) expressed that this technique is appropriate when the client has sufficient ego capacities such as the ability to empathize with his or her offender and demonstrate remorseful attitudes in order to seek or grant forgiveness. When a client does not wish to forgive the offender, then the client's right to self-determination must be respected (ibid). Studzinske (in Canda and Furman, 1999) attributed the following reasons why a client may not wish to work on forgiveness viz. a fear of being perceived as weak, preoccupation with the wrongdoer's guilt and a bias against forgiveness due to its association with religious traditions.

In the following paragraphs the use and applicability of a few selected techniques described by Canda and Furman (1999) are reviewed. They have been distinguished from others based on the fact that they are nonsectarian in form, can be applied to many different practice situations, are simple and easy to learn, require no formal training and involve low risk to clients.

9. Paying Attention

For Canda and Furman (1999) the simple act of becoming alert to our thoughts, feelings, sensations and intuitions has therapeutic and restoring effects. It enhances the quality of each moment. Using the metaphor of an orange, they expressed that rich variations in texture and flavour of each part of an orange can be discovered by paying attention to its smell, taste and touch. Paying attention to ourselves in a similar manner is important. Positive moments in life can be savoured, whilst

paying attention to negative sensations such as fatigue may serve to relieve such sensations.

10. Intentional Breathing

Intentional breathing involves watching one's breath and settling into it. Akin to the meditation process, this has the effect of calming the body and relieving stress. It involves first paying attention to the fact that one breathes. This enables a person to become aware of their rate of in-breaths and out-breaths, how deep or shallow the breaths are, how the chest and abdomen move and how the change of posture viz. sitting up or lying down affects breathing. The second step involves taking a gentle but deep breath from the abdomen then releasing it gently for about twice the length of time as the inhalation. Canda and Furman (1999) suggested that ten in-breaths and out-breaths should be taken, with slight pauses between each inhalation and exhalation, followed by a period of rest. Any increase of distractions or uncomfortable physical, mental, emotional or spiritual issues that arise during this process are a cue of the need to pay attention to this (ibid).

11. Focused relaxing

This technique can be described as a combination of focus and relaxation (Canda and Furman (1999). An important element of is to focus the direction and specific use of the relaxed state. Outward focused techniques involve keeping one's eyes open and gazing at an attractive or significant stimulus such as a symbol or meaningful picture. Listening to music or natural sounds could also be inspiring. To enhance awareness of inner thoughts, feelings, sensations and intuitions inner focusing techniques such as the breath or a silent focusing word

are appropriate. The latter could be a mantra, a technique common to Hindu and Buddhist traditions. Canda and Furman (1999) suggested that focused relaxation be used as a gateway into other helping or healing techniques. Inward focused relaxation can clarify awareness of one's feelings, thoughts, sensations and intuitions, thus allowing for introspective self-reflection. It may also be used to prepare for religion-specific forms of prayer that facilitate getting in touch with the divine within oneself. Outward focused relaxation on the other hand, could be used for self-reflective journaling or diary keeping, reading of inspirational books or scriptures or artistic expressions such as poetry, dance or musical performance.

12. Caring for the body

Clients who feel stressed, hurt and confused tend to neglect their bodies (Canda and Furman, 1999). Physical illness also brings a need for special care. Physical comfort and care however goes beyond the technical elements of medical care; "caring attention is the more fundamental medicine" (ibid, p. 301). Regular exercise, sports activities, walking in beautiful places, following a healthy eating pattern, growing and eating your own vegetables, and taking a relaxing shower or bath are important in nurturing the physical self. Physical exercise systems that have an explicit spiritual orientation, such as hatha yoga, could also be learnt. Body therapies, involving therapeutic touch and massage from trained professionals or loved ones are also beneficial (ibid).

Options for the use of spiritually based interventions

There are several options for the use of spiritually based activities in practice. Certain conditions also create the climate for their use. These

options and conditions that were conceived by Canda and Furman (1999) are presented in summary form in the Tables that follow.

TABLE 11: OPTIONS FOR THE USE OF SPIRITUALLY BASED ACTIVITIES

Options	Salient Issues in relation to the option
Option 1	**1. Developing an implicit spiritually sensitive relationship** • **least explicit and direct, no overt reference is made to religion, spirituality or transpersonal experiences within the context of the helping relationship;** • **the qualities of genuine respect; empathy; rapport; compassion; alertness to transformative possibilities; incorporation of inspiring places, people and symbols; building on clients' capacity for resilience, creativity and mutual support; attending to the impacts of practice on clients and their social and natural environments; creating agencies and practice settings that are humane and empowering form the basis of a spiritually sensitive relationship.**
Option 2	**2. Private spiritually based activities by the social worker** **refers to the worker's use of religious or spiritually based activities in his or her private life, e.g. the worker may engage in meditation to de-stress after a difficult day or engage in private prayer for a client's well-being.**
Option 3	**3. Referral to outside spiritually based social support systems** • **client may be referred to clergy, religiously based healers, friends, family members, spiritual mentors or wise elders. Referrals may also be made to support groups such as religious communities, twelve - step programs, spiritual friendship groups and groups for learning and practising various types of meditation, prayer, ritual and spiritually based physical disciplines such as hatha yoga. Clients could also be referred to places and things such as beautiful natural parks and retreat centers.**
Option 4	**4. Collaboration with an outside spiritually based support system** • **involves direct collaboration, teamwork, or co - therapy between a religious specialist and a social worker on behalf of the client.**
Option 5	**5. Direct use of spiritually based activities upon the client's request** • **Allows the use of any of the activities described in Table 7 based upon the request of the client;** • **A greater degree of specialized training on the part of the social worker is however required, e.g. if the client asks a worker for advice about transpersonal experiences related to the practice of New Age channeling of spirit guides, the worker would have to have the relevant knowledge and skill as well as comfort to respond;** • **in situations where the worker is not prepared, referral or collaboration is an appropriate response;** • **manipulation, coercion and proselytization are unacceptable.**
Option 6	**6. Direct use of spiritually based activities by the social worker's invitation:** • **this option is the riskiest and most controversial as it is here that the "danger of abrogating the client's self determination or inappropriate proselytization is greatest" (Canda and Furman, 1999, p.267);** • **option is feasible only when the client has expressed general interest in exploring spirituality in practice, a spiritually sensitive helping relationship and context have been established and the worker has specialized qualifications related to the spiritually based intervention to be implemented;**

	• **safest when the practice is nonsectarian in nature. The introduction of any religious practice without expressed client interest is not recommended. The practitioner's invitation to the client should be "tentative, centered in the client's own beliefs and goals and open to rejection by the client" (ibid., p.268).**

(Adapted from Canda and Furman, 1999). Used with permission.

TABLE 12 : CONDITIONS FOR THE USE OF SPIRITUALLY BASED ACTIVITIES

Conditions	Important issues
A. Client has not expressed interest. **B. Client has expressed interest.**	• **This can be done through an evaluation of the client's spiritual beliefs and practices. During such an exploration the client might for example express an openness to prayer or might request an opportunity for prayer explicitly.**
C. A spiritually sensitive, helping relationship,	• **A relationship based on empathy, mutual trust and respect needs to be well established.**
D. Worker competency.	• **A worker who has evolved spiritually and is actively involved in dealing with issues of spiritual growth is a further condition;** • **relevant knowledge and skill in relation to the specific activity. .**

Adapted from Canda and Furman (1999). Used with permission.

TABLE 13 : OPTIONS AND CONDITIONS TO DETERMINE THE APPROPRIATENESS OF USE OF SPIRITUALLY BASED HELPING ACTIVITIES

Conditions Present	Appropriate Options
A	**1 and 2**
B	**1;2;3;4 with caution**
B and C	**1;2;3;4;5 with caution**
B, C and D	**1;2;3;4;5;6 with caution**

Source : Canda and Furman (1999). Used with permission.
In general fewer conditions present, make the use of the intervention less appropriate.

THE APPROPRIATENESS OF RELIGIOUS AND SPIRITUAL INTERVENTIONS IN SOCIAL WORK

The following section provides an overview of empirical work, in relation to the appropriateness of spiritually based helping activities within a social work context. The findings made from three studies

mentioned earlier are presented in Table 14. Practitioners and students were asked to answer in the affirmative as to whether they considered the intervention listed to be appropriate social work activity.

TABLE 14: EMPIRICAL WORK RELATED TO STUDENTS AND PRACTITIONERS PERCEPTIONS OF THE APPROPRIATENESS OF RELIGIOUS OR SPIRITUALLY BASED INTERVENTIONS

Ethical Appropriateness of Interventions	Canda and Furman (1999) (P)	Sheridan and Amato-von-Hemert (1999) (S)	Bullis (1996) (P)
1. Help clients consider ways their religious / spiritual support systems are helpful.	97, 4%	NA	NA
2. Use religious or nonsectarian spiritual language or concepts.	75, 8% (R) 92, 6% (S)	74, 5%	66, 4% (R) 88, 4% (S)
3. Know clients religious or spiritual background.	NA	93, 1%	94, 7% (R) 99, 1% (S)
4. Help clients clarify their religious or spiritual values	NA	79, 4%	78, 2% (R) 95, 6 %(S)
5. Discuss role of religious or spiritual beliefs in relation to significant others.	90, 3%	NA	NA
6. Recommend participation in a religious or spiritual support system or activity.	87, 5%	79%	72, 1% (R) 95, 4% (S)
7. Refer clients to 12 - Step programs (AA etc.).	NA	NA	NA
8. Help clients reflect on their beliefs about what happens after death.	87, 3%	NA	NA
9. Refer clients to religious or spiritual counsellors.	NA	88, 1%	90% (R) 85, 2% (S)
10. Help clients consider ways their religious / spiritual support systems are harmful.	87%	NA	NA
11. Help clients consider the spiritual meaning and purpose of his/her current life situation.	83, 2%	NA	NA
12. Assist clients to reflect critically on religious or spiritual beliefs or practices.	77, 1%	NA	NA
13. Help clients develop religious ritual / spiritual rituals as a clinical intervention (e.g. house blessings, visiting graves of relatives, celebrating life transitions).	81, 3%	67, 2%	90, 9%
14. Use or recommend religious or spiritual books or writings.	80%	67, 5%	55% (R) 88, 6% (S)
15. Encourage the clients to do regular religious / spiritual reflective diary keeping or journal keeping.	81, 9%	NA	NA
16. Pray privately for a client.	70, 6%	73, 9%	83, 5%
17. Help clients assess the meaning of spiritual experiences that occur in dreams.	67, 4%	NA	82, 6% (R) 93, 6% (S)
18. Pray with a client.	51, 7%	60, 2%	37, 1%
19. Recommend religious or spiritual forgiveness, penance or amends.	NA	26, 5%	65, 1%
20. Participate in a client's religious / spiritual rituals as a practice intervention.	37, 6%	42%	57, 1%
21. Touch clients for "healing" purposes.	24, 4%	17, 3%	13, 5%
22. Perform Exorcism.	NA	1, 5%	5, 7%

The following percentages in the studies reviewed considered the interventions listed to be appropriate social work intervention strategies:

Over 80% : help clients consider ways their religious or spiritual support systems are helpful; know clients religious or spiritual background; discuss role of religious or spiritual beliefs in relation to significant others; help clients to reflect on their beliefs about what happens after death; help clients consider the spiritual meaning and purpose of his or her current life situation; refer clients to religious or spiritual counsellors; help clients consider ways their religious or spiritual support systems are harmful; help clients develop ritual (except for student group) and encourage clients to do regular religious or spiritual reflective diary keeping or journal keeping.

Between 65 - 79% : use religious or nonsectarian spiritual language or concepts; recommend participation in a religious or spiritual support system or activity; help clients to clarify their religious or spiritual values; assist clients to reflect critically on religious or spiritual beliefs or practices; use or recommend religious or spiritual books or writings; pray privately for a client; help clients assess the meaning of spiritual experiences that occur in dreams and recommend religious or spiritual forgiveness, penance or amends. With regard to recommending forgiveness, only 27% of the student sample considered it to be appropriate (Sheridan and Amato-von-Hemert, 1999) as opposed to 65% of the practitioners surveyed by Bullis (1996).

Between 35 - 61% : pray with a client (except for Bullis, 1996) and participate in a client's religious or spiritual rituals. Less than 25% : touch clients for healing purposes and perform exorcism.

As is evident strong degrees of support exist for most of the interventions, as appropriate social work strategies. There appears to be support that in-

session prayer, participating in client's rituals, touching clients for healing purposes and performing exorcism are not within the parameters of social work practice. The following section focuses on some cautions and contraindications to the use of spiritually based activities in practice.

GENERAL CONTRAINDICATIONS AND GUIDELINES

The option of the direct use of spiritually based activities upon the client's request, presented by Canda and Furman's (1999) appears to have the support of experts in the field. Interviews conducted by Canda (1988b) with 18 professionals who he identified as being contributors to the field of spirituality and social work through publications and conference presentations revealed that their decisions about how to address religious or spiritual issues were dictated by the client's preference system. For example, religious or spiritual language and techniques were explicitly used upon the request of the client.

Linked to this, is the issue of informed proper consent. Canda and Furman (1999) stated that "spiritual techniques to manipulate the client are egocentric and presumptuous," and imply that the worker has superior knowledge, foresight and power over the client (p.265). Even good intentions such as to relieve distress, makes it impossible to know what role this plays in the client's spiritual unfolding. Private prayer by the practitioner, without client consent, exemplifies this point. The study cited by Butler (1998), which involved a controlled, double-blind randomized study by Byrd at San Francisco General Hospital highlighted how people could be influenced through private prayer. One hundred and ninety two patients in the study were prayed for by "born again" Christians who knew only there first names and diagnoses. The study found that patients who did not know that they were being prayed for recovered better than a matched control group and

suffered significantly less congestive heart failure, pneumonia or cardiac arrest. They also required significantly less intubations, ventilations, diuretics and antibiotics. Although this indicates the power of prayer, it also suggests that people may be influenced by it. The question Canda and Furman (1999) raised then is, is it " proper to influence (pray for) clients without their informed consent " (p.265)?

Therapists interviewed by Richards and Potts (1995) stressed the importance of assessing the client's religious beliefs and doctrinal understanding before using spiritual interventions. Lending support for their stance, Canda and Furman (1999) stated that the use of any intervention technique needs to be in accordance with what the client believes about such things. Some theologically conservative Christians, for example, might believe that forms of systematic relaxation or guided visualization are tantamount to brainwashing or demonic tricks. Writing along similar lines, Zastrow (1999) cautioned that a social worker should not engage in actions that could be interpreted as seeking to convert a client to the worker's beliefs. An example of this is encouraging a devout Buddhist to read the Bible. Referring to practice settings, he pointed out that interventions such as leading a Bible class with clients that emphasize adherence to Christian principles and values may be appropriate in some sectarian (religiously affiliated) settings but may be considered inappropriate in most secular (not religiously affiliated) settings.

Practitioners should also refrain from using interventions that have the potential of causing harm to the client or to others with whom a client interacts. Where the client has serious physical or mental conditions that involves fragile health or psychological instability, special care needs to be exercised (Canda and Furman, 1999; Richards and Potts). Participating in a

religious ritual with a client that involves the sacrifice of an animal, is an example of harm to others (Zastrow, 1999).

IMPLICATIONS FOR RESEARCH

Despite empirical support for the use of most of the strategies, a definite gap is evident in the effect of the use of these interventions in practice. Empirical evidence validating the therapeutic benefits is sparse. Practitioners and researchers alike need to explore the use of different interventions in relation to specific problems and specific client groups. The proliferation of techniques provide rich opportunities for this to occur. As empirical evidence grows and the effects of techniques become visible, the gray areas surrounding some of the controversial techniques will be reduced. Consequently those that can be seen to cause harm and breach the boundaries of ethical practice will be flushed out. In the face of lack of such evidence, the literature at this stage provides the most concrete points of reference which practitioners can draw on to guide their use of these techniques.

This concludes the review of literature on spiritually based intervention techniques. The following Chapter (5) provides an overview of the literature in a new area of social work viz. transpersonal social work.

CHAPTER 5

TRANSPERSONAL SOCIAL WORK

INTRODUCTION

Literature on transpersonal social work is non-existent in the South African context. Some interest has begun to evolve internationally with writers such as Cowley (1993; 1999), Cowley and Derezotes (1994) and Canda and Furman (1999) who have begun to make contributions to this facet of social work practice. Much of the literature and empirical work has proliferated in the allied field of transpersonal psychology. These studies and articles can be found in the Journal of Transpersonal Psychology, a publication of the Institute for Transpersonal Psychology in the United States. The author was able to locate two local studies with a focus on transpersonal psychology (Knight, 1990; 1997). The first study explored the contribution of meditative experiences to personal growth, whilst the second study was a doctoral study titled "Healing stories of the unconscious: past life imagery in transpersonal psychotherapy" which dealt specifically with reincarnation therapy.

The transpersonal paradigm is relevant to social work practice for the following reasons. It acknowledges the human spiritual quest for self-transcendence and the human need for growth along spiritual dimensions such as unity, ultimate truth and direct perception of the divine (Vaughan, 1979; Hendricks and Weinhold, 1982; Wittine, 1989). Robbins, Chatterjee and Canda (in Canda and Furman, 1999) said that the helping situation provides an opportunity for the client and worker to deepen their spiritual insight and to grow toward this highest potential, if relevant to the client's needs and aspirations.

The term transpersonal has its etymological roots in the Latin words, "trans meaning beyond or through and personal meaning mask or facade - in other words beyond or through the personally identified aspects of self " (Braud and Anderson, 1998, p.xxi). Writing in a social work context, Cowley and Derezotes (1994) stated that when applied to human development, the term transpersonal means going beyond the personal level-beyond the mask, to include spiritual or higher states of consciousness. There are no clear or specific definitions of transpersonal social work in the literature. The conceptual bases of transpersonal theory however have been elucidated by writers such as Cowley (1993) and Cowley and Derezotes (1994). Early definitions of transpersonal psychology were vague and ambiguous (Sutich, 1969). Most remain varied within the literature and are still within a process of growth due to the developing nature of the field (Vich, 1992). Strohl (1998) commented that the abstract subject matter, subtle context, wide scope of transpersonalism and the state dependent nature of transpersonal experiences make it difficult to formulate an acceptable, precise definition of transpersonalism. After a thorough review of transpersonal literature, Lajoie and Shapiro (1992) were able to provide one of the most accurate and succinct characterizations of the field of transpersonal psychology. They stated that it was "concerned with the study of humanity's highest potential, and with recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness" (p. 91).

The literature in this chapter has been organized according to the following themes. Ken Wilber's Spectrum Model of Development is briefly elucidated. The nature, types and incidence of transpersonal experiences and the biopsychosocial and spiritual impact of such experiences on the individual are reviewed. The implications of this for social work practice are also discussed.

KEN WILBER'S MODEL OF TRANSPERSONAL DEVELOPMENT

Ken Wilber (in Canda and Furman, 1999), one of the major proponents of transpersonal theory, developed a model of transpersonal development, which is based on the belief that human development is a process of evolution with each person striving to attain unitary consciousness. He postulated that there is a profound drive in humans to evolve toward what he refers to as the "Spirit." All evolution at any time, whether physical, biological, or cultural, whether individual or collective, follows this movement. The final terminus of all evolution is the self-realization of Spirit in "nondual mystical experience" (Wilber in Rothberg and Kelly, 1998, p.6). Wilber's (in Rothberg and Kelly, 1998) conceptualization has its roots in the theory of perennial philosophy. The psyche has a clear hierarchical structure, with higher levels of reality and development that are superior to the lower levels in the logical and theoretical sense. Each level or stage of development shows newly differentiated emergent qualities in relation to the previous level or stage, qualities that make possible new properties or achievements (Wilber, Engler and Brown, 1986). Thus at each stage the person's consciousness is able to incorporate more aspects of reality and more modes of functioning. As increasingly complex and inclusive modes of spirituality are developed, there is a movement from pre-egoic orientation (early childhood) to an egoic orientation (typically established in adolescence). Wilber, however, was most interested in the trans-egoic levels of development, which some people achieve in a stable manner during adulthood (Canda and Furman, 1999). Transpersonal experiences, such as mystical and extrasensory perceptions, become more common and consistent during this stage.

Within this framework of development, the pre-personal, personal and transpersonal stages (or pre-egoic, egoic and trans-egoic), Wilber (1982) contended that some fundamental yet unresolved contemporary questions

concerning the relation between transpersonal development and other phases of development could be addressed. Writing in relation to the "pre or trans" fallacy Wilber (1982) stated that there is often confusion between pre-personal stages and transpersonal stages, simply because they seem to share certain characteristics, for example, they are not primarily rational. Criticizing Freudians and many contemporary writers, he stated that they are counselling regression to pre-personal states, because of their inability to differentiate truly transpersonal stages from pre-personal stages. Wilber's (1982) model is relevant to social work practice as it provides a comprehensive and integrative framework for understanding both healthy and pathological stages. Its recognition of the possibility of human ability for self transcendence and movement from the chaotic pre-personal stages towards those of transpersonal or higher stages of consciousness provides practitioners with an alternative to the medical model which limits possibilities for development (Cowley, 1993).

TRANSPERSONAL SOCIAL WORK

The primary focus of transpersonal social work is its emphasis on spiritual growth and the transformation of consciousness (Cowley, 1993). Transpersonal literature has synthesized the primary goals of transpersonal therapy as being the provision of an adequate conceptual framework for helping clients comprehend transcendent, mystical or spiritual experiences; the provision of information on psychological potential; realization of the importance of assuming responsibility not only for one's behaviour but also for being the source of one's experience; and experiencing the existence and potentials of altered or transpersonal states (Weide, 1973; Boorstein, 1980; Walsh and Vaughan, 1980; Vaughan, 1979; Vaughan, 1993; Scotton, 1985; Wittine, 1989; Sutich, 1973; Sutich, 1980).

NATURE OF TRANSPERSONAL EXPERIENCES

Transpersonal experiences have been defined as those involving an expansion of consciousness, beyond ego boundaries and beyond the ordinary confines of time and space (Grof in Walsh and Vaughan, 1980). In describing the vast potential of transpersonal experiences, Braud and Anderson (1998) expressed the view that some of our life experiences connect us deeply with the essence of our sense of being, others seem transcendent, other experiences remain mysterious or enigmatic and still other experiences seem to connect us with events and people far away, even outside our time and place. Phenomenological studies of experiences with transpersonal qualities indicate that the following eleven themes are interwoven throughout the description of these experiences viz. "transpersonal awareness manifesting through the vehicle of a given experience, intense emotional or passionate states, being in the present moment, transcendence of space and time, expansion of boundaries and a sense of connectedness, stillness or peace, sense of knowing, unconditional love, feeling graced, ineffability, and self transformation" (Valle and Mohs, 1998, p. 261).

After having conducted significant empirical work in this area, White (1998) asserted that an exceptional human experience (EHE) does not spring forth full blown, but rather starts out as an exceptional experience (EE). Although exceptional experiences are often considered strange, they touch the experiencer in personal and significant ways, catalyzing a process that eventually leads to the realization of the person's higher human potential. It is through this process of transformation that an exceptional experience becomes an exceptional human experience (White, 1998).

EXTENT OF TRANSPERSONAL EXPERIENCES

A significant problem in assessing the incidence of intense spiritual problems lies in the definition of such phenomena (Thomas and Cooper, 1980). The terms transcendent experiences, mystical experiences, spiritual awakenings, peak experiences and intense spiritual experiences are used interchangeably in the literature. Conceptual clarity would therefore have to be established to ensure the progress of research (Lukoff and Lu, 1998). Several studies in America have documented the incidence of transpersonal experiences (Keutzer, 1978; Thomas and Cooper, 1978, Krippner, 1985; Lukoff and Lu, 1988). Although empirical work with regard to the nature and incidence of transpersonal experiences in the South African context is severely lacking practice experience and discussions with practitioners in the field indicate that such experiences are not uncommon in the local client population.

Research studies have found a steady increase in the incidence of spiritual experiences. A series of polls undertaken in 1962, 1966 and 1967 to ascertain the incidence of religious or mystical experience in a representative U.S. sample, found a progressive increase in responses from 20.5% in 1962 to 31. 8% in 1966 to 41.2% in 1967 (Back and Bourque, in Lukoff and Lu, 1988). Other studies revealed similar patterns. Greeley (in Lukoff and Lu, 1988) re-administered to a representative sample of 1473 Americans the questions from a poll first taken in 1973 on spiritual and paranormal experiences. He found a substantial increase, in all categories of spiritual and paranormal experiences, over the past 14 years, with 43% having reported an unusual spiritual experience. A national survey of a representative sample of persons was also conducted in Great Britain, utilizing Greeley's (in Hay and Morisy, 1978) question: "Have you ever felt as though you were very close to a powerful, spiritual force that seemed to lift you out of yourself? " The Bradburn Balanced Affect scale was also administered to measure psychological well-

being. The percentage of persons who answered affirmatively (36. 4%) was found to be similar to that obtained in Greeley's study in the U. S. Those who reported having had such experiences were found to have higher scores on psychological well-being. More recently Kantrowitz (in Hutton, 1994) reported on a poll conducted in the U.S. in 1994. Twenty percent of Americans reported having had a revelation from God, 13% reported seeing or sensing the presence of an angel, 58% felt the need to experience spiritual growth and 33% indicated having had a religious or mystical experience.

TYPES OF TRANSPERSONAL EXPERIENCES

White (1998) classed exceptional human experiences or transpersonal experiences into five broad categories. The researcher has added a further category, "other," to incorporate those that do not fall within the other categories. These have been presented in Table 15.

TABLE 15: CATEGORIES OF TRANSPERSONAL EXPERIENCES

Broad Categories of Transpersonal Experiences	Examples and Features
Mystical Experiences	**Also referred to as peak experiences (Maslow, 1970) or "flow experiences" (Csikszentmihalyi, in White, 1998, p. 132), when they occur in a nonreligious context. Spiritual awakenings characterized by overwhelming feelings of happiness, an ecstatic joy that fills the person with a deep sense of peace, security and understanding, (Bloomfield, 1980) also fall within this category.**
Psychic experiences	**Are forms of extrasensory perception viz. ESP, clairvoyance, telepathy, precognition, and telekinesis (White, 1998; Canda and Furman, 1999).** **They provide an understanding that humans literally may not be separated from others, especially from those with whom we are intimate, by distance or time (White (1998).**
Death Related Experiences	**Consist of near death experiences, death bed experiences and experiences in which people see and meet with their deceased loved ones (White, 1998; Ring, 1984; Canda and Furman, 1999).**
Encounter Experiences	**Experiences of observing and sometimes interacting with apparitions and alien beings. Includes encounters with UFOs, angels, religious figures and other anomalous phenomena (White, 1998). Communication with spirits of ancestors, deceased loved ones, and spirit powers associated with nature** **Communication with God or angels and spirit guides (Canda and Furman, 1999).**
Exceptional Normal Experiences	**Not considered anomalous. Many factors associated with the more unusual EHEs, are present in these experiences e.g. tears, goose bumps, a crisis of identity and feeling "wonderstruck" (White, 1998, p.134).** **Other examples include extraordinary dreams; inspiration of all types; aesthetic and literary experiences; witnessing or encountering art, architectural, religious, historical, and other cultural relics, music and literature and the performance of noble deeds (White, 1998).**
Other	**Out of body experiences ((Lukoff and Lu, 1988; Tart, 1967; Tart, 1968; Tart, 1995; Wong and McKeen, 1980; Canda and Furman, 1999);** **oneness with the universe or ultimate reality; remembrance of past incarnations, past planetary or cosmic evolution (Canda and Furman, 1999).**

THE BIOPSYCHOSOCIAL AND SPIRITUAL EFFECT OF TRANSPERSONAL EXPERIENCES

There is evidence that recognizing, owning, honoring and sharing exceptional human experiences (EHEs) are beneficial to an individual's health and psychological well being (Pennebaker et al. in Braud, 1998). Several authors explicated the important and transformational concomitants of self revelation and disclosure, stating that acknowledging and appreciating EHEs foster psychological growth and have far reaching implications for the individual's identity, relationships, lifestyle and philosophy (Greeley, 1975; Vaughan, 1991; Van Quekelberghe, Altstotter-Gleich and Hertweck, 1991; White, 1998; Braud, 1998; White in Walsh and Vaughan, 1980; Driver, 1991).

Much of the empirical work in the field has focused on the mystical experience as compared to the other types of transpersonal experiences. There is consensus that peak or mystical experiences promote psychological well-being (Greeley, 1975; Wuthnow, 1978; Friedman, 1983; Firman and Vargiu, 1980). Much of the research related to mystical experiences, has been conducted primarily through quantitative research, specifically through the use of scales (Hood, 1970; Hood, Hall, Watson, and Biderman, 1979; Holm, 1982; Kass, Friedman, Leserman, Zuttermeister and Benson, 1991). The initial work in this area was facilitated through the development of Hood's mysticism scale (Hood, 1975; Caird, 1988). By drawing upon the conceptual work of Stace (in Caird, 1988) Hood developed a 32 item questionnaire, creating eight categories of mysticism. The scale described experiences which are: - timeless and spaceless, incapable of being expressed in words, profound joy, peaceful, sacred and cannot be expressed into words (MacDonald, LeClair, Holland, Alter and Friedman, 1995). Quantitative research however is ineffective in its ability to capture the richness of the effect of this type of experience (Kotesky, 1980; Braud and Anderson, 1998).

Where work has been undertaken it has been found that such experiences promote psychological growth (Hood, 1974). Mathes, Zevon, Roter and Joerger's (1982) article provided a comprehensive taxonomy of peak experiences, a description of the Peak Scale and reports on several empirical studies which dealt with the biopsychosocial effects of such experiences. Empirical work conducted, using the Peak scale, found that individuals who have had peak experiences are more likely to have experiences involving intense happiness and also report living in terms of values such as truth, beauty and justice.

Bucke (1901/1961) compiled biographies of 43 individuals who had experienced a state of cosmic consciousness, a term he used to refer to mystical experience. His understanding was enhanced by his systematic approach in compiling and then comparing a wide range of accounts from different cultures and epochs. He noted that features such as subjective light, moral elevation, intellectual illumination, sense of immortality, loss of the fear of death and sin and the suddenness of awakening, characterised such experiences. Thomas and Cooper (1980) more recently developed the following criteria for operationalizing a mystical experience viz. "awesome emotions, a sense of the ineffable, feelings of oneness with God, or the Universe ..... changed perceptions of time and surroundings and a feeling of knowing coupled with a reordering of life's priorities" (p.71). Spilka, Hood and Gorsuch (1985), who conducted a review of studies published in the past two decades, found that survey research confirmed the prevalence of mystical experiences. This together with findings made from the study by Thomas and Cooper (1980) led them to conclude that mystical experiences are not rare events. Professionals therefore require knowledge to recognize them and skill to deal with them in the helping situation. The implications for social work practice are discussed in the following section.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Although several surveys have probed the incidence of mystical experiences in the general population (Greeley, 1975; Thomas and Cooper, 1980; Spilka, Hood and Gorsuch (1985), very little has been done to document the number of clients who report such experiences to their therapists. In response to this, Allman, De La Rocha, Elkins and Weathers (1992) conducted a survey with 650 therapists who were randomly sampled from the membership roster of the American Psychological Association. Results indicated that of the 20,670 clients seen during the preceding 12 months, 931(5%) had reported mystical experiences and 67% of the respondents had seen at least one such client during that period. Allman et al. (1992) argued that if the 15, 919 members of the APA divisions sampled each saw an average of 73 clients per year, as did the respondents, they would have seen 1,162,087 clients. They contended that if 5% of these reported a mystical experience as was true of the respondents' clients, it would have meant that 52, 294 clients reported mystical experiences to these therapists during the previous 12 months. The figures for the total of all therapy clients therefore would have been staggering. In the light of such statistics and the fact that mystical experience is a powerful psychological experience, they argued that it should be considered as a significant clinical issue.

Spiritual awakenings have profound significance for people who experience them. They may be alarming and disruptive. Those having such experiences often never speak to anyone about them for fear of being thought of as crazy (Bloomfield, 1980). Writing in a social work context, Canda (1988b) asserted that religious visions, trances and paranormal events, might appear "bizarre" to social workers unfamiliar with spiritual crises (p.246). Therapists may interpret such experiences from an inappropriate and pathologizing perspective (Walsh and Vaughan, 1980; Vaughan, 1991; Canda, 1988b; Boorstein, 1980),

confusing genuine experiences of self-transcendence with regressive pathology, to the detriment of the client (Cowley, 1993). Quoting Deikmann, Walsh and Vaughan (1980) referred to a report on mysticism by the Group for the Advancement of Psychiatry, which interprets mystical experiences as manifestations of borderline psychotic processes. Descriptions, guidelines or theory for transpersonal phenomena (Cowley, 1993) therefore have to be incorporated into social work curricula to prepare practitioners to make appropriate assessments in clinical practice.

Simple mystical experiences do not raise diagnostic or treatment issues, as individuals can integrate it into their lives without the intervention of religious or psychiatric specialists (Lukoff, 1985). Religious or spiritual problems may, however, co-exist with mental disorders thus necessitating social work intervention. Canda and Furman (1999) pointed out that it is important to distinguish between a spiritual growth experience that superficially resembles a mental disorder and a bona-fide mental disorder. Although the Religious or Spiritual Problem Code V, as per the DSM-IV manual acknowledges that issues pertaining to religious or spiritual growth may require clinical intervention, they may not necessarily be a pathological problem. Lukoff (1985) operationalized the criteria for distinguishing mystical experiences with psychotic features and psychotic disorders with mystical features. After a critical review of the literature, he identified the following five criteria, all of which must be present in order to constitute a template for the mystical experience: ecstatic mood, sense of newly gained-knowledge, perceptual alterations, content of experiences have themes related to mythology and no conceptual disorganization.

The importance of careful diagnostic assessments where questions of psychosis are concerned was emphasized by Hastings (1983). Canda and Furman (1999) asserted that where a disorder is evident, long-term

intervention should address the problem through medication, psychosocial support, and community-based case management. When it is possible, for example, with a schizophrenic to engage in dialogue the religious or spiritual problem could be addressed through spiritually sensitive discussion and collaboration with the client's spiritual support network. Where the worker is not competent to deal with such issues, Canda (1998) suggested that the client be referred elsewhere.

Transcendent inner voices have been described as a rich source of intuitive knowledge derived from divine sources (Liester, 1996). Although not a direct transpersonal experience, inner voices do share features of transpersonal experiences (Heery, 1989). For Trine (in Liester, 1996) intuition is "an inner spiritual sense through which man (sic) is opened to the direct revelation and knowledge of God ..... and through which he (sic) is brought into conscious unity and fellowship with God" (p. 18). Despite evidence that inner voices are linked with psychopathology, Posey and Losch (1983) commented that there is compelling evidence, which suggests that they can occur in the absence of psychopathology. Liester (1996) provided a conceptual framework for distinguishing transcendent inner voices and inner voices with pathological characteristics. The features, which distinguish transcendent inner voices from those with pathological features, have been presented in a skeletal framework in Table 16.

TABLE 16: A FRAMEWORK TO DISTINGUISH BETWEEN TRANSCENDENT INNER VOICES AND HALLUCINATIONS

Characteristics of hallucinations	**Characteristics of transcendent inner voices**
Often judgmental, critical and condemning; **tend to have a reality in the mind of the individual who hears them;** **interfere with personal, interpersonal, and societal functioning and** **appear to result from brain malfunctions.**	**are supportive;** **may offer truths with a validity which can extend beyond the limitations of the ego;** **leads to benefits at each of these levels;** **do not appear to result from malfunctioning of the brain.**

(Adapted from Liester, 1996).

THE ASSESSMENT OF TRANSPERSONAL EXPERIENCES IN PRACTICE

Canda and Furman (1999) offered valuable guidelines for the assessment of transpersonal experiences. They have been presented in succinct form in Table 17.

TABLE 17: GUIDELINES FOR THE ASSESSMENT OF TRANSPERSONAL EXPERIENCES

Guidelines	Specific questions that can be asked / tasks that need to be performed
Assess the immediate situation: determine if the transpersonal experience is a spiritual emergency, or if it is a peak or pit experience.	**If a crisis exists establish the following :** **can the person communicate coherently ?;** **is the person feeling overwhelmed ?;** **is there suicidal ideation or risk of harm to self or others?** **Task : Provide reassurance and support;** **implement protective measures until emotional balance and cognitive function a established.** **Once well being is established explore the following :** **what occurred specifically, in what physical context ?;** **were there any revelations or insights from transcendent or supernatural sources ?;** **was the experience linked to a specific practice e.g. meditation?;** **what was the client's level of consciousness ?;** **what senses were involved ?;** **were there any mystical, near death, out of body experiences etc. (refer to types transpersonal experiences) ?**
Identify positive and negative predisposing factors.	**Positive:** **What religious or spiritual factors precipitated the experience viz. spiritual strength quests; life stage developmental factors; reading of literature, religious grou participation; closeness with God or nature?** **Negative:** **Are there any physical or mental disorders that may have precipitated altered states perception and consciousness, is the person experiencing any form of psychosocial crisis?** **Task : Rule out possibility of pathogenic hallucinations or delusions. Even if physical mental disorders are evident, explore the meaningful aspects of the experience.**
Explore interpretation of the event	**Positive meaning and significance:** **What are the significant insights or messages in the experience; what values we conveyed ?; what images, paradoxes or parables best convey the nature of the experien ?; are there religious or cultural stories familiar to the client that provide understandin what are the implications of the experience for understanding and relating with onese other people, other beings, and ultimate reality? Are there immediate fruits of t experience, such as enhanced energy, creativity, insights into life problems, and deepen sense of rapport?** **Negative:** **Is it a pit experience with strong negative features, such as a sense of dread, or attack demonic forces?** **Task : Establish sense of safety. What spiritual or religious practices and support syste may be engaged to create a sense of protection? Does the person wish to be referred t religious leader for prayer or to conduct a ritual for protection? What potential exists f resolution and growth through this negative experience?**

Locating the Experience within a Complete Spiritual Development Narrative	**The time line can be used to explore overall spiritual development. Key spiritual turning points can be identified in the context of life cycle events and stages of physical or psychosocial growth. Long-term patterns of development can be identified by observing trends, themes, major characters, changes of spiritual lifestyles, spiritually influential people and sources, key values, new or recurring symbols, and altered states of consciousness. The pattern of flow from pre-egoic through egoic to trans-egoic experiences and modes of consciousness can thus be established.** **How does the current experience relate to the client's overall spiritual emergence story? How can the learning of the past and present be applied to enhance the client's future spiritual development?**

(Adapted from Canda and Furman, 1999). Used with permission.

Guidelines for the assessment of transpersonal experiences in practice conclude the discussion in this Chapter. Chapter 6, the final chapter of Part 3 or the literature review is presented next. This chapter elucidates the literature on the role of religion and spirituality in social work education. It is important in that it serves to link the practice related issues discussed in Chapters 3, 4 and 5 to the educational arena. This highlights the need to strengthen the practitioner-educator alliance in order to ensure that students have the knowledge and skill to deal with emerging practice based issues.

CHAPTER 6

RELIGION AND SPIRITUALITY IN THE CONTEXT OF SOCIAL WORK EDUCATION

INTRODUCTION

The question of whether social work education should address religious issues has been contested in the literature (Amato-von-Hemert, 1999; Clark, 1994). After a thorough review of the literature, Canda and Furman (1999) were able to identify the work of only three authors opposing the topic. Arguing against the inclusion of this area in the curriculum, Clark (1994) said that the curriculum was "overcrowded," thus making it impractical to include more material on religion and spirituality (p.12). Contradicting the thrust of his entire article he wrote that "graduate social work education should already prepare students to address religious issues" (ibid).

Canda and Furman (1999) countered viewpoints opposing religion and spirituality, stating that ignoring the topic was unproductive. Rather they believed that more education on the topic within social work degree programs and ongoing education were needed to help practitioners who did not know how to deal with this area. This is consistent with the overwhelming degree of support in the literature for the inclusion of this topic in social work education (Sheridan et al., 1992; Canda, 1989; Canda, 1990; Joseph, 1988; Derezotes and Evans 1995; Krill, 1995; Furman, 1994; Furman and Chandy, 1998; Netting, Thibault and Ellor, 1990; Kirkpatrick and Holland, 1990). Most of the arguments made to support the need for inclusion of these dimensions within the curriculum hinge around the fact that social work is practiced within a

holistic, eco-systems perspective which considers all aspects of the client system and its environment; social work has its roots in the charitable organizations which were inspired by religious and spiritual values, and social work as a profession is committed to respecting the diversity of people (Cowley and Derezotes, 1994; Sheridan et al., 1992; Netting et al., 1990; Loewenberg, 1988; Canda, 1989; Derezotes and Evans, 1995).

Empirical work reviewed indicates that many social workers believe that practitioners are ignoring spiritual issues in practice, because they are not taught how to deal with it in school (Derezotes and Evans, 1995). Both Kaplan and Dziegielewski (1999) and Furman (1994) noted that little attention has been given to providing specific training in this area and most programs do not formally address this in program content. Johnson (1997) called for "intentional professional preparation," (p.63) to deal with this area whilst Canda (1988b) contended that knowledge and practice skills was needed so that the "fullness of human dignity and potential is recognized and respected in all helping situations" (p. 238).

EXTENT TO WHICH RELIGION AND SPIRITUALITY IS CONSIDERED IN THE CURRICULUM

Empirical work, which considers the extent to which religion and spirituality has had a place in the South African curriculum, is non-existent. There have been a considerable number of studies that have probed this aspect in the American context (Sheridan et al., 1992; Sheridan et al., 1994; Sheridan and Amato-von-Hemert, 1999; Dudley and Helfgott, 1990; Derezotes and Evans, 1995; Joseph, 1987). One central feature of these findings is that this topic has been ignored or given minimal attention in the curriculum. The following section reviews this body of work.

Sheridan et al. (1992) found through a survey with 328 licensed clinical social workers, psychologists, and professional counselors, that 79% of their sample had never or rarely received content related to religious or spiritual issues, during their graduate training. Similar findings were made in other studies, which involved social work practitioners. Derezotes (in Russel, 1998) found through a survey with social workers in Utah and Idaho that although 94% had indicated that they consider spiritual issues in practice, only 27% of these subjects said that they had learned about how to integrate religious issues into their practice in their graduate education. In another study by Derezotes and Evans (1995), 79% of the sample reported receiving little education and training in the area of religion and spirituality. In an attempt to investigate the views of rural social workers in this area, Furman and Chandy (1998) undertook a survey with 200 licensed social workers in North Dakota. One hundred and forty two workers responded to their questionnaire. Thirty three percent of the social workers in their study reported that they felt they were not at all competent to deal with issues of religion and spirituality. Seventy six percent reported that they received very little or no professional training in this area. Fifty percent of the sample made a firm recommendation for the inclusion of religion and spirituality in the social work curriculum.

The researcher was able to access two studies in the literature, which investigated the views of social work educators on this topic (Dudley and Helfgott, 1990; Sheridan et al., 1994). A majority of the faculty members of social work programs, in Dudley and Helfgott's (1990) study were of the opinion that spirituality content deserved to have a place in social work education. Sheridan et al. (1994) undertook a similar study to that of Dudley and Helfgott (1990) with a larger sample in the Southeast area of America. A different geographical location was selected in contrast to Dudley and Helfgott's (1990) previous sample to provide further knowledge about faculty perspectives from a different pool of social work educators. Although a total number of 498 social work educators were targeted, only 280 completed the

questionnaires, representing an overall response rate of 57%. A significant majority (88,5%) was found to have received little or no graduate training in this area, a finding that concurs with those in other studies (Sheridan et al., 1992; Derezotes and Evans, 1995; Furman and Chandy, 1998).

There have been two recent studies, which explored the views of students. Sheridan and Amato-von-Hemert (1999) conducted a study, through the distribution of questionnaires, with MSW students from two schools of social work, that are part of large research universities. Two hundred and eight completed surveys were collected. Over 40% reported dissatisfaction with the amount of training received. The other study by Kaplan and Dziegielewski (1999), involved a survey of 84 graduate social work students from a southeastern university in the United States. Second year MSW students were included because the researchers believed that they were in a better position to assess content inclusion. There were 62 completed surveys, yielding a response rate of 74%. A majority of the respondents (76%) commented that formal education had not provided information about how to integrate spiritual issues into practice. Seventy nine percent of the sample, were of the opinion that concepts of religion and spirituality should be incorporated into the graduate curriculum whilst 85, 5% supported the stance that a course on religion and spirituality be offered in the graduate curriculum.

It was not possible to access any studies locally, which paid attention to the extent to which religion and spirituality was considered in the curriculum. An early study by Ramphal and Moonilal in 1993, found that most social workers were unhappy with their ability to provide relevant services in the changing local context. Echoing their sentiments, Van Rooyen (1996) more recently wrote that social workers in the South African context were voicing their dissatisfaction with social work curricula. Based on this he conducted

an exploratory study amongst social workers in the KwaZulu Natal Province to develop an understanding of what content they saw as being important for a current and relevant curriculum. The fact that religion and spirituality was not included as an area in the study supports the notion that social work educators are still as yet unaware of its importance to practice. It may also indicate a certain degree of resistance toward the topic. Participants were also asked if there were any other areas, other than those specified by Van Rooyen (1996) to be included in the curriculum. None of the participants identified religion and spirituality as one such area. A very small percentage of the sample (2.2%) however did feel that culture was important. It is possible that this group considered religion to be couched within this context, thus providing some support and place for this topic in education. The small percentage of practitioners who identified culture however needs to be seen in relation to the fact that other respondents had supported the option of multicultural social work. Thus although no overt findings were made in relation to religion and spirituality, there appears to be some support for this topic, if religion and spirituality is embraced in the context of multicultural social work.

SUGGESTED FRAMEWORK FOR A COURSE ON RELIGION, SPIRITUALITY AND SOCIAL WORK

Several writers have made suggestions regarding specific topics that need to be infused into a course on religion, spirituality and social work. After a review of literature, the researcher was able to identify the most common and salient areas in relation to course content. These areas are elucidated in summary form in Table 18. This process was crucial in the design process, as the broad topics identified served to support data from the current sample, thus forming a framework upon which the course could be built.

TABLE 18: SUGGESTED COURSE COMPONENTS AS PER THE LITERATURE REVIEWED

Suggested Components	Authors
1. Religious and spiritual diversity issues. • Overview and comparative study of the different religions, basic concepts common to most religions and their implications for social work practice.	Sheridan et al., (1992); Furman (1994); Faver (1987); Canda (1989); Derezotes and Evans (1995); Dudley and Helfgott (1990); Derezotes (in Sheridan and Amato-von - Hemert (1999).
2. Cross cultural content	Paulino (1995); Cnaan, Goodfried and Newman (1996); Soifer (1991).
3. Spiritual development • The developmental nature of spirituality for practitioners and their clients.	Furman (1994); Derezotes and Evans (1995); Sheridan et al. (1992).
4. Spiritual assessment • Criteria for spiritually-sensitive assessment of human development and well - being, utilizing religious values and strengths in therapy and recognizing internal or personal religious conflicts; • the use of spiritual assessment tools.	Furman (1994); Faver (1987); Derezotes in (Sheridan and Amato-von-Hemert, 1999).
5. Functional and dysfunctional uses of religion	Joseph (1988).
6. Professional values and ethics • Religious issues underlying the types of ethical dilemmas that are confronted in practice; • application of spiritually sensitive practice techniques in a manner consistent with professional ethics and client - self-determination.	Furman (1994); Faver (1987).
7. Transpersonal theory	Derezotes and Evans (1995); Cowley and Derezotes (1994); Jacobs (1997).
8. Religious and spiritual groups • The role of religious and spiritual groups in developing policy and providing services; • effective cooperation and collaboration with religious support systems of clients	Sheridan et al. (1992); Furman (1994).
9. Research on religion and spirituality in social work practice	Furman (1994); Faver (1987).
10. Social work policy, organization and community practice.	Netting, Thibault and Ellor, (1990)

Russel (1998) provided the most significant and comprehensive information on course content. She conducted a study in 1995, for the purpose of describing the number and characteristics of courses on spirituality and/ or religion being offered by M.SW. Programs in the United States. A brief questionnaire was sent out to all directors of the 118 M.SW. Programs accredited by the Council on Social Work Education. Completed surveys were obtained for 114 of the programs. Seventeen programs were identified as recently or currently offering graduate social work courses on spirituality and or religion. Fourteen

of the programs that did not offer courses at that stage reported having discussions at their schools about developing such a course.

Content analysis of course syllabi obtained for 16 of the courses revealed significant variation in the topics covered, texts or reading materials utilized, assignments and teaching modalities. Three of the courses had a strong focus on topics related to religion and social work. Two focused strongly on transpersonal psychology, whilst the remainder provided a combination of spiritual and religious issues. The topics commonly covered in the syllabi included: **the historical religious roots of the profession; the functional and dysfunctional aspects of clients' religious and spiritual beliefs and experiences; feminist spiritual perspectives and women's religious and spiritual issues; students' personal, spiritual and professional growth; spiritually derived practice methods; understanding and respecting spiritual diversity; ethnic and other minority issues; cooperation with religious and spiritual organizations; developmental theories of spiritual and religious growth; social action or social justice issues; and the impact of belief systems on individuals and organizations.**

A comparison of the topics identified by Russel (1998) and the components identified through the literature reviewed as per Table 18 indicates consistency between that which is being taught and the trends within the literature. Other less frequently reported topics identified in Russel's (1998) study included: sociology of religion, experiences with U.F.O.s, self help recovery programs, gay and lesbian issues; responding to spiritual crises; past life regression therapy and communicating with angels. She attributed the diversity in topics being covered to differences in the client community and student body in the areas where schools are located, thus implying that the unique needs of both these groups need to be considered in the design of an effective course.

The author was able to access one other study by Derezotes and Evans (1995) where 56 practitioners were asked to identify the types of educational

programs or workshops they wanted to see developed. The following frequency of responses were reported: a course which provided an overview of all religions (27%); courses aimed at the development of the clinician's own spirituality using an experientially based format (21%); a workshop on "how to" work with client's spiritual issues (18%); a course on transpersonal casework (14%); and a format where there could be open sharing among professionals of different disciplines on working with spirituality (13%) (p. 49). Again when compared to the trends evident in Table 18 and Russel's (1998) study there appears to be definite similarities in relation to the topics that are being seen as critical areas within such a course.

Very little has been written about course content outside the United States. Ng and Kvan (1998) described the course being implemented at the University of Hong Kong. Their article reveals that the content being taught at this University is different and tends to focus on religious and ethnic diversity issues. Although diversity is considered in courses being taught in the U.S., the relationship between religion and mental health and mental illness and forms of folk healing receive stronger emphasis in the course outlined by Ng and Kvan (1998). The need to integrate cross-cultural content related to spiritual and religious diversity in the curriculum, however, is a feature in the literature (Canda, 1989; Dudley and Helfgott, 1990). Writing in this regard Paulino (1995) asserted that social work curricula should ensure that students are prepared with the necessary knowledge base reflective of their clients' indigenous curative methods and worldview. Commenting on specific areas of deficit in the curriculum, Soifer (1991) and Cnaan, Goodfried and Newman (1996) said that minority groups particularly the Jewish community has been ignored. A survey conducted by Cnaan et al., (1996), in the U.S. with 157 students from two Schools of Social Work, confirmed the absence of such material in the curriculum.

FIELDWORK SUPERVISION

Both Okundaye and Gray (1999) and Paulino (1995) drew attention to the need for a spiritually sensitive perspective to be extended to fieldwork supervision. Okundaye and Gray (1999) stated that although the inclusion of spirituality in social work curriculum has been supported, field instruction also needs to take a leadership role in the integration of any paradigm shift in the educational experience of the student and field instructor. The field instructor is in a pivotal position to address issues related to indigenous belief systems and spirituality in supervision (Paulino, 1995). Opportunities for the continuing training of supervisors in the area of spirituality and social work practice is therefore important within a holistic approach to education.

TEACHING METHODOLOGIES

Russel's (1998) survey found that there was variability in the teaching methods utilized by faculty. Information in terms of time devoted to lecture, class discussion and experiential learning was obtained for 15 of the courses. Class discussion ranged from 25% to 75%, with a mean of 42% and faculty or guest lectures ranged from 5% to 70%, with a mean of 33%. Experiential learning ranged from none to 50% with a mean of 25%. Class discussion therefore appears to be the most popular teaching methodology. Where experiential learning was utilized a rich variety of learning exercises were used, including visits to religious worship sites, participating in drumming circles, exploring spiritual issues through art work (for example students being told to draw pictures of their souls using crayons and paper), Sufi dancing, participation in a shamanic journey, learning to meditate and exploring past life experiences through relaxation and visualisation. Russel (1998) cautioned educators to be sensitive when utilizing such methods, stating that not all students are open to such experiences. Sensitivity, voluntary participation and a non-judgmental attitude about non-participation are essential.

READING MATERIAL AND RECOMMENDED TEXTS

Russel (1998) found a strong diversity in the 16 syllabi reviewed, in reading assignments and texts listed. Six of the courses relied on readings on reserve in the library, which were both journal articles and chapters from books. There was also little consistency in the selection of assigned texts for the other 10 courses. The most frequently used text was Loewenberg's Religion and Social Work Practice in Contemporary American Society (1988); it was used in only three of the courses. The other two texts that were assigned in two other courses were: Lovinger's Religion and Counseling: the Psychological Impact of Religious Belief (1990) and Dass and Gorman's How Can I Help (1985) (ibid). A perusal of some of the course outlines received from the Society for Spirituality and Social Work, by the researcher revealed that Canda and Furman's (1999) "Spiritual Diversity in Social Work Practice," is currently being utilized as the recommended text in this area. A thorough review of the text reveals that it contains the most comprehensive and salient information in this field. It would therefore serve as a valuable resource to all educators.

INTEGRATION OF COURSE

Derezotes and Evans (1995) contended that content on religion and spirituality may be effectively integrated, horizontally and vertically into all educational levels. It can be woven into existing courses, as well as through the addition of new electives. They described horizontal integration as the process of interrelating religious and spiritual content with content taught in all other concurrent classes and vertical integration as the process of gradually expanding the educational component, as the student moves through the educational levels. Sheridan (2000a) has drawn up comprehensive guidelines to facilitate the infusion of content on spirituality in the major curricular areas. These have been incorporated into the guidelines and will therefore not be discussed here. Derezotes and Evans (1995) have suggested that a foundation

of spiritual and religious content be introduced at the BSW level and gradually "built upon," in the following five ways:

- students are taught to understand, accept and utilize their own spiritual experience and development in practice;
- students work toward increasing their knowledge of diversity of religious traditions that exist in society;
- students learn to understand and accept the spiritual and religious values that they and their clients embrace;
- assessment skills are incorporated into existing ecological and developmental theories;
- attention is directed towards developmental models that consider spiritual, moral and faith development.

CHALLENGES FACED IN IMPLEMENTATION OF THE COURSE

Russel (1998) noted that the biggest challenges reported, in terms of developing the course were colleagues' resistance and skepticism, narrowing the scope of material covered and locating appropriate texts. Faculty colleagues resistance stemmed from fear that a particular religious perspective would be given preference or that material presented would be fuzzy, unprofessional and inappropriate for graduate education. These issues mirror some of the opposing viewpoints presented by Clark (1994) and Sullivan and Weisman (in Canda and Furman, 1999). They can be effectively countered by evidence of the proliferation of interest and literature in this field. The literature reviewed by the researcher is by no means fuzzy, unprofessional and inappropriate for graduate education. Rather it constitutes a growing body of knowledge in this field and provides an armamentarium of skills, strategies and intervention techniques that all practitioners need exposure to.

Participants in Russel's (1998) study also described common challenges that they faced in terms of teaching the course. These included defining religion and spirituality so that a distinction could be made between these two separate, but related concepts; maintaining a classroom environment that was respectful of spiritual and religious diversity and keeping faculty person's own personal beliefs from interfering and dealing with students who were either prejudiced, closed minded or disrespectful of others' religious or spiritual beliefs and practices. Religion and spirituality have been effectively defined in the literature (Bullis, 1996; Canda and Furman, 1999; Ingersoll, 1994; Cascio, 1998) thus making the challenge of distinguishing related topics easier. Although there are definite challenges in maintaining respect for religious and spiritual diversity, there has been a significant amount written to guide educators in ensuring that such respect be maintained. (Canda, 1989; Dudley and Helfgott, 1990; Canda and Furman, 1999).

Most of the faculty indicated that this was their favourite course to teach. Since the survey, Russel (1998) reported receiving requests from faculty at seven programs for assistance in terms of developing syllabi for spirituality courses. This only further weakens Clark's (1994) arguments of an overcrowded curriculum and of educators being unprepared to teach the course. Since the publication of this article it would seem very likely that the development of syllabi would have increased at other schools as well.

CONCLUSION

There is a growing societal and professional trend "towards spirituality coming out of the closet and into both social and academic discourse and clinical practice settings" (Jacobs, 1997, p.172). Amato-von-Hemert's (1994) argument brings to sound conclusion the debate as to whether social work education should address the issue of religion and spirituality. She said that "the social work profession has strenuously avoided engaging religion. .....

This avoidance has handicapped our effectiveness and compromised our ethics." Denying the religious dimension has resulted in "unethical, inadequate service." Religious (and spiritual) issues need to be embraced with "informed, critical sophistication in the classroom, agency and consulting office" (p.7). This forms an appropriate point to conclude the literature review on religion, spirituality and social work. Part 4 which deals with the analysis and discussion of findings made in the study is presented next.

PART FOUR

ANALYSIS AND DISCUSSION OF FINDINGS

Celebrating birth

Looking into the cascade
of foam
She saw that the hurricane months had passed
That the air was quickened
with the taste of new birth
and the benediction of the sun
that the frogs were singing
from deep among the mangrove roots
The sun is singing
the sky is singing
I am singing into the day
Moving
Beyond
all
boundaries
(Gary Nichols, 1990).

ANALYSIS AND DISCUSSION OF FINDINGS

The analysis, interpretation and discussion of the findings are presented in three chapters. Chapter 7 is organized around the presentation of demographic data, data pertaining to the personal religious and spiritual beliefs of the sample and their views on religion and spirituality in social work practice and education. The use and appropriateness of spiritually based intervention techniques form the central themes around which data was presented in Chapter 8. In the final Chapter (9) of this Part of the dissertation, data in respect of content issues for a course on religion, spirituality and social work are presented. Evaluative data from the second sample of educators are also presented here. Although presented as discrete entities data from both samples contained vital information that shaped and refined the design and development of the intervention.

CHAPTER SEVEN

DEMOGRAPHIC DATA AND PERSONAL BELIEFS RELATED TO RELIGION AND SPIRITUALITY

1. DEMOGRAPHIC DATA

1.1. AGE

TABLE 19: RESPONDENTS' AGE LEVELS

Age Group	Frequency	Percent
46	4	1,2%
36-45	10	3,0%
26-35	86	25, 9%
19-25	230	69,3%
Missing	2	0, 6%
Total	332	100%

Table 19 reflects the age levels of the respondents in the study. A majority of the sample reported being between the ages of 19-25 years, as expected of final year social work students in the South African context. Similar findings were made by Sacco (1996a) in her study, of first year social work students at a local university. She found the median age of participants to be 20 years and 6 months, the age range being between 18-41 years. International studies in the field have been undertaken primarily with MSW students. This made it difficult to draw reliable comparisons, due to uncertainty about the number of students who would embark on a Master's program, immediately after completion of their undergraduate studies. Sheridan and Amato-von-Hemert (1999) reported the average age of MSW students in their study to be 28 years, whilst Kaplan and Dziegielewski (1999) found that close to half of their sample were under 30. This has suggested that a significant number pursue postgraduate studies shortly after completion of the undergraduate program.

1.2. GENDER

TABLE 20: GENDER COMPOSITION OF THE SAMPLE

Gender	Frequency	Percent
Female	**280**	**84,3%**
Male	**50**	**15,1%**
Missing	**2**	**0, 6%**
Total	**332**	**100%**

Eighty four percent of the respondents in the study were females and 15% were males, indicating a predominance of females in the sample. This may be attributed to the fact that females primarily choose social work as a profession in the local context. The strong prevalence of females in the sample is consistent with findings from both a local study and other international studies, which involved students. Sacco (1996a) noted that 70% of the respondents in her study were women. These findings concur with those made abroad. Kaplan and Dziegielewski (1999) reported that the majority of participants (92%) in their study were female. Similarly Sheridan and Amato-von-Hemert (1999) found that their sample constituted primarily females (86%).

Findings related to gender were consistent in studies, which involved other sample groups. Sheridan et al. (1992) noted the significant difference, which existed in relation to gender, amongst the three professional groups, that were targeted in their study. Licensed clinical social workers had the highest percentage of females (79%) as compared with professional counsellors (51%) and psychologists (41%). The gender composition characterizing these studies appears to reflect that of the profession as a whole.

1. 3. RACE

TABLE 21 : RACIAL COMPOSITION OF THE SAMPLE

Race Group	Frequency	Percent
Indian	**5**	**1,5%**
White	**59**	**17, 8 %**
Coloured	**40**	**12,0%**
African	**225**	**67, 8%**
Missing	**3**	**0, 9%**
Total	**332**	**100%**

Participants in the study were found to be predominantly African, followed by White and Coloured. There were a very small number of Indians in the sample. Although Sacco (1996a) did not investigate racial composition in her study, she pointed out that of the 35 students she interviewed, 17 were from Sotho or Tswana speaking backgrounds, 11 were from Nguni speaking backgrounds and 7 students were from English speaking backgrounds. This suggested a prevalence of students from African backgrounds in her sample. The significant number of Africans studying at local universities may be a result of equity policies, which aim to redress past imbalances and create greater opportunities for black South Africans to enter and study at local tertiary institutions. This is also reflective of the demographic profile of South Africa, where the majority of the population is African.

A comparison with international studies has revealed a different scenario in relation to racial composition, where there is a predominance of Whites. Seventy nine percent and 71% of the students in Sheridan and Amato-von-Hemert's (1999) and Kaplan and Dziegielewski's (1999) study respectively, identified themselves as being White. This reflects the different contexts across South Africa and the United States of America, where the majority of the population is White.

2. PERSONAL BELIEFS RELATED TO RELIGION AND SPIRITUALITY

Participants were asked several questions which explored their personal beliefs and experiences in relation to religion and spirituality. Religious affiliation, participation in religious service, relationship to an organized religion or spiritual group and the personal religious or spiritual ideology of respondents were investigated. This data are presented in the sub-sections that follow.

2.1. RELIGIOUS AFFILIATION

TABLE 22 : RELIGIOUS AFFILIATION OF THE RESPONDENTS

Religious Affiliation	Frequency	Percent
African Traditional Religion	15	4, 5%
Jewish	1	0, 3%
Christian	306	92,1%
Muslim	4	1, 2%
Hindu	4	1, 2%
Missing	2	0, 6%
Total	332	100%

Students were asked to identify their current religious affiliation or spiritual orientation. Ninety nine percent of the sample was found to belong to a particular religious faith. The data revealed a predominance of Christians (n=306) in the sample. Fifteen respondents reported that they followed African Traditional Religion. Four students indicated they were Muslim and a further four indicated that they were Hindu. There was one Jewish student in the sample. Sacco (1996a) found similar results in her study. Thirty four percent of her sample indicated being Christian, 20% Methodists, 3% Orthodox Jews and 3% Muslim. Only 2 students in her study indicated that they were atheists, one believing in "justice" and the other believing in "the care and genuineness of some people." Although a further two students reported having no religious affiliation, they indicated praying to God and communicating with their

ancestors. These practices are in accordance with the principles of African Traditional Religion.

It was interesting to note that despite a strong prevalence of Africans in both this study and Sacco's (1996a) study, most students in both samples indicated being Christian. Although the option of African Traditional Religion was presented to the current sample 5% reported an affiliation to this faith as compared to 92, 1 % who reported being Christian. The manner in which African Traditional Religion is perceived may have influenced participants choice. Setiloane (1986) described African religion or spirituality, as something that is lived out in day-to-day life. There is, therefore, no conceptualization and expression of religion as such (Setiloane, 1986; Mbiti, 1975). Similarly, Sewpaul (1999) expressed that African Traditional Religion, has no holy texts or scriptures. Instead it is a way of life that is embedded in the hearts and minds of people. For Sacco (1996) African spirituality can be seen as an understanding of relationships in the community. "Personhood, then being human (botho/ubuntu), is attainable only in community" (p. 47). Viewed in this context it is therefore possible that African "religion" may be so entrenched within participants day to day life, that they do not distinguish it as "religion" per se.

Thus although a majority of the sample are African and follow the Christian faith, they may also be living their lives in accordance with the principles of African traditional religion. The impact of colonialism may also have influenced African participants to indicate that they followed Christianity rather than African Traditional Religion. With active proselytization and conversion of people from traditional forms of beliefs and practices to Christianity and with the impact of colonialism and Westernization, Christianity may be perceived to be more highly valued than African Traditional Religion. This was highlighted in Sewpaul's (1995) study. She

found that although participants had identified themselves as Christian, they turned to African Traditional Religion when confronted with life crises.

A strong number of Christians also appear to be prevalent in the samples of international studies. There were also a greater number of students who reported faith affiliations viz. 89% and 80% as compared with non-faith affiliations in Sheridan and Amato-von-Hemert's (1999) study and Kaplan and Dzieglielewski (1999) study respectively. A comparison of findings made in relation to faith affiliation, amongst social work students, practitioners and educators showed a difference between the three groups with student and faculty samples (89% and 86% respectively) showing a higher degree of faith affiliation as compared to practitioners (79%) (Sheridan and Amato-von-Hemert, 1999). Social work students therefore appear to exhibit slightly stronger levels of religiosity.

2.2. LEVEL OF ATTENDANCE AT WORKSHOPS AND SEMINARS IN RELATION TO RELIGION AND SPIRITUALITY

Participants were also asked if they had attended any workshops or seminars, which had dealt with religion or spirituality in the past four years. Most of the respondents (71%) indicated that they had not attended workshops or seminars of this nature. Those who reported such attendance indicated that many of these workshops were conducted within the context of Christianity. Topics that were reported included Christianity in relation to abortion, personal growth, prosperity, faith, sin, healing, satanism, youth development, HIV and AIDS and sexuality (n=32). Three students reported attending a workshop or seminar on social work and counselling within the context of Christianity. Participants' attendance at workshops with a Christian focus may be attributed to the strong prevalence of Christians in the sample. Other workshop topics indicated by students included the role of religion in social work practice (n =2).

Seven students indicated attending workshops or seminars that were not conducted in a social work context, but had relevance to practice issues. The topics described here included divorce and marital counselling, marriage enrichment, social justice, peace and community development. Six students reported attending workshops on spiritually based activities such as meditation and prayer. Other topics included personal spiritual growth and development (n=12); religion and religious diversity (n=11); integrating religion and death (n=2); HIV and AIDS and religion (n=2); religion and leadership (1) and love in the framework of the Brahma Kumari movement (n=1).

2.3. PARTICIPATION IN RELIGIOUS SERVICE

TABLE 23: RESPONDENTS' LEVELS OF PARTICIPATION IN RELIGIOUS SERVICE, A COMPARISON WITH FINDINGS MADE BY SHERIDAN AND AMATO-VON-HEMERT (1999)

Participation in Religious Service	Present Study		Sheridan and Amato-von-Hemert (1999)
	Freq.	%	
Not at All	13	3,9%	18,4%
Once a year	17	5,1%	0%
5-6 times a year	19	5,7%	37,5%
Once a month	26	7,8%	15,9%
2-3 times a month	41	12,3%	-
Once a week	133	40,1%	24%
Daily	79	23,8%	4,3%
Missing	4	1,2%	
Total	332	100%	

A significant number of students indicated participating in religious service on a daily, weekly and monthly basis (84%). Six percent expressed that they attended service 5-6 times a year and a further 5% indicated that they only participated in religious service once a year. A very small percentage of the sample (4%) reported that they did not participate in religious service at all. Regular participation in such services may be linked to the high degree of faith affiliations reported by participants in the study. Different findings were evident in Sheridan and Amato-von-Hemert's (1999) study. Their current levels of attendance at religious service were lower as is reflected in Table 23.

2.4. Relationship to an organized religion or spiritual group

Table 24 : Respondents' relationship to an organized religion or spiritual group , a comparison with findings made by Sheridan and Amato-von-Hemert (1999)

Respondent's relationship to an organized religion or spiritual group	Present study	Sheridan and Amato-von-Hemert (1999)
Active participation, high level of involvement	28, 3% (n=94)	15, 5% (n=32)
Regular participation, some involvement	42, 5% (n=141)	23, 2% (n=48)
Identification with religion or spiritual group, limited or no involvement	19, 9% (n = 66)	37, 7% (n=78)
No identification, participation or involvement with religious or spiritual group	6, 9% (n = 23)	19, 8%(n=41)
Disdain and negative reaction to religion or spiritual tradition	0, 3% (n=1)	3, 9%(n=8)
Missing	2, 1% (n=7)	
Total	100% (n=332)	

Students were also asked to describe their present relationship to an organized religion or spiritual group, by describing their levels of involvement in these groups. Less than half of the sample reported regular participation in an organized religious or spiritual group, with some involvement, whilst 28% indicated active participation with a high level of involvement. A small percentage reported identification with religion or a spiritual group, with limited participation or no involvement. Only one student indicated having disdain toward or a negative reaction to religion or spiritual tradition. As is indicative in Table 24 Sheridan and Amato-von-Hemert (1999) made different findings in their study. Almost 40% of the sample in their study reported identification with religion or spiritual group, but with limited or no involvement and 23% indicated "regular participation, with some involvement." A greater number of students (20%) expressed "no identification, participation, or involvement," with a religious or spiritual group as compared to findings made in the present study.

Despite decreased formal participation at religious service and lower levels of participation in an organized religion or spiritual group, Sheridan and Amato-von- Hemert (1999) found that 38% of the students in their study participated in personal religious or spiritual practice on a daily basis. They engaged in practices such as meditation, reading of scripture and prayer, weekly (20%); once a month (15%) and a few times a year (16%). The researchers therefore concluded that expressions of personal faith and spirituality might not be tied to traditional institutional forms. Although the extent to which participants have engaged in these activities, was not probed in the present study, the researcher contends that based on the high percentages of those who participate in religious service on a daily and weekly basis, there might be a significant number who engage in personal religious or spiritual activities on a regular basis.

Support for the expression of spirituality in more personal spiritual contexts as opposed to institutionalized religious contexts is evident in other studies. In a survey with 1400 members of the California State Psychological Association, Shafranske and Gorsuch (1984) found that although only 23% of the sample reported being committed to a traditional religious institution, 33% indicated that they were involved in an alternative spiritual path that was not linked to a religious institution. Similarly Shafranske and Malony's (1990) reported that 51% of the 1000 psychologists in their study expressed that they followed an alternative spiritual path that was not part of an organized religion.

2.5. PERSONAL RELIGIOUS OR SPIRITUAL IDEOLOGY OF RESPONDENTS

Participants were asked to select a belief orientation that most accurately captured their own, from six ideological positions. These positions were derived from Lehman's (1974) ideological orientation scale and has been used in several studies involving **students** (Rizer and McColley, 1996; Kaplan and

Dzieglielewski, 1999) and Sheridan and Amato-von-Hemert, 1999); **practitioners** (Sheridan et al., 1992) and **educators** (Sheridan et al., 1994). Table 25 provides an outline of the data obtained from the current study as well as the findings made from the three studies, which involved students.

TABLE 25 : IDEOLOGICAL ORIENTATION SCALE : A COMPARISON OF FINDINGS

Ideology Type	Rizer and McColley (1996)	Kaplan and Dziegielewski (1999)	Sheridan and Amato-von-Hemert (1999)	Present Study
There is a personal God of transcendent existence & power whose purposes ultimately will be worked out in human history.	56, 1%	64, 5%	42, 6%	41, 3% (n=137)
There is a transcendent aspect of human experience some people call God but who is not imminently involved in the events of the world & human history.	2, 4%	3, 2%	7, 4%	6% (n=20)
There is a transcendent or divine dimension that is unique and specific to the human self.	13%	11, 3%	14, 9%	25, 3% (n=84)
There is a transcendent or divine dimension found in all manifestations of nature.	23, 6%	17, 7%	23, 6%	16, 9% (n=56)
The notions of God or the transcendent are illusionary products of human imagination; however they are meaningful aspects of human existence.	3, 3%	1, 6%	7, 9%	0%
The notions of God or the transcendent are illusionary products of human imagination; therefore they are irrelevant to the real world.	0%	1, 6%	1%	2, 4% (n=8)

The most frequently selected category was a belief in a personal God of transcendent existence and power, whose purpose will ultimately be worked out in time (41%). As is indicative in Table 25 this belief also received the highest frequency of responses in the other three studies being reviewed. This was followed by a belief that there is a transcendent or divine dimension, which is unique and specific to the human self (25%). Eighteen percent of the respondents shared the belief that there is a transcendent or divine dimension in all manifestations of nature. Both these beliefs also ranked in the first three choices made by students in the other studies being reviewed. Six percent of the sample indicated that there are transcendent aspects of human experience some people call God, but who is not imminently involved in the events of the world and history. Similar to the findings made in the other studies, very few students (2%) were of the opinion that notions of God or the transcendent are

illusionary products of human imagination and thus irrelevant to the real world.

A comparison of findings was made in relation to the way in which the ideology scale was answered, by three different sample groups, in three different studies, viz. social work students, practitioners and educators (in Sheridan and Amato-von- Hemert, 1999). There were a higher percentage of students who indicated a belief in a personal God (43%), followed by educators (38%) and practitioners (30%). This may be linked to findings discussed about the high level of religiosity amongst students.
The belief in a personal God or the transcendent or divine dimension, received the greatest support on the Ideology Scale amongst the current sample and amongst participants in the other studies reviewed. Each individual's conceptualisation of God or a divine dimension, is however unique and "very personal" (Hickson and Phelps, 1998, p. 46). The use of the quantitative paradigm, in the present study, limited the researcher's possibilities in exploring the power, depth and meaning ascribed by students to the concepts of God and divinity on the Ideology Scale. It can be said however that each individual's concept of God and divinity is unique, given that it is "something that is felt and experienced" (Moore in Tolliver, 1999, p. 478).

Given the prevalence of Africans in this sample and in Sacco's (1996a) study, data obtained from her interviews with students may be used to shed some light on African conceptions of God, divinity and spirituality. Eighty nine percent of the students interviewed in her study-defined spirituality in the context of African spirituality. The difference in religion and spirituality must be emphasized at this point, as a majority of the current sample are African Christians. Although they belong to the Christian faith this may not restrict them from experiences of African spirituality. Student's definitions in Sacco's (1996a) study embraced notions of a belief in God; an ultimate power, as Creator of all that lives; a relationship with God which influences human

relationships, behaviours and emotions; giving meaning to life; justice; the wonder of all that is beautiful; the mystery of life - beyond explanation and an inner awareness of being connected with all of one's life and one's ancestors. The "unequivocal belief in the existence of God (Unkulunkulu) and a deep reverence for ancestors" in an African context was also noted by writers such as Oosthuisen (in Sewpaul, 1999).

The overall finding appears to support the notion that social workers are deeply religious and spiritual beings. This appears to be a central thread in other studies as well. A national survey by Bergin and Jensen (1990) of American psychologists, marriage and family therapists, social workers and psychiatrists, showed a substantial amount of religious participation and spiritual involvement among all groups of therapists. Sixty eight percent of the sample was found to support the item: "seek a spiritual understanding of the universe and one's place in it." An Australian study by Cross and Khan (1983) which drew comparisons between social workers and psychologists and psychiatrists found that social workers were more religious, prayed more frequently, and tended to have had an experience with God in more cases than did psychologists and psychiatrists.

3. VIEWS ON THE ROLE OF RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE

Students views on the role of religion and spirituality were assessed through the "Role of Religion and Spirituality in Practice (RRSP) Scale (Sheridan, 2000). The scale which comprised of 19 items, included both positively and negatively worded statements such as, "It is important for social workers to have knowledge about different religious faiths and traditions;" "Spiritual concerns are outside the scope of social work practice;" "Social workers should be able to assess the negative or harmful role of religious or spiritual

beliefs and practices in client's lives;" and " The use of religious language, metaphors and concepts in social work practice is inappropriate."

A five-point Likert type scale, ranging from 1=strongly disagree to 5 strongly agree, was used to measure students' level of agreement with scale items. Following reversed scoring of statements, which were negatively worded, responses were summated into a single score. The "RRSP" scale has been used in three other studies, involving different target groups viz. social work practitioners (Sheridan et al., 1992), educators (Sheridan et al., 1994) and students (Sheridan and Amato-von-Hemert, 1999). The earlier version of the scale was used in the first study with practitioners and consisted of 14 items, instead of the 19-item version, which was used in the present study and in the studies involving the educators and students.

As a whole participants in the present study showed a relatively high rating on this measure, indicating a positive attitude toward the role of religion and spirituality in practice. The possible range of the scale is from 19 to 95. Participants reported ratings between 40 to 82, with a mean rating of ***63.93 (SD =5.82).*** The relatively strong positive attitude toward the role of religion and spirituality in practice may be linked to the strong positive role played by these dimensions in the personal lives of respondents. Findings presented in the preceding section attest to the high levels of faith affiliation, participation at religious service and involvement in an organized religion or spiritual group.

The mean rating (63, 93) obtained in the present study however, is slightly lower as compared to the ratings in the studies mentioned above. In the study which involved 280 full time social work educators from 25 schools of social work, Sheridan et al., (1994) found that as a whole, respondents showed a high mean rating on this measure. Respondents reported ratings between 27 to 92, with a mean rating of ***70. 90 (SD=7.80).*** In the study with 208 students from two schools of social work, participants reported ratings between 48 to 93. A

mean rating of *71.77 (SD=7. 93*) was obtained. The fact that religion and spirituality has received scant attention in the context of the local curriculum may be a possible reason for a slightly lower score.

Although the practitioner study conducted by Sheridan et al. (1992) involved a 14-item scale, Sheridan and Amato-von-Hemert (1999) were able to compare the attitude scores of the practitioner study, with the scores of faculty (Sheridan et al., 1994) and the scores of students in their study, by converting the mean scores reported by the three groups to percentiles. The mean scores of the students' and educators, (M=71.77 and M=70.89 respectively) were approximately the 70th percentile of possible scores, which was found to be considerably higher than the 55th percentile represented by the mean score of the practitioner respondents (M=74.89; range = 14-126). They indicated that this suggested that social work educators and students had more positive attitudes toward the role of religion and spirituality in practice than did practitioners. They pointed out however that the practitioner study was undertaken much earlier than the student and educator studies (approximately five and two years respectively). They concluded that more positive views on the parts of students and educators, may be a reflection of the increased attention to religion and spirituality both in the profession and the larger culture, rather than inherent differences between practitioners and the other two groups.

A series of statistical tests were performed in the present study to ascertain whether the following variables influenced responses in relation to the RRSP scale: age, gender, race, religious affiliation, attendance at religious service and level of involvement in organized religion or spiritual group. An Independent Samples Test (t-test for Equality of Means), showed no significant differences in the mean scores for males and females (t=1.251, p=.212). The one-way ANOVA was used to ascertain whether significant differences in mean scores existed between and within groups in relation to the

other variables cited above. Table 26 provides an outline of the results obtained.

TABLE 26 : STATISTICAL RESULTS BASED ON THE ONE-WAY ANOVA

Variable	Test Result
Age	**F=1.369, p=0.97 ; ns**
Race	**F=1.512, p=0.04 ; s**
Religious affiliation	**F=1.107, p=0.32 ;ns**
Attendance at religious service	**F=1.051, p=0.39 ;ns**
Level of involvement in organized religion or spiritual group	**F=1.213, p=0.20 ;ns**

s=significant ($p<0.05$); ns = nonsignificant

As is evident in Table 26 comparisons between and within age groups using a one-way ANOVA, revealed no significant differences, in mean scores ($F=1.369$, $p=0.97$). A significant difference was found to exist in mean scores, between and within the race groups, using the same test ($F=1.512$, $p=0.04$). The higher scores amongst the African participants can be linked to earlier discussions about the role of African spirituality in their life. This may have influenced their responses on the scale. Comparisons between and within different religious and spiritual groups, using a one way ANOVA, revealed no significant differences in mean scores ($F=1.107$, $p=0.32$), in relation to the RRSP scale. No significant difference in mean scores between and within groups, in relation to student's participation at religious service ($F=1.051$, $p=0.39$) was found. Likewise comparison between and within groups, in relation to levels of involvement in an organized religion or spiritual group revealed no significant differences in mean scores ($F=1.213$, $p=0.20$).

4. VIEWS ON THE INCLUSION OF CONTENT ON RELIGION AND SPIRITUALITY IN THE CURRIULUM

In this section, data related to the views of students on the inclusion of content on religion and spirituality in the curriculum are presented. Several issues

related to the curriculum were explored. Firstly students' levels of agreement with two reasons for the inclusion of religion and spirituality in the curriculum was measured. Students were also asked to vote on whether a course on religion, spirituality and social work should be offered and how such a course should be offered. Their levels of agreement with seven guidelines, which embraced a comparative approach to education, were also measured, using a Likert type scale. The extent to which content on religion and spirituality was presented during their education and training and their levels of satisfaction in relation to same was also investigated. These data were critical to validating the initiation of the developmental effort in the study. The study also explored which specific courses in the present curriculum had given consideration to this aspect. The analysis of findings and discussion in relation to these aspects is presented in the following sections.

4.1. Rationale for the inclusion of content on religion and spirituality in the curriculum

Students were asked to consider two positions that were offered as rationale for the inclusion of content on religion and spirituality in the curriculum. The first rationale revolved around the argument that content on religion and spirituality should be included in the curriculum because of its relevance to multicultural diversity: "Religious and spiritual beliefs and practices are part of multicultural diversity. As such social workers should have knowledge and skills in this area in order to work effectively with diverse client groups." Religion and spirituality have been closely intertwined with aspects of ethnicity and culture in the social work literature (Jacobs, 1997; Haight, 1998; De La Rosa, 1998; Berthold, 1989; Ryan, 1995; Paulino, 1995), thus strengthening the position of this rationale for the inclusion of religion and spirituality in the social work curriculum.

The second rationale was based on the argument that spirituality was an integral dimension of the holistic biopsychosocial framework and that social work education should consider this dimension within such a framework : "There is another dimension of human existence beyond the biopsychosocial framework currently used to understand human behaviour. Social work education should expand this framework to include the spiritual dimension." There is strong support in the literature for spirituality to be seen as an integral aspect of human functioning that is closely interwoven with the biological, psychological and sociological dimensions (Zastrow, 1999; Canda and Furman, 1999; Cascio, 1998).

Participants were asked to indicate their level of agreement with both using a 5-point Likert-type scale, which ranged from 1 = 'strongly disagree" to 5 = "strongly agree." As a whole participants showed a high mean rating on this scale, indicating that they supported both arguments as a basis for the inclusion of religion and spirituality in the curriculum. The possible range of the scale is between 2 to 10; respondents reported ratings from 4 to 10, with a mean rating of 8.23 (SD=1.49).

TABLE 27 : LEVELS OF AGREEMENT WITH THE RATIONALE FOR THE INCLUSION OF RELIGION AND SPIRITUALITY IN THE CURRICULUM

Levels of agreement	Multicultural diversity (1st rationale)	Spiritual dimension inclusive of the biopsychosocial framework (2nd rationale)
Strongly Agree	51, 5% (n=171)	29, 2% (n=97)
Agree	34% (n=113)	37, 7 % (n=125)
Neutral	11, 1% (n=37)	26, 5% (n=88)
Disagree	1,5% (n=5)	4, 8% (n=16)
Strongly Disagree	1, 2% (n=4)	1, 2% (n=4)
Missing	0, 6% (n=2)	0, 6% (n=2)
Total	100% (n=332)	100% (n=332)

Table 27 contains data, which reflects respondents' levels of agreement with both statements. Individual consideration of both statements, revealed differences. As is evident in Table 27 the first rationale was endorsed to a

greater degree than the second rationale. Specifically 86% of the sample rated the multicultural diversity argument as either "agree or strongly agree" (M=4.34, SD=0.83), while 67% of the sample rated the spiritual dimension of existence rationale as "agree or strongly agree" (M=3.89, SD=0.92). There are a few possible reasons for this finding. Religion and culture are closely intertwined and as with trends in the literature, issues related to religion may have been presented in the context of culture in the curriculum. Students may also tend to couch religion within a cultural framework, hence supporting the multicultural diversity argument to a greater degree.

The fact that the second rationale received lesser support, seems to indicate that although students are being schooled into the biopsychosocial paradigm, educators have not yet linked the spiritual dimension to this paradigm. Students therefore probably do not view this dimension as integral to a person's holistic functioning. These factors may account for the lesser degree of support for the second rationale. The time for the recognition and acceptance of a "biopsychosocial and spiritual paradigm," in the realms of practice and education in the South African context has however long passed.

Findings similar to those in the present study are evident in other studies. Sheridan et al. (1994) found that although educators supported both positions as rationale for the inclusion of content on religion and spirituality in the curriculum, the "multicultural diversity argument" received a greater degree of support. Ninety percent of their sample rated this rationale as "agree or strongly agree," whilst 61% rated the spiritual dimension as integral to the biopsychosocial framework rationale as "agree or strongly agree." More recently Sheridan and Amato-von-Hemert (1999) found that although students supported both arguments, the multicultural diversity argument was supported to a greater degree, as compared to the other rationale. An overwhelming majority (93%) indicated that they "strongly agree or agree," with the multicultural diversity rationale as compared to 72% of the sample who rated

the other rationale as "agree or strongly agree." Sheridan et al. (1994) concluded that educators might still be uncomfortable with seeing the spiritual dimension on an equal footing within the holistic model and thus tended to favour the multicultural rationale to a greater degree. This may be a possible reason for the fact that the biopsychosocial and spiritual paradigm still remains to be accepted at local Schools of Social Work.

Comparisons between findings made in the student study and the study that involved educators found that student mean ratings on the multicultural diversity rationale were significantly higher than educator ratings (M=4.41 vs. M=4.26 respectively) (Sheridan and Amato-von-Hemert, 1999). Similar findings were also made in relation to the other rationale viz. to include the spiritual dimension in the biopsychosocial framework, with student mean ratings being much higher as compared to educator ratings (M=4.00 vs. M=3.58 respectively). Based on this Sheridan and Amato-von-Hemert (1999) concluded that there was a greater degree of support for the inclusion of religion and spirituality in the curriculum amongst students as compared to educators.

4.2. STUDENTS' VIEWS ON WHETHER TO OFFER A COURSE ON RELIGION, SPIRITUALITY AND SOCIAL WORK

Students were asked to consider how they would vote in relation to a proposal to offer a course on social work and religion and spirituality at Schools of Social Work locally. They were asked to vote by selecting one of the following responses reflected in Table 28.

TABLE 28 : STUDENTS' VIEWS IN RELATION TO OFFERING A COURSE ON RELIGION, SPIRITUALITY AND SOCIAL WORK

Vote As	Frequency	Percent
As a required course	**149**	**44, 9%**
As an elective	**114**	**34, 3%**
As a required course in the clinical track only	**40**	**12, 0%**
Against	**20**	**6, 0%**
Missing	**9**	**2, 7%**
Total	**332**	**100%**

The data revealed an overwhelming degree of support for the proposal to offer a course on religion, spirituality and social work in the South African context. Almost 80% indicated that they would vote for the course to be offered as a required course or as an elective. There was greater support for it being introduced as a required course (45%). This indicates that students in the local context view religion and spirituality as an integral component of the curriculum that is essential to their education and training. A slightly lower percentage 34 % voted for it to be offered as an elective. Only 6% were against the introduction of the course.

The findings from studies abroad differed from those in the present study, in that there appears to be a greater degree of support for the course being a requirement locally. Cnaan et al. (1996) echoed the sentiments expressed by respondents in international studies saying that a course on religious and spiritual issues and their relevance to practice should be available as an elective course and is a recommended step in social work education. Dudley and Helfgott (1990) found in their study with 53 faculty members of social work programs that thirty-two of them would support such a course as an elective, four would support it as a required course and fifteen would be against such a course. Sheridan et al. (1994) similarly found that the majority of educators in their sample would support such a course as an elective (62%). Fourteen percent indicated they would support it as a required course for all students and 6% said they would support it as a required course for clinical

students only. A small portion of their sample (16 %) indicated that they would vote against such a course. Similar trends were evident in Sheridan and Amato-von-Hemert's (1999) study with students. A majority of their sample indicated that the course should be offered as an elective (67%), whilst 25% expressed it should be a required course for all students.

Students in the above study were also asked if they would be keen to take the course. A strong majority (83%) expressed an interest in taking the course. Thirty eight percent reported that they would be "definitely" interested and 45% indicated that they would "probably be" interested in taking it. Only 14% said they would "probably not" or "definitely not" (3, 4%) be interested in taking the course. Although the researcher did not investigate whether students in the current study would take such a course, based on the voting patterns in relation to the proposal to offer the course she believes that a high number would be interested in pursuing it.

Cascio's (1999) study with two student groups shed light on which aspects of the course should be offered as a required course or as an elective. The study, which was implemented in two phases, capitalized on using a qualitative approach with one group and a quantitative approach with the other group. Student's views on whether the course should be a required course or an elective were based on the focus of the content. Twenty MSW students and one doctoral student participated in the first phase of the study, which was conducted using in-depth individual interviews and focus group sessions. Students who presented arguments for the course being a requirement were in favour of the inclusion of information on comparative religions in human behaviour courses (57%). Those who requested content on spirituality however believed that it should be offered as an elective (43%).

The second phase of this study was implemented within a quantitative framework. A questionnaire was used to collect data from a different sample

of 185 students. Religion and spirituality in the context of the curriculum was investigated as two separate entities. Cascio (1999) reported that an overwhelming majority (97%) believed that information on ***religion*** should be included in the curriculum. Of these 49% indicated it would be most appropriate to present this as an elective, whilst 13% were of the opinion that a required course on religion would be most beneficial. Thirty five percent of the sample also believed that this information should be more rigorously incorporated into existing courses in the curriculum.

The findings for the spirituality dimension were strikingly similar. Ninety eight percent supported the need for knowledge on spirituality in the MSW program. Of these 46% felt that an elective on spirituality was most appropriate whilst 15% believed that a separate required course was the route to take. Thirty seven percent expressed that this material should be incorporated into current required classes. The researcher believes that the course should be first introduced as an elective in the local context, but that wherever possible information on religion and spirituality should be interwoven with micro, meso and macropractice issues in required courses. Strategies for the incorporation of content into other courses have been discussed in Chapter 9.

4.3. GUIDELINES FOR THE PROVISION OF RELIGIOUS OR SPIRITUAL CONTENT IN SOCIAL WORK PROGRAMS

Participants in the study were also asked to indicate their levels of agreement with seven guidelines for the presentation of religious or spiritual content in social work education (Refer to Table 29). A 5-point Likert type scale, ranging from 1 = strongly disagree to 5 = strongly agree was used in this question. The guidelines were drawn from Canda's (1989) proposal for a comparative approach to education

Canda and Furman (1999) defined comparative education within a context of examining similarities and differences between perspectives from diverse

vantage points in order to deepen insights. Various religious perspectives are considered without promoting one perspective over the other (Canda, 1989). Comparisons may therefore be drawn between a majority perspective such as the Christian perspective and a minority perspective such as secular humanism. They could also be made between two minority perspectives, such as Jehovah's Witnesses and Orthodox Judaism. The intent would, therefore, be "..... to broaden the social worker's understanding and sensitivity to the totality of the life situation of the client groups and to build services on the needs of that particular situation" (Norton in Canda, 1989, p. 38).

Arguing further for the adoption of such an approach, Canda (1989) expressed even those private sectarian educational programs, which prepare social workers for sectarian settings, such as Jewish communal services, sectarian social workers would still need to deal with variations of belief and practice within a single religion. He noted however that on another level, a sectarian approach was inappropriate for social work education, because ethically and practically social workers would need to respond to religiously diverse clients and to understand human behaviour in all its diversity. Education and training would therefore have to teach students to "deal with individuals who believe in a personal God, an impersonal God, no God or many Gods ..... professional conceptualizations and strategies (would) need to be attuned to both the universal and particular manifestations of religion and spirituality" (ibid., p. 38). The following table captures the findings made in relation to respondents' views on Canda's (1989) guidelines.

TABLE 29 : RESPONDENTS' MEAN RATINGS OF AGREEMENT WITH PROPOSED CURRICULUM GUIDELINES

Proposed curriculum guidelines	Mean	Standard deviation
1. Religion and spirituality should be examined as general aspects of human culture and existence	4.03	0.76
2. Diverse religious behaviors and beliefs should be compared and contrasted.	3.40	1.03
3. Content should avoid both a sectarian and anti-religious bias.	3. 40	0.98
4. Dialogue should be explicit about value issues and should respect value differences.	4. 04	0.80

5. Both the potential benefit and harm of religious beliefs and practices should be examined.	**3.84**	**0.87**
6. Content should emphasize the relevance of having a working knowledge about religion and spirituality.	**3.87**	**0.91**
7. Students should be encouraged to critically explore their own perspectives and biases about religion and spirituality.	**3.99**	**0.96**

Participants showed a relatively moderate to high rating on the overall scale. The possible range of the scale is between 7 to 35. Students' reported ratings between 12 to 35, with a mean rating of 26. 47(SD=4.01). Moderate to relatively high ratings were evident in relation to each guideline as well (see Table 29).

There was however variation amongst each guideline. The guideline "dialogue should be explicit about value issues and should respect value differences," was rated the highest (M=4.04, SD= 0.80), with the guidelines "religion and spirituality should be examined as general aspects of human culture and existence" (M=4.03, SD=0.76) and "students should be encouraged to critically explore their own perspectives and biases about religion and spirituality" (M=3.99, SD=0.96) following closely. The guidelines "content should emphasize the relevance of having a working knowledge about religion and spirituality for effective practice with clients" and "both the potential benefit and harm of religious beliefs and practices should be examined" received mean ratings of 3.87 (SD = 0.91) and 3.84 (SD=0.87) respectively. The guidelines rated most unfavourably were "diverse religious beliefs and behaviors should be compared and contrasted" (M=3.40, SD=1.03) and "content should avoid both a sectarian and anti-religious bias" (M=3.40, SD=0.98).

Sheridan et al. (1994) made similar findings. The guideline "dialogue should be explicit about value issues and should respect value differences" was also rated the highest, by educators in their study (M=4.49; SD=0.66). As in the present study, the guideline rated most unfavourably in their study was

"diverse religious behaviors and beliefs should be compared and contrasted" (M=3.51, SD =1.18). They contended that the latter guideline reflected a fear amongst educators that certain religious or spiritual traditions might be promoted over others or that negative judgments may be made about different faiths or practices in class. This reason may have influenced ratings in the current study.

It was not surprising to have found that the guideline: ***"dialogue should be explicit about value issues and should respect value differences"*** received the highest mean rating. Discussions of value issues are "intense and "controversial" (Canda, 1989, p. 38). A comparative approach to education therefore needs to be undertaken in an atmosphere of unconditional respect for divergent beliefs and practices. Canda (1989) correctly asserted that if students were unable to deal with religious value differences in the classroom they would be unprepared to deal with them in the field. Students and educators should therefore be able to "share personal and professional commitments openly, under a proviso of mutual unconditional positive regard" (ibid, p.38).

That the guideline: ***"religion and spirituality should be examined as general aspects of human culture and existence,"*** received the second highest mean rating may be linked to earlier findings in the study where participants showed a higher degree of support for the rationale: "religious and spiritual beliefs and practices are part of multicultural diversity." As students may tend to view religion within the context of culture, they may accordingly support the guideline that it be examined as general aspects of human culture. The increased attention to cultural diversity and multiculturalism in social work over recent years may also be a factor (Krenawi and Graham, 1996; Jacobs, 1997; Haight, 1998; Haber, 1984; Canda, 1983; Voss et al., 1999; Ryan, 1985; De La Rosa, 1988; Berthold, 1989; Fung-Yee Chu and Carew; 1990;

Krajewski-Jaime, 1991; Delgado and Humm - Delgado, 1982; Krassner, 1986; Canda and Phaobtong, 1992; Delgado, 1977).

The guideline: "***students should be encouraged to critically explore their own perspectives and biases about religion and spirituality,"*** received the third highest mean rating. It is interesting to note that students are aware of the potential problems that may emanate through their own prejudices and biases and recognize the importance of working through same to enable effective practice with clients. The finding in relation to this guideline may also be tied with the high degree of support obtained for the guideline that dialogue should respect value differences. Being critically aware of one's own biases is central to a non-judgmental and accepting attitude when confronted with religious and spiritual issues in practice. The first step towards establishing a respectful demeanour demands that personal issues be resolved.

The guideline: ***"content should emphasize the relevance of having a working knowledge about religion and spirituality"*** fell midway in relation to the other guidelines. This reflects the general feeling about the need for this type of content in the curriculum. The fact that it was not rated as highly as the aforementioned guidelines, may be indicative of the fact that although a working knowledge of religion and spirituality is important, it is fairly superficial. Approaching religion and spirituality as aspects of human existence is more important than having a basic knowledge of religion and spirituality. Likewise learning how to respect value differences and work through personal biases and prejudices that may hamper worker-client interaction is a more critical first step in gleaning knowledge about religion and spirituality.

The guideline : ***"both the potential benefit and harm of religious beliefs and practices should be examined"*** received the third least degree of support as a guide to the provision of religious or spiritual content. It is possible that the

aspect related to examining harmful religious beliefs and practices may have affected student ratings. Students may view this function as antithetical to respecting the client's beliefs and practices. The tendency to shy away from this aspect, is evident in other findings, (as will be discussed later) which show that students perform this activity to a lesser degree and consider it less appropriate as a social work strategy, as compared to exploring the positive elements of a client's religious beliefs and practices.

"Diverse religious behaviours should be compared and contrasted" and ***"content should avoid both a sectarian and antireligious bias,"*** received equal ratings as the least favoured approaches. This may reflect student's feelings that a comparison and contrast of diverse religious behaviours, or an approach that seeks to establish differences might foster ethnocentric attitudes and thinking. The same reason may be applied to why there is a need to avoid any form of bias.

The differences in mean ratings in relation to each guideline indicates a certain degree of confusion about the best possible way to deliver information in this somewhat controversial area. It would appear that not only specific content, but teaching approaches and methodology will be critical in ensuring that conflicts do not arise in the classroom context. Canda's (1989) comparative approach provides an excellent framework for the implementation of the programme. The apparent void in the curriculum however indicates that educators will need training and guidance in implementing the course. Eventual successful absorption of the programme into the curriculum will depend upon evaluating how students receive and make meaning of the course. Sharing of effective programmes and teaching methods that are successful, across the country amongst educators, might help to overcome problems and result in successful implementation of the course.

4.4. EXTENT TO WHICH RELIGIOUS AND SPIRITUAL CONTENT WAS PRESENTED DURING TRAINING

Students were also asked about the extent to which they received information on religion and spirituality during their education and training. This information served to establish whether a void existed in the curriculum or not. The latter was critical to validating the developmental endeavour in the study. The data obtained are presented in the following Table.

TABLE 30 : RESPONDENTS' VIEWS ON THE EXTENT TO WHICH THE CURRICULUM COVERED CONTENT ON RELIGION AND SPIRITUALITY

Extent to which religion and spirituality was covered	n	Percent
Often	**37**	**11,1%**
Sometimes	**121**	**36,4%**
Rarely	**95**	**28,6%**
Never	**71**	**21,4%**
Missing	**8**	**2,4%**
Total	**332**	**100%**

An overwhelming majority of the sample indicated that this topic received minimal or no attention during their training. Half of the sample expressed that religious or spiritual or spiritual content was "never" or "rarely" presented during their training. Thirty six percent indicated that this occurred "sometimes." Only 11% said that they received such content "often."

The void that exists in local social work curricula appears to have characterized the American context. Seventy three percent of the practitioners surveyed in Canda and Furman's (1999) study expressed that they had not received content on spirituality and or religion in their social work education. Eighty nine percent of the faculty in Sheridan et al.'s (1994) study indicated that content on religion and spirituality was "never or rarely " presented during their graduate studies. Only 3% expressed that this had occurred "often." It must be noted however that these findings reflect a time prior to the current

vigorous acceptance of the programme into American curricula. More recently 66% of the students in Sheridan and Amato-von-Hemert's (1999) study indicated receiving little or no training in this area. The researchers' concluded that although this issue may have started to receive greater attention in the American context student's levels of expectation in terms of greater attention may have led them to believe it was a neglected area.

4.5. LEVELS OF SATISFACTION IN TERMS OF ATTENTION PAID TO RELIGIOUS AND SPIRITUAL ISSUES

TABLE 31: STUDENTS' LEVELS OF SATISFACTION IN RELATION TO ATTENTION PAID TO RELIGION AND SPIRITUALITY

Reported levels of satisfaction	Frequency	Percentage
Very dissatisfied	**49**	**14, 8%**
Somewhat dissatisfied	**62**	**18, 7%**
Neutral	**139**	**41, 9%**
Somewhat satisfied	**39**	**11, 7%**
Satisfied	**40**	**12%**
Missing	**2**	**0, 6%**
Total	**332**	**100%**

Data in Table 31 reflects respondents' levels of satisfaction, with attention being paid to religion and spirituality in the curriculum. Thirty four percent of the sample expressed that they were "very or somewhat dissatisfied," with the amount of education they received in this area. Forty two percent choose to remain "neutral." This cannot be interpreted that they are satisfied as 87% reported that this topic received no or scant attention during education and training. Twenty four percent reported being "satisfied or somewhat satisfied." These findings are however questionable given that only 11% had reported receiving information on this topic "often." It may be possible however that this group does not see a need for more attention in this area. Sheridan and Amato-von-Hemert (1999) also found that close to half of their sample was "very or somewhat dissatisfied" (41%) with the amount of education and training they had received. Recent attention to the importance of religion and spirituality in social work in America may have created a

greater need amongst students to receive adequate information on this topic during their education.

4.6. COURSES WHICH INCLUDED ASPECTS OF RELIGION AND SPIRITUALITY

Students were also asked whether, if presented, which specific courses covered aspects on religion and spirituality. Table 32 contains data obtained in this regard.

TABLE 32 : RESPONDENTS' PERCEPTIONS OF THE COURSES, WHICH INCLUDED RELIGION AND SPIRITUALITY

Courses which dealt with religion and spirituality	Frequency	Percent
Casework practice	**174**	**52, 4%**
Social justice	**30**	**9,0%**
Research	**24**	**7, 2 %**
Policy	**20**	**6, 0%**
Other	**44**	**13, 3%**
Missing	**40**	**12, 0 %**
Total	**332**	**100%**

Casework practice appears to have been the central area, into which educators have built information on religion and spirituality (52%). In contrast less than 10% of the sample reported receiving information on these issues in the policy, research and social justice courses. Thirteen percent indicated that "other" courses, such as group work, community work practice; diversity courses and school social work had touched upon this area. It must be emphasized that some students who indicated "other" qualified their statements by writing that "none" of their courses had dealt with this area. Several students also qualified their answers by saying that religious and spiritual issues were discussed at a very superficial level during these courses. This may be true given that over a third of the sample reported being very or somewhat dissatisfied with the attention being paid to religion and spirituality in the curriculum.

Recent developments in the context of American education seem to indicate a slight increase of attention with regard to religion and spirituality in social work courses. Sheridan and Amato-von-Hemert (1999) indicated that almost half of their sample reported that practice courses (46%) and behaviour courses (50%) included content on religious and spiritual issues. Twenty eight percent expressed that diversity and special populations courses had covered aspects of religion and spirituality. Fourteen percent expressed that field practicum had included religious and or spiritual content in the curriculum. Only 2% of the participants reported receiving such information in the policy, research and field courses. These findings however must still be seen in the context of the low levels of satisfaction reported by students in relation to content received. It therefore appears that more concerted efforts to recognize the impact of this domain on other areas pertinent to social work still needs to occur.

4.7. AREAS WHICH SHOULD COVER INFORMATION ON RELIGION AND SPIRITUALITY

Students were asked for their opinion about which areas of the curriculum should incorporate aspects of religion and spirituality. Data obtained in this regard is presented in the following table.

TABLE 33: RESPONDENTS' VIEWS ABOUT WHICH AREAS OF THE CURRICULUM SHOULD INCLUDE RELIGIOUS OR SPIRITUAL CONTENT

Areas in which to include content on religion and spirituality	Frequency	Percent
Client problems / life stages	93	28,0%
Special client populations	32	9,6%
Service settings	26	7,8%
All of the Above	163	49,1%
Other	6	1,8%
Missing	12	3,6%
Total	332	100 %

Almost half of the sample expressed that religion and spirituality should be built into areas that dealt with client problems or life stages; special client populations and service settings. Less than 30% indicated that religious and

spiritual content should be integrated into areas on client problems or life stages, only. Much smaller percentages viz. 10% and 8% indicated that it should be incorporated into areas on special client populations and service settings respectively. Those students who indicated other (2%) suggested that it be linked to areas, which dealt with issues such as rape, family dysfunction and mental disorders. It would have been expected that a greater number of students would have recognized the need for infusion of this type of content into all three areas mentioned viz. client problems or life stages, special client populations and service settings. Consequently a greater percentage of the sample would have answered in the affirmative, in relation to the category "all of the above." A greater degree of support was also expected for each of these individual categories.

Religion and spirituality is linked to practice related issues in two ways. Firstly religion and spirituality not only serve as a vital resource to social workers in dealing with client problems, such as childhood sexual abuse (Valentine and Feinauer, 1993); terminal illness (Joseph, 1988; Bullis, 1992) and family dysfunction (Nakhaima and Dicks, 1995), but they also have the potential to manifest a host of dysfunctional behaviour patterns (These have been elucidated in Chapter 3). Its relevance to "client problems," therefore cannot minimize or ignored within the curriculum. Their relevance to the life stages and their importance in the context of service settings has also been established in the literature (Joseph, 1988; Canda, 1989; Canda and Furman, 1999).

Students' lack of support for the inclusion of religion and spirituality in the aforementioned areas may be as a result of two factors. Firstly religion and spirituality has been largely ignored in the local curriculum and consequently its importance in the context of the areas mentioned has been undermined during the educational process. Secondly the biopsychosocial paradigm into which students are being schooled does not incorporate the spiritual dimension as an integral component of the paradigm. Students may therefore have

underscored the importance of religion and spirituality within a holistic assessment and intervention plan. The same argument may be used to explain the lack of support for religion and spirituality to be built into the areas, which cover life stage theories in the curriculum. Although there may have been attention given to Erikson's developmental theory in the curriculum, for example, development in accordance with biopsychosocial needs probably received attention as compared to religious and spiritual development.

Support for religion and spirituality to be built into existing courses is evident in Sheridan and Amato-von-Hemert's study. Eighteen percent of the sample indicated that all courses should include religious and spiritual information, whilst over 50% reported that practice courses, behaviour courses and diversity or special populations courses should incorporate such content into their programme. It is the researcher's contention that although a course on religion, spirituality and social work be offered as an elective, its importance within other domains of the curriculum should not be trivialized. Other courses such as those mentioned provide the opportunity to introduce and link salient aspects of religion and spirituality to social work. This forms the starting points for the gradual building of such information into the curriculum. Chapter 9 contains a discussion of the relevance of religion and spirituality to the areas mentioned.

In the following chapter data pertaining to the extent of use and appropriateness of spiritually based intervention techniques in social work practice are presented. The ethical implications of the use of such intervention strategies are also discussed.

CHAPTER EIGHT

THE USE OF AND APROPRIATENESS OF SPIRITUALLY BASED INTERVENTION TECHNIQUES IN A SOCIAL WORK CONTEXT

Two areas were investigated in relation to religious or spiritually based interventions. The first explored the extent to which the sample had utilized these interventions during their fieldwork placements and the second investigated students' perceptions of the appropriateness of such activities, for social work practice. Although data are presented separately both issues are undeniably linked as the use of such interventions are governed by the norms and ethics of social work practice. A discussion of the ethical challenges emanating from the use of such strategies forms the conclusion to this chapter.

1. THE EXTENT OF USE OF RELIGIOUS OR SPIRITUALLY BASED HELPING ACTIVITIES

Table 34 contains an overview of the data in terms of the extent to which the current sample have used religious or spiritually based activities in practice. The interventions have been ranked according to those most used to those least used by members of the sample.

TABLE 34 : RESPONDENT'S USE OF RELIGIOUS OR SPIRITUALLY BASED HELPING ACTIVITIES

Interventions Used	n	(%)
1. Gather information on clients religious or spiritual backgrounds.	206	62%
2. Help clients consider ways their religious or spiritual support systems are helpful.	197	59,3%
3. Help clients reflect on their beliefs about loss or other difficult life situations.	196	59%
4. Pray privately for a client.	190	57, 2%
5. Help clients consider ways their religious / spiritual beliefs or practices are helpful.	184	55, 4%
6. Refer clients to religious or spiritual counselors e.g. Minister, rabbi, guru, spiritual director.	181	54, 5%
7. Help clients clarify their religious or spiritual values.	172	51, 8%
8. Recommend participation in a religious or spiritual program or activity.	168	50, 6%
9. Share your own religious or spiritual beliefs or views.	153	46, 1%
10. Discuss role of religious or spiritual beliefs in relation to significant others.	148	44, 6%
11. Use religious or spiritual language or concepts.	143	43, 1%
12. Refer clients to a 12-step program (AA; AlAnon, Alateen).	136	41, 0%
13. Help clients consider the spiritual meaning of his or her current life situation.	132	39, 8%
14. Pray with a client.	108	32, 5%
15. Recommend religious or spiritual forgiveness, penance or amends.	107	32, 2%
16. Use or recommend religious or spiritual books or writing.	106	31, 9%
17. Help clients consider ways their religious or spiritual support systems are harmful.	103	31%
18. Assist clients to reflect critically on religious or spiritual beliefs or views.	96	28, 9%
19. Help clients consider ways their religious or spiritual beliefs or practices are harmful.	95	28, 6 %
20. Recommend regular religious / spiritual self-reflective diary or journal keeping.	93	28%
21. Meditate with a client.	71	21, 4%
22. Help clients assess the religious or spiritual meaning of dreams.	67	20, 2%
23. Touch client for " healing purposes."	65	19, 6%
24. Help clients develop ritual as a clinical intervention (house blessings, visiting graves of relatives, undertaking a certain prayer).	65	19, 6%
25. Participate in client's religious / spiritual rituals as a clinical intervention.	47	14, 2%

Data in the preceding Table reflects that students are engaging in a diverse array of spiritually and religiously based activities. Although this study did not investigate the extent to which clients had requested these forms of intervention, other studies such as the one by Cascio (1999) found that many clients were receptive to and initiated the use of these activities. Reporting on

the field experiences of students Cascio (1999) indicated that 57% of his sample had indicated that clients had initiated discussions about religion with them, 24% asked students to pray for and/or with them and 14% had requested that students read religious material to them.

1.1. Gather information on clients' religious or spiritual backgrounds

This was the most frequently used activity (62%) amongst the current sample. Several writers such as Peterson (1987); Amato-von-Hemert (1994); Sheridan et al. (1992) and Zastrow (1999) have emphasized the importance of taking a religious or spiritual history during the assessment phase. The finding made was not surprising as social workers, even students would generally probe such information during routine intake activity. Sheridan and Amato-von-Hemert (1999) also found this to be the most widely performed task amongst students in their sample (68%). Studies with practitioners found that that this group tends to engage in this intervention to a greater degree as compared to students. Sheridan et al. (1992) for example, reported that 89% of their sample had indicated that they knew their client's religious or spiritual background, whilst Bullis' (1996) indicated that 95% of the practitioner's in his study had expressed that they were comfortable with this task. Practice experience may have contributed to this group understanding and valuing the importance of securing information pertaining to the religious and spiritual backgrounds of clients.

1.2. Help clients consider ways their religious or spiritual support systems are helpful

This was the second most widely used intervention in the present study (59%). The importance of this strategy is supported by the strengths based perspective (Saleebey, 1997), which seeks to utilize environmental resources such as

religious and spiritual support systems, in order to help people actualize their goals and aspirations (Canda and Furman, 1999).

After ranking the interventions listed in Canda and Furman's (1999) study in terms of those most used to those least used amongst the practitioner's surveyed, the researcher noted that to be the most widely utilized intervention (94%, see Table 9, Chapter 4). There are hundreds of studies, which indicate that participation in spiritual support systems can aid physical healing and psychosocial resilience (ibid). Even social workers in the field have acknowledged the tremendous role that religious and spiritual support systems play in helping client's cope with their difficulties. Furman and Chandy (1998) reported that 43% of the social workers in their study expressed that religion provided emotional support to clients and 31% indicated that religious affiliation was critical to helping clients solve their problems. Similarly 38% of the students participating in Cascio's (1999) study, indicated that religion and spirituality served as a strength for their clients. One student said: "I have realized for this woman (client), religion is a very big part of her coping techniques; she prays and fasts a lot for her grandson. She talks about how comforted she is from praying, and how the church family supports her. The church family is a lot like extended family for her" (p.136).

1.3. HELPING CLIENTS REFLECT ON THEIR BELIEFS ABOUT LOSS OR OTHER DIFFICULT LIFE SITUATIONS

Helping clients to reflect on their beliefs about loss or other difficult life situations was the third most widely used intervention in the present study (59%). It is possible that students may have encountered a large number of clients facing loss and difficult life situations in their fieldwork placements. The fact that the curriculum may have covered areas such as grief work and physical disability may have enhanced knowledge and levels of comfort in performing this task, thus accounting for the higher degree of its use amongst

the respondents in the study. The literature has also established the important role that religious and spiritual beliefs plays in relation to issues such as death, illness, grief and loss (Breen, 1985; Klein, 1986; Cascio, 1998; Joseph, 1988).

Canda and Furman (1999) investigated the extent to which practitioner's had used this intervention by asking if they had helped clients to reflect on their beliefs about what happens after death. A high proportion of their sample (72%) reported engaging in this activity thus lending support for the importance of the religious and spiritual dimensions in helping clients cope with loss and death. One of the most significant studies that reflected the importance of God and religion in times of illness and crisis situations was undertaken by Joseph (1988). Using a sample of master's degree program field instructors of a church related school of social work in Washington she found that 75% and 67% of the sample, had reported that God and religion respectively were perceived to be very important when dealing with terminal illness. Fifty eight and 56% of her sample reported that God and religion respectively were very often perceived to be important in dealing with illness. Forty seven percent of the respondents expressed that in crisis situations they very often perceived God or religion to become important. Based on such data Joseph (1988) contended that the importance "of God and the religious dimension during times of illness and crisis could "hardly be overlooked in social work practice" (p. 448).

1.4. Private prayer for clients and in-session prayer with clients

Fifty seven percent of the current sample reported that they prayed privately for their clients. This was the fourth most utilized activity amongst the sample. Private prayer appears to be more popular in Sheridan and Amato-von-Hemert's (1999) study, as it was the second most widely used intervention amongst their sample (42%). Other interventions such as "use or recommend

religious or spiritual books," "recommend participation in a religious or spiritual support system or activity," "refer clients to religious or spiritual counsellors," and "recommend religious or spiritual forgiveness or penance" were used to a far lesser degree (See Table 9, Chapter 4).

Data from the present study and from Sheridan and Amato-von-Hemert's (1999) study suggests that students have a strong belief in prayer and often engage in this, in the hope that it would relieve their client's distress. High levels of religiosity in both these sample may have strengthened students' belief in this type of activity. There are however ethical issues that need to be considered when engaging in such practice (Judah, 1985; Canda, 1990; Sneck and Bonica, 1980; Canda and Furman, 1999), suggesting that students may be unaware of this.

There were striking differences in studies that involved practitioners, indicating that this group may be more aware of the ethical challenges presented in relation to private prayer, as compared to students. These studies reflect that practitioners pursue other religiously or spiritually based interventions, apart from private prayer (see Table 9, Chapter 4). Although 57% of the practitioner's in Canda and Furman's (1999) survey for example prayed privately for their clients, this activity was used by a fewer respondents as compared to other interventions such as discuss the role of religious or spiritual beliefs in relation to significant others, recommend religious or spiritual forgiveness, help clients consider the meaning and purpose of his or her current life situation and help clients develop religious ritual.

Although 57% of the current sample supports private prayer a much smaller percentage viz. 33% indicated that they prayed with their clients. This finding is consistent with those made in other studies (See Table 9, Chapter, 4). The limited extent to which in- session prayer is used across the different groups may be a reflection of concern about the blurring of professional boundaries

and the ethical appropriateness of this activity. The fact that some students pray with their clients is indicative of a lack of awareness of the ethical issues involved and the need for guidance and education in the curriculum.

1.5. HELP CLIENTS CONSIDER WAYS THEIR RELIGIOUS OR SPIRITUAL BELIEFS OR PRACTICES ARE HELPFUL OR HARMFUL

Approximately 55% of the current sample indicated that they helped clients consider ways that their religious or spiritual beliefs or practices are helpful. This concurred with the finding made in relation to the intervention, "help clients consider ways that their religious or spiritual support systems are helpful." It was interesting that a much lower percentage of the sample (31%) reported helping clients to consider ways that their religious or spiritual support systems and beliefs or practices respectively were harmful. Canda and Furman (1999) explored the extent to which this intervention was used in a slightly different vein. They asked practitioners whether they have assisted clients to reflect critically on their religious or spiritual beliefs or practices. More than half of their sample (63%) reported performing this activity with their clients.

The fact that religious and spiritual factors can be both helpful and harmful was highlighted in Bullis' (1996) study. Practitioners were asked to respond to a series of eight questions, which asked them to indicate the percentage of their clients for whom religious and spiritual factors either contributed to the client's problem or situation or served as strength or a resource. Participants in the study were asked to answer each question from their professional viewpoint as well as from their perception of the client's viewpoint. In terms of how religious or spiritual factors contributed to clients' problems, social workers indicated that from their viewpoint, about a third of their clients had religious factors which played a role in their clients' difficulties. Still from the

practitioners' viewpoint, a substantially higher number of clients were reported to have spiritual factors related to current problems. Social workers indicated, however, that a lower percentage of clients saw religious or spiritual factors as contributing to current problems or situations.

Social workers were also asked to comment upon the percentage of their clients for whom religious and spiritual factors acted as strengths or resources, both from their viewpoint as well as from their perception of their clients' viewpoint. Participants indicated that from their view, a third of their clients saw religious factors as strengths or resources. A substantially higher percentage of clients, again from the practitioner's viewpoint saw spiritual factors as strengths or resources. Participants in the study indicated that an average of 31 % of their clients viewed religious factors as contributing to their strengths or resources. They reported a slightly higher percentage of their clients who viewed spiritual factors as helpful. Thus as with religious or spiritual factors viewed as problems, practitioners assess religious and spiritual factors as positive factors more often than they believe their clients do (ibid).

The fact that students in the present study have helped clients consider ways that their religious or spiritual support systems and beliefs or practices, are helpful as compared to harmful can mean several things. The first could be that very little dysfunction in relation to religion and spirituality was evident in their client population, hence a limited need to explore this aspect. It could also mean that students may be more comfortable with helping clients to explore religion and spirituality in a positive context as opposed to a negative context, suggesting a lack of training or preparedness to deal with negative issues in practice.

Negative religious and spiritual beliefs or practices have been linked to a host of problems such as religious fundamentalism (Midgley and Sanzenbach, 1989; Denton, 1990; Loewenberg, 1988); patriarchal faith traditions (Canda and Furman, 1999) which support the abuse of women, child neglect or abuse

on the basis of religious grounds (Bullis, 1991) and dysfunctional cults (Bullis, 1996). Strong religious ideologies also have been found to create value dilemmas for clients who are trying to uphold religious values that are antithetical to their sexual behaviour patterns (Wagner et al., 1994; Bullis and Harrigan, 1992). Assisting clients to explore such issues would demand a high level of expertise and personal comfort, as opposed to helping clients consider how their religious or spiritual beliefs or practices are helpful. Students may also perceive the need to respect client choice and self-determination. As this type of activity may involve a degree of confrontation and disagreement, students may be reluctant to explore negative issues in counselling. A holistic approach should seek to assess both positive and negative factors and education and training should prepare students to deal with the more difficult issues that may surface in practice.

1.6. Referral of clients to religious or spiritual counsellors

Just over half of the current sample indicated that they had made referrals to religious or spiritual counselors. A much smaller percentage (20%) of students in Sheridan and Amato-von-Hemert's (1999) study reported making such referrals. A larger number of practitioners however appear to be utilizing this strategy. Eighty seven and 81% of the sample in Bullis' (1996) study indicated that they felt comfortable with referring clients to religious and spiritual counsellors respectively. Research conducted indicates that religious social workers are more inclined to involve clergy in the helping process. A survey conducted by Furman and Chandy (in Canda and Furman, 1999) found that this was true of the 25% of social workers who had involved the client's pastor or religious leader in the helping process. High levels of religiosity in the current sample may therefore account for the fact that over half the students in the current study have made such referrals.

Bullis (1996) and Canda and Furman (1999) contended that the process of helping could be enhanced through a collaborative effort between religious or spiritual leaders and sectarian and non- sectarian social workers. Canda and Furman (1999) emphasized the importance of a competent referral that is in the best interests of the client. Empirical work indicates that much needs to be done to establish effective working relationships between practitioner's and religious and spiritual leaders. Furman, Fry and Fontaine (in Canda and Furman, 1999) investigated the propensity of referral between 640 social workers and 876 clergy. Fourty one percent of the sample had referred individuals with marriage and family problems to clergy, 30% had referred individuals with mental or physical health to clergy and 50% of the sample had referred individuals with religious and spiritual problems to clergy. More clergy were found to have effected referrals to social workers. In this regard, sixty four percent of the sample had referred congregational members with marriage and family problems and 39% had made referrals of individuals with mental or physical health problems to social workers. Fifty seven percent of clergy members and 50% of the social workers identified conflicting values, confidentiality and differing religious belief systems as issues that prevented them from making referrals.

Canda and Furman's (1999) study shed further light on this issue. Seventy one percent of the social workers indicated that they had referred a client to a religious or spiritual leader. Fourty four percent of those who indicated making referrals expressed that problems related to differences of beliefs or values between social workers and religious or spiritual leaders would prevent referrals. Furthermore 64% who had made referrals indicated that a social worker's lack of trust or confidence in religious or spiritual leaders would prevent referral of clients. When asked to conjecture if they felt that a religious or spiritual leader's lack of trust or confidence in social workers may prevent referral, 69% indicated that this was sometimes or always the case. Students effecting such referrals need exposure about when and how to make

appropriate referrals and how to develop successful partnerships with religious and spiritual leaders.

1.7. HELP CLIENTS CLARIFY THEIR RELIGIOUS OR SPIRITUAL VALUES

Fifty two percent of the current sample expressed that they had helped their clients to clarify their religious or spiritual values. A much lower percentage (29 %) of students reported engaging in this in Sheridan and Amato-von-Hemert's (1999) study. A comparison with practitioner studies revealed that this group appears to engage in this activity to a higher degree than students (see Table 9, Chapter 4. Religious and spiritual values play a significant role in the lives of clients and should be explored. Hall's (1986) study for example, found that members of crisis families who made spiritual values their basis for life orientation appear to live more productively and experience more life satisfaction than members of crisis families or non-crisis families who make no conscious effort to examine values or life orientations. Values clarification generally occurs during the taking of a religious and spiritual history. That there is a slightly lower percentage (52%) who engage in this in the present study, as compared to the 62% who reported taking a religious or spiritual history, suggests that students may not be taking a thorough history. The need for information on the taking of a religious history and spiritual assessment to be built into the curriculum is therefore evident.

1.8. RECOMMEND PARTICIPATION IN A RELIGIOUS OR SPIRITUAL PROGRAM OR ACTIVITY

Almost half of the present sample indicated that they had "recommended participation in a religious or spiritual program or activity" to their clients. A further 41% reported that they had referred clients to a 12-step program. Twelve-step self help groups include groups such as Alcoholics Anonymous,

Emphysema Anonymous, Smokers Anonymous, Gambler's Anonymous, Overeater's Anonymous (Zastrow, 1999). These findings concur with the degree to which the sample had made referrals to religious or spiritual counsellors (55%). Religious and spiritual programs and counsellors can be seen as a component of the client's overall religious or spiritual network.

A smaller proportion of students in Sheridan and Amato-von-Hemert's (1999) study have used this strategy (31%), as compared to the current sample. This was noteworthy, as it would have been expected that a greater number of students would be using religious and spiritually based strategies, as this topic has begun to receive attention in American curricula. As with most of the other interventions, practitioners appear to be using this strategy to a greater degree than students (see Table 9, Chapter 4). Empirical work, which documents the effectiveness of such programs, activities and groups, has been presented in Chapter 3 and therefore will not be discussed here.

1.9. Share religious or spiritual beliefs or views with clients

Slightly less than half of the students in the present study indicated that they had shared their religious or spiritual beliefs or views with clients. Students in other studies appear to be more cautious about this type of sharing in practice. Eighty percent of Kaplan and Dziegielewski's (1999) sample indicated that they would not share their own belief system with clients. Zastrow (1999) pointed out that in conducting a spiritual assessment clients may often ask about the social workers' religious affiliation, because the social worker is asking questions about the client's religious affiliation. Given the diversity of religious and spiritual beliefs, it is very likely that a social worker might possess a religious or spiritual orientation, different from that of the client (ibid). Cascio (1998) contended that in such situations, the social worker should deal with this difference, by acknowledging the difference, taking a

one-down position and inviting the client to share his or her beliefs. Zastrow (1999) expressed that if religious or spiritual affiliation differs from that of the client, there is often a danger that the client may erroneously believe that the difference would interfere with rapport, the workers' comprehension of his or her spiritual dilemmas, and with problem solving in relation to these dilemmas. He suggested that a useful response would be to say that agency policy does not permit sharing of such information. However such a rule-oriented approach may not always be useful.

Nelson and Wilson (in Zastrow, 1999) argued in favour of disclosure, stating that it is ethical if: 1) there is a high probability that such sharing will assist in problem solving the client's issues; 2) the discussions related to sharing are held within the client's own belief systems and 3) such sharing is defined in the intervention contract. The researcher supports both his and Cascio's (1998) views to the extent, that it is appropriate to inform the client of the social worker's religious or spiritual affiliation, if necessary. The client however should be assured that this would not interfere with the professional relationship and that his or her religious or spiritual beliefs would be respected at all times. The researcher also believes that whilst it is appropriate to share this information, the worker should not engage in lengthy discussions about his or her religious or spiritual beliefs and practices.

1.10. Explore the role of religious or spiritual beliefs in relation to significant others

Forty five percent of the sample indicated that they had explored client's religious or spiritual beliefs in relation to significant others. A higher percentage of practitioners (81%) in Canda and Furman's (1999) survey, reported engaging in this activity. It would have been envisaged that a higher percentage of the current sample would have performed this activity, as a larger number had indicated that they explored their client's religious and

spiritual background (62%). This incongruence suggests that students may be taking religious history at a superficial level. It is possible that their line of questioning may not always extend itself to include the beliefs of client's parents, spouses and other significant others, all of which is important to a thorough taking of religious and spiritual history. This strengthens the need for inclusion of this type of information and information on the construction of spiritual genograms and time lines (Bullis, 1996; Canda and Furman, 1999) in social work programs.

1.11.USE RELIGIOUS OR SPIRITUAL LANGUAGE OR CONCEPTS

Forty three percent of the students in the present study reported using religious or spiritual language or concepts. A similar percentage of students reported using religious or spiritual language or concepts in Sheridan and Amato-von-Hemert's (1999) study (33%). As indicative in Table 9 of Chapter 4 practitioners use religious or spiritual language or concepts to a greater degree than students. Sixty eight percent and 87% were found to use religious and nonsectarian language or concepts respectively, in Canda and Furman's (1999) survey.

It was interesting to note the larger percentages that used nonsectarian spiritual concepts as compared to religious language or concepts in the studies being reviewed. Fear of religious proselytization or the fact that religion is associated with rigidity, institution and ideology (Loewenberg, 1988; Clark, 1994; Kilpatrick and Holland, 1990) may have led to practitioners being cautious about the use of religious concepts. The limited use of both religious and spiritual language or concepts may reflect such concerns or uneasiness as religion and spirituality are often misinterpreted as being one and the same (Bullis, 1996).

1.12. HELP CLIENTS CONSIDER THE SPIRITUAL MEANING OF HIS OR HER LIFE SITUATION

About 40% of the sample indicated that they had helped clients to consider the spiritual meaning of their life situation. Apart from Canda and Furman's (1999), study, this was not investigated in any other studies known to the researcher. A much higher percentage of their sample (71%) indicated helping clients to consider the spiritual meaning of their life situation.

It would have been expected that a higher percentage of the current sample would have reported engaging in this activity, as they were accepting of the role of spirituality in practice. Their lack of use of this activity suggests ambivalence about how to deal with spiritual issues in practice. It also strengthens earlier arguments that although students are being schooled into the biopsychosocial framework in locally, the spiritual dimension is still being overlooked. Another possible reason for the lack of use of this activity may be linked to data from other studies, which indicates that practitioners generally wait for clients to raise issues of a spiritual or religious nature. Over 45% of the participants in Joseph's (1987) study believed that it was important or very important for the client to introduce religious or spiritual issues. She contended that part of the difficulty in confronting religious issues might be due to social workers having a lack of a systematic body of knowledge and skill to deal with such issues.

1.13. RECOMMEND THAT CLIENTS SEEK RELIGIOUS OR SPIRITUAL FORGIVENESS

Thirty two percent of the current sample has recommended that their clients seek religious or spiritual forgiveness, penance or amends. Interesting differences were noted in other studies. Only 6% of the students surveyed in Sheridan and Amato-von-Hemert's (1999) study expressed that they had used

this strategy. This was a significantly smaller percentage not only in relation to the current study, but also in relation to studies involving practitioners (see Table 9, Chapter 4). Seventy four percent of Canda and Furman's (1999) sample reported using this intervention in practice.

The limited use of this strategy amongst students may be attributed to a lack of awareness of this technique as a "powerful therapeutic intervention" (DiBlasio, 1993, p. 163; Fitzgibbons in Canda and Furman, 1999, p. 304). Support for the practice of forgiveness is evident in several studies, which have found that it is helpful in the management of problems such as personality disorders, abuse and neglect and dysfunctional relationships in marriages and families (DiBlasio, 1993).

Research conducted in the field seems to indicate that religious beliefs influence the use of forgiveness in practice. A study undertaken by DiBlasio and Benda (1991) with 167 clinicians, found that therapists with stronger personal religious convictions had slightly more positive attitudes toward forgiveness as a therapeutic strategy, demonstrated slightly more openness to client religious issues in treatment, saw more connection between forgiveness and anger and used forgiveness techniques more than did clinicians with less religious identification. The high levels of religiosity amongst the current sample, may therefore have led some of the students to use this technique despite their not having received education in this area.

DiBlasio (1993) found similar results to that of DiBlasio and Benda (1991). He, however, shed more light, on the possible reasons for a lack of the use of this technique, in practice. DiBlasio's (1993) study explored the importance of religious beliefs in relation to social workers' attitudes toward, theory of, and use of forgiveness techniques in clinical practice. Data were obtained from a sample social workers, primarily testing the differences between a group of strongly religious practitioners (N=35) and those with less religious conviction (N=35) on five theoretical constructs viz. forgiveness attitude, forgiveness

techniques, forgiveness and depression, forgiveness and anger and religious openness. The more religious group was found to have a more favorable attitude towards forgiveness, although they did not develop and use forgiveness techniques due to a conscious effort to keep their personal religious thinking separate from their practice.

DiBlasio (1993) offered the following reasons for this finding. Given that forgiveness in practice theories and skills training was virtually non-existent, practitioners may have no body of knowledge from which to work or training for implementation. Current practice theories tend to emphasize working on present problems rather than dealing with past hurt and wrongs. Furthermore social work practitioners may believe that forgiveness is a natural process that develops over time and that intervention techniques are not needed. Finally social work, as a profession trains its students to separate their values and beliefs from client treatment, thus causing them to avoid using techniques that are too closely associated with their own belief structure. Based on DiBlasio's (1993) arguments about the reasons for the lack of use of this technique, it seems unlikely that students in the current sample were not utilizing this technique due to being irreligious. It would be more feasible to conclude that education and training has not covered this aspect and thus fewer students are using this technique.

The importance of assessment prior to adopting the use of a particular intervention strategy was highlighted in Canda and Furman's (1999) study. They found that although 60% of their sample felt that it was important to help clients assess whether they wished to work on forgiveness, 74% had indicated that they used techniques in practice that dealt with forgiveness. They concluded that social workers are using this technique without assessing whether the client wishes to or not. The importance of assessment and matching a helping technique to the client's preference is critical (ibid).

1.14. RECOMMEND RELIGIOUS OR SPIRITUAL BOOKS IN THEIR WORK WITH CLIENTS

Thirty two percent of the current sample indicated that they recommended religious or spiritual books to their clients. A lower percentage of students in Sheridan and Amato-von-Hemert's (1999) study were found to use this intervention (18%). Greater support for this technique was evident in Kaplan and Dziegielewski's (1999) study. They made the distinction between religious and spiritual books, in order to investigate the extent to which students would recommend these two types of literature. A larger number of students (63%) indicated that they would recommend spiritual books to clients, as compared to the 35% who indicated that they would recommend religious books to clients.

Studies involving practitioners have also documented a significant degree of use of this technique (see Table 9, Chapter 4). The fact that not many students in this study have used this strategy indicates a possible lack of attention in education to the benefits of this type of intervention. Cascio (1998) contended that bibliotherapy or reading relevant material has the potential to help the client further the development of his or her spiritual nature. The researcher supports his view that practitioners acquaint themselves with a variety of spiritual works so as to make relevant suggestions to clients. Caution needs to be exercised with the recommendation of religious books. This holds particularly true if books that are different to the client's religion are being recommended, as it may lead to the worker being accused of attempting to convert the client's faith. Religious books in accordance with the client's faith and where the client believes it may benefit his or her situation should be supported.

1.15. RECOMMEND REGULAR RELIGIOUS OR SPIRITUAL SELF-REFLECTIVE DIARY OR JOURNAL KEEPING

Twenty eight percent of the students surveyed expressed that they had recommended regular religious or spiritual self-reflective diary or journal keeping to their clients. Fifty four percent of the practitioners in Canda and Furman's (1999) study indicated using this approach with clients. Despite the limited use of this strategy amongst students, journaling is a valuable technique that can "help clients open up many sources of insight into self, (their) life situation, and creative ways of solving problems, working through crises, or growing" (Canda and Furman, 1999, p. 300).

1.16. HELP CLIENTS ASSESS THE RELIGIOUS OR SPIRITUAL MEANING OF DREAMS

A small percentage of the sample (20%) indicated that they had helped clients assess the religious or spiritual meaning of dreams. Canda and Furman (1999) also indicated that a small percentage of their sample (37%) had engaged in this activity. Table 9, in Chapter 4 indicates that this is not widely amongst practitioners as compared to other religious or spiritually based activities. Empirical work reviewed (Table 14, Chapter 4) and data from the current study indicates that many social workers do not see this activity as falling within the parameters of social work. Students however do need some guidance on how to approach this area, if the client requests help to make sense of his or her dream experience. Whilst the researcher's supports the stance that dream interpretation does not fall in the domain of social work activity, clients may be assisted to make sense of their dream experience themselves. Bullis (1996) has provided valuable points of reference in this regard (this has been discussed in Chapter 4).

1.17. TOUCH CLIENTS FOR HEALING PURPOSES

It was disconcerting to note that 20% of the sample reported touching clients for healing purposes. A slightly greater percentage (31%) believed that such activity was within the bounds of ethical practice. Although it was one of the three least performed interventions, it is noteworthy that a higher percentage of students in the local context are using this intervention as compared to students and practitioners in the United States (see Table 9, Chapter 4). The void in the curriculum in relation to the use of such techniques may have left students with no guidelines for the use of such activities in practice. As religion appears to be a strong factor in their lives, it might have been easy for them to assume in the face of little knowledge, that this was acceptable practice.

Simple gestures intended as friendliness, such as touching a client's shoulder may be seen as an unwanted intrusion, by some clients. Touching the head is considered rude or jarring, in some cultures (Canda and Furman, 1999). This type of touch may also pave the way for more intimate kinds of touch and is thus more riskier. The American NASW, Code of Ethics has stated that "social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such contact" (ibid, p. 302). Although the statement is ambiguous with regard to the types of contact prohibited, it is clearly the responsibility of the social worker to establish competency, minimal risk for the client and a good rationale for practice (ibid). It is the researcher's contention that this type of activity is not within the parameters of ethical activity as it may impede working on salient issues in more constructive manners. The views of the South African National Council for Social Service Professions are presented at the end of this Chapter.

1.18. HELP CLIENTS TO DEVELOP RITUAL AND PARTICIPATE IN A CLIENT'S RITUALS

The two least used interventions in the current study were in relation to rituals. Examples of rituals include house blessings, visiting graves of relatives and undertaking certain prayers. Seventeen percent of the sample reported helping clients to develop rituals and 14% indicated that they had participated in client's religious or spiritual rituals as a clinical intervention. Sheridan and Amato-von-Hemert (1999) made similar findings in relation to the intervention, "help clients develop religious or spiritual rituals as a clinical intervention" (12%). More than half (64%) of Canda and Furman's (1999) sample expressed that they had used this strategy, indicating that this may be a more widely used intervention amongst practitioners. Data from Table 9, Chapter 4 reflects that their sample used this intervention to a greater degree as compared to others such as recommend religious or spiritual books and encourage client's to do regular religious or spiritual reflective diary keeping. This was the second least used activity amongst the current sample however, a pattern consistent in Sheridan and Amato-von-Hemert's (1999) study as well.

The extent to which students in the present study, "participate in a client's religious rituals as a practice intervention," is fairly consistent with findings made in other studies. This was the second least used intervention, in Canda and Furman (1999) and Sheridan and Amato-von-Hemert's (1999) study. It was noteworthy that most students appear to be aware of the ethical issues involved and consequently do not engage in this activity.

1.19. OTHER INTERVENTIONS CONSIDERED APPROPRIATE FOR SOCIAL WORK PRACTICE

An open-ended question was used to ask students, if they were aware of any other religious or spiritually-based interventions that they considered to be

appropriate for social work practice. Most of those who responded to this question listed activities or interventions that were being investigated in the study. These included meditation (n=4); recommending prayers (n=11) and forming prayer groups (n=2); in-session reciting of scriptures and devotional readings (n=4); collaboration with religious leaders and institutions (n=5); and encouraging clients to participate in religious or spiritual rituals that provide support (n=6). Other activities mentioned were that practitioners should encourage clients to have "faith, "or "trust" or "belief" in God (n=13). This recommendation may be linked to the high levels of religiosity in the sample. One student indicated that practitioners should encourage clients to drink "holy water" and use blessed or "protective bands." The need for practitioners to support client's cultural healing methods has been elucidated in the literature (Lantz and Pegram, 1983) and where in accordance with the client's worldview such activities may be supported within a holistic treatment plan. Students were also asked if they had observed during fieldwork if practitioners had used the interventions being investigated in the study. Thirty seven percent answered in the affirmative, indicating that practitioners in the local context also use spiritually based helping activities.

2. THE APPROPRIATENESS OF RELIGIOUS AND SPIRITUALLY BASED ACTIVITIES IN THE CONTEXT OF SOCIAL WORK PRACTICE

In this section data in relation to students' views of the appropriateness of the techniques described are presented. Table 35 captures the findings made in this regard. This is followed by a discussion of the relationship between respondent's use of such techniques and their perceptions of its appropriateness for social work practice. The ethical challenges confronting the use of certain techniques are also explicated.

TABLE 35: RESPONDENTS' VIEWS OF THE APPROPRIATENESS OF RELIGIOUS AND SPIRITUALLY BASED ACTIVITIES

Interventions considered to be appropriate social work interventions	n	%
1. Gather information on clients religious or spiritual backgrounds	266	80, 1%
2. Help clients reflect on their beliefs about loss or other difficult life situations	262	78, 9%
3. Help clients consider ways their religious / spiritual support systems are helpful	259	78%
4. Refer clients to religious or spiritual counselors (e.g. minister, guru, spiritual director).	258	77, 7%
5. Help clients consider ways their religious / spiritual beliefs or practices are helpful.	243	73, 2%
6. Help clients clarify their religious or spiritual values	242	72, 9%
7. Recommend participation in a religious or spiritual program or activity	230	69, 3%
8. Pray privately for a client	225	67, 8%
9. Refer clients to 12 - step programs (AA; AlAnon, Alateen).	221	66, 6%
10. Help clients consider the spiritual meaning of his/her current life situation.	208	62, 7%
11. Discuss role of religious or spiritual beliefs in relation to significant others	202	60, 8%
12. Pray with a client	197	59, 3%
13. Share your own religious or spiritual beliefs or views	188	56, 6%
14. Use or recommend religious or spiritual books or writings	188	56, 6%
15. Use religious or spiritual language or concepts	182	54, 8%
16. Assist clients to reflect critically on religious or spiritual beliefs or practices	180	54, 2%
17. Recommend regular religious / spiritual self-reflective diary or journal keeping.	180	54, 2%
18. Recommend regular religious / spiritual self reflective diary or journal keeping	176	53%
19. Help clients consider ways their religious / spiritual support systems are harmful	176	53
20. Help clients consider ways their religious or spiritual beliefs or practices are harmful.	172	51, 8%
21. Meditate with a client.	156	47%
22. Help clients develop ritual as a clinical intervention (house blessings, visiting graves of relatives, undertaking a certain prayer).	142	42, 8%
23. Touch client for "healing purposes"	103	31%
24. Participate in client's religious / spiritual rituals as a clinical intervention.	99	29, 8%
25. Help clients assess the religious or spiritual meaning of dreams.	99	29, 8%

As evident in Table 35 spiritually based activities that are consistent with social work assessment and intervention strategies received greater support as being appropriate for practice. Interventions that do not pose major ethical dilemmas are also those that received greater support as being appropriate. Most of those that have received high levels of support, for example gather information on client's religious or spiritual background are also those that have been described in the literature as important within a biopsychosocial and spiritual assessment (Bullis, 1996; Canda and Furman, 1999; Sherwood, 1998). Those strategies described in the literature as being valuable therapeutic interventions e.g. practice of forgiveness, keep regular religious or spiritual self reflective diary or journal keeping and refer client to a 12 step program or spiritual counsellor also received significant support amongst the sample as appropriate social work interventions (Furman and Chandy, 1998; Meystedt, 1984; Cascio, 1998; Bullis, 1996). The benefits of these interventions have

been described in Chapter 4. Those interventions that were considered to be least appropriate were:- touching clients for healing purposes, participating in a client's religious or spiritual rituals as clinical intervention, and helping clients assess the religious or spiritual meaning of dreams.

3. LEVELS OF CONGRUENCE BETWEEN THE USE OF RELIGIOUS AND SPIRITUALLY BASED INTERVENTIONS AND PERCEPTIONS OF THEIR APPROPRIATENESS FOR SOCIAL WORK

TABLE 36: RELATIONSHIP BETWEEN RESPONDENTS' USE OF INTERVENTIONS AND THEIR PERCEPTIONS OF ITS APPROPRIATENESS FOR SOCIAL WORK

Interventions	Have used the intervention	Consider intervention appropriate
1. Gather information on clients religious or spiritual backgrounds	62% (n=206)	80, 1% (n=266)
2. Help clients consider ways their religious or spiritual support systems are helpful	59, 3% (n=197)	78% (n=259)
3. Help clients reflect on their beliefs about loss or other difficult life situations	59% (n=196)	78, 9% (n=262)
4. Pray privately for a client	57, 2% (n=190)	67, 8% (n=225)
5. Help clients consider ways their religious / spiritual beliefs or practices are helpful	55, 4% (n=184)	73, 2% (n=243)
6. Refer clients to religious or spiritual counselors eg. minister, rabbi, guru, spiritual director.	54, 5% (n=181)	77, 7% (n=258)
7. Help clients clarify their religious or spiritual values.	51, 8% (n=172)	72, 9% (n=242)
8. Recommend participation in a religious or spiritual program or activity	50, 6% (n=168)	69, 3% (n=230)
9. Share your own religious or spiritual beliefs or views	46, 1% (n=153)	56, 6% (n=188)
10. Discuss role of religious or spiritual beliefs in relation to significant others	44, 6% (n=148)	60, 8% (n=202)
11. Use religious or spiritual language or concepts	43, 1% (n=143)	54, 8% (n=182)
12. Refer clients to a 12 - step program.	41, 0% (n=136)	66,6% (n=221)
13. Help clients consider the spiritual meaning of his / her current life situation.	39, 8% (n=132)	62, 7% (n=208)
14. Pray with a client	32,5% (n=108)	59, 3% (n=197)
15. Recommend religious or spiritual forgiveness, penance or amends	32, 2% (n=107)	54, 2% (n=180)
16. Use or recommend religious or spiritual books or writing	31, 9% (n=106)	56, 6% (n=188)
17. Help clients consider ways their religious / spiritual support systems are harmful	31% (n=103)	53% (n=176)
18. Assist clients to reflect critically on religious or spiritual beliefs or views	28, 9% (n=96)	54, 2% (n=180)
19. Help clients consider ways their religious / spiritual beliefs or practices are harmful	28, 6% (n=95)	51, 8 % (n=172)
20. Recommend regular religious / spiritual self reflective diary or journal keeping	28% (n=93)	53% (n= 176)
21. Meditate with a client	21, 4% (n=71)	47% (n=156)
22. Help clients assess the religious or spiritual meaning of dreams	20, 2% (n=67)	29, 8% (n=99)
23. Touch client for " healing purposes"	19, 6% (n=65)	31% (n=103)
24. Help clients develop ritual as a clinical intervention (house blessings, visiting graves of relatives, undertaking a certain prayer)	19, 6% (n=65)	42, 8%(n=142)
25. Participate in client's religious / spiritual rituals as a clinical intervention	14, 2% (n=47)	29, 8% (n=99)

Table 36 reflects that a high degree of congruence exists between those religious and spiritually based activities that have been used extensively amongst the current sample and those that the sample believed to be most appropriate in terms of social work practice. There is also congruence between those activities used least frequently and those that are regarded as inappropriate in terms of social work practice. Table 36 also reveals some degree of incongruence between some activities seen to be appropriate social work interventions, and the extent to which students have used them. For example although 43% of the sample believed that helping clients develop ritual was appropriate as a clinical intervention, only 17% indicated using this strategy in practice. Lack of knowledge or practical training and confusion about ethical issues may account for these discrepancies.

Bivariate analyses conducted by Bullis (1996) revealed a statistically significant relationship between the use of interventions, and the degree to which the respondents were personally comfortable with them and the degree to which respondents viewed them as professionally ethical. A strong positive relationship was found to exist between the degree to which the respondents were personally comfortable with the interventions and the degree to which the respondents used the interventions. Thus as personal comfort increased, so did the use of the interventions. A moderate, positive relationship was also found to exist between the view that a given intervention was professionally ethical and the use of that particular religious or spiritual intervention. Thus the more practitioners viewed the interventions as professionally ethical, the more they used the interventions. As with the present study, data from his study also revealed some incongruence between those reporting professional ethics compared with personal comfort with their use. For example although 72% reported it was professionally ethical to meditate with clients, only 19% felt comfortable doing so. In addition although 72% indicated it was professionally ethical to teach spiritual meditation to clients, only 37% felt a sense of personal comfort in doing so.

The current study also found that a greater number of students supported the use of the interventions being investigated as appropriate social work practice as compared to the number who actually used them. Both Bullis (1996) and Canda and Furman (1999) also found that a higher proportion of practitioners in their studies had indicated that it was appropriate to use every religious or spiritually oriented activity as compared to those that actually used them.
Apart from two activities viz. "help clients assess the religious or spiritual meaning of dreams" and "participate in a client's rituals," over two thirds of the sample supported the use of all the other activities in practice. As "touch clients for healing purposes," was viewed as being as appropriate by only about one third of the sample it may also be considered an "unsupported" activity. Similar findings were made by Canda and Furman (1999) who reported that prayer with a client, touching clients for healing purposes, and participating in a client's religious or spiritual rituals, were the three most unsupported activities. The fact that prayer with a client received the support of 60% of the current sample raises concerns about whether students are aware of the ethical aspects of such activity.

Canda and Furman (1999) contended that the three least approved activities in their study, are most directive and intimately involved with a client's personal life space and boundary and are possible reasons as to why workers are cautious about their use. These techniques not only precipitate a sense of discomfort, but also raise questions about the violation of client self-determination, the blurring of boundaries between social work and religious service and imposing moralistic judgments (ibid). Interventions such as "touch client for healing purposes," cast a negative light on other more beneficial activities such as the practice of forgiveness. Vulnerable clients are particularly at risk as such interventions may create confusion about their problems and about the role of the social worker. It may also distract them from working constructively on therapeutic goals.

Despite the number of articles that are beginning to proliferate about the use and effectiveness of spiritually based interventions, this aspect still remains controversial. Empirical work reviewed in Chapter 4 bears testimony to the conflict in this area. Varied opinions or levels of support exist for different interventions across student and practitioner groups. Proper use of techniques that support therapeutic goals and empirical work to support their effectiveness will go a long way to validating the place of certain interventions in practice. Options for the use of such strategies have been elucidated in Chapter 4 and should be used as a framework for decision-making in this area. The option of a referral to religious or spiritual leaders, in particular, needs to be exercised when specific religious interventions appear necessary. Students and practitioners need to be educated about the varied roles of religious and spiritual leaders so that they become more aware of the blurring of boundaries when they engage in such activities. It would also enable them to make appropriate referrals when clients show an interest in specific religious activities.

Whilst it is important to use explicit spiritually based interventions on the basis of careful ethical reflection, use of these techniques are in no way fundamentally different from ethical decision making about other practice activities (Canda and Furman, 1999). Controversy in this area of intervention will dissipate once practitioners begin to consider issues within the context of basic professional standards of ethics and competency (ibid). Consultation with a member of The South African Council for Social Service Professions revealed that the Council has adopted a principled position that specific religiously based interventions are outside the domain of social work. This together with the rules and regulations governing ethical practice in the South African context need to be considered when using such techniques to ensure minimal risk to clients. These aspects need to be built into local curricula so as to ensure that students make informed decisions about which interventions to use and which not to use.

This brings to conclusion the discussion in relation to findings made with regard to the use and appropriateness of religious and spiritually based interventions. The following chapter is the final chapter of Part 4 and contains data in relation to a course on religion, spirituality and social work.

CHAPTER 9

CONTENT ISSUES FOR A COURSE ON RELIGION, SPIRITUALITY AND SOCIAL WORK

This chapter contains data from the student and educator samples relevant to the design of the course on religion, spirituality and social work. Evaluative data from the educator sample is presented as a separate entity at the end of this chapter. Content analysis of courses received from Schools of Social Work in the United States has also been undertaken in this chapter. Viewed holistically these data was critical to shaping and moulding the final product that was developed.

1. CONTENT AREAS FOR A COURSE ON RELIGION, SPIRITUALITY AND SOCIAL WORK

Table 37 contains data related to respondents' levels of support for different topics that need to be considered in a course on religion, spirituality and social work. They have been ranked from highest to lowest according to the levels of support received.

TABLE 37: RESPONDENTS' VIEWS ON SPECIFIC CONTENT AREAS FOR A COURSE ON RELIGION, SPIRITUALITY AND SOCIAL WORK

Content issues	No.	%
1. Religious and spiritual diversity	**282**	**84, 9%**
2. Dealing with religious /spiritual issues in practice.	**273**	**82,2%**
3. Interface of religious, spiritual and social work values.	**266**	**80, 1%**
4. Ethical issues: Consideration of religiously based ethical dilemmas, e.g. right to abortion.	**266**	**80, 1%**
5. Students personal, spiritual and professional growth.	**251**	**75, 6%**
6. Spiritually based interventions	**240**	**72, 3%**

7. Collaboration and networking with religious and spiritual organizations.	**237**	**71, 4%**
8. Functional and dysfunctional religious and or spiritual beliefs and behaviour patterns.	**229**	**69, 0%**
9. Religious perspectives on policy issues.	**222**	**66, 9%**
10. The historical religious or spiritual roots of the profession.	**217**	**65, 4%**
11. Developmental theories of spiritual and religious growth.	**214**	**64, 5%**
12. Diagnostic skills to distinguish between genuine religious / transpersonal experiences and psychopathology.	**199**	**59, 9%**
13. Culture bound Syndromes	**195**	**58, 7%**
14. Transpersonal theory.	**173**	**52, 1%**
15. Transpersonal healers	**170**	**51, 2%**
16. Transpersonal experiences	**165**	**49, 7%**

1.1. RELIGIOUS AND SPIRITUAL DIVERSITY

An overwhelming majority (85%) of the sample indicated that course content should include information on religious and spiritual diversity. Such a unit should not be restricted to a mere comparison of divergent religious traditions, but should also explore religious and spiritual diversity within the contexts of ethnicity, gender, sexual orientation, disability, social class, race and culture.

1.1.1.RELIGIOUS DIVERSITY

Writers such as Furman (in Zastrow, 1999) have argued "the goal of incorporating religious and spiritual beliefs in social work curricula should include a broad array of knowledge of many different religious and spiritual beliefs, primarily to expand students' understanding and sensitivity" (p.317). Although participants in the study did not specify which religious traditions should be included within such a unit, information pertinent to the major religious faiths in the local context would be necessary to guide practice within an indigenous framework. Writing within a universal context, Zastrow (1999) and Canda and Furman (1999) proposed that an understanding of Hinduism, Judaism, Christianity, Islam and Buddhism are relevant to social work

practice. However given that the goal is to develop indigenous curricula, an overview of and comparisons of the religious faiths that exist in the local context is relevant. Insight into Christianity, African Traditional Religion, Hinduism, Islam and Judaism, and how these perspectives impact upon and shape social work services and impact upon clients' lives in South Africa should therefore be built into the curriculum.

Other studies in the field concur with findings made in this study regarding the inclusion of material on the major religious faiths. Qualitative in-depth interviews and focus groups held by Cascio (1999) with 20 MSW students and one doctoral student indicated that they all desired information on religion and spirituality in the curriculum. Fifty seven percent specifically, requested information on comparative religions, with content on Judaism, Hinduism, Buddhism and other Christian denominations being cited most frequently. They also believed that material pertaining to the history of the various religions, core values and beliefs, customs, ceremonies and rituals would be most important. These issues contain valuable points around which material on the religious faiths may be structured.

Although the researcher supports the view that local religious traditions be explored within such a course, a unit on diversity would be further enhanced through an understanding of other divergent belief systems that may not always be known or understood by social workers. Dudley and Helfgott (1990) in particular recommended the provision of information on liberation theology or Zen Buddhism for example. Although not a prerequisite, an understanding of such faith perspectives can only serve to strengthen local students understanding of the rich diversity of traditions that exist within a global context.

Students' acceptance of Canda's (1989) guidelines for a comparative approach to education, can be used to guide the presentation of this type of information

in the curriculum. He suggested that in order to help students understand religion, as a universal aspect of human experience, conceptualizations of religion from the fields of anthropology and comparative religious studies can be reviewed. Such cross-cultural analyses would provide a nonsectarian perspective on the generic types, functions and themes found in religious doctrines, rituals, myths and institutions. Canda (1989) indicated that students could be taught to appreciate religious diversity through study of ethno cultural examples by contrasting specific religious traditions or secular and religious perspectives. Traditional support systems such as religious healers could be compared. Culture and religion bound syndromes that need to be differentiated from psychopathology can be highlighted. He added that in macro-practice courses, religiously-inspired social justice movements could be discussed, such as the passive non-violent movement of Mahatma Gandhi and the civil rights movement of Martin Luther King.

1.1.2. ETHNIC DIVERSITY

Ethnicity and religious beliefs and affiliation are closely intertwined (Canda and Furman, 1999; Sewpaul, 1999). As South Africa boasts a rich diversity of ethnic groups, indigenous curricula would be deficient without the inclusion of content on ethnic diversity. The range of ethnic groups that exist within a single religious tradition, poses many challenges for those in practice. For example, members of the Hindu faith are characterised by people of Gujerathi, Tamil and Hindi descent. Although they are all regarded as Hindus, each group's traditions are markedly different from the other. Diverse language patterns, customs, rituals and styles of worship can be found to exist across the different groups. So stark are the boundaries that exist, that inter-ethnic marriage is opposed.

The complexity of ethnicity locally is increased by the range of groups that practice African Traditional Religion. Sewpaul (1999) wrote that the beliefs

and practices of these groups differ according to the specific geographical locations in which they are located. The challenges presented by such diversity are immense for social workers who will have to understand the indigenous healing methods, culture bound syndromes and client use of transpersonal or traditional healers prevalent in the different groups. Awareness of the range of local ethnic groups and their belief patterns is therefore critical to preparing students for culturally sensitive social work practice. Institutions in different geographical areas, can seek to broaden students' understanding of the dominant groups in their areas. An overview of ethnic diversity within the overall South African context however would serve to strengthen the programme. These areas may be dealt with in a unit on diversity or it may be presented as a separate unit that deals with culture specific issues.

1.1.3. NON-SECTARIAN SPIRITUAL PERSPECTIVES

A comprehensive unit which appreciates diversity to its fullest would also seek to include content on non-sectarian spiritual perspectives, such as transpersonal theory and existentialism (Canda and Furman, 1999). A proper understanding of these perspectives however requires time. It is therefore recommended that at least one of the perspectives be taught as a separate unit, rather than be incorporated into the current unit being discussed. A unit which focuses on transpersonal theory is discussed later.

1.1.4. RELIGIOUS AND SPIRITUAL DIVERSITY AND HUMAN DIVERSITY

Gender and sexual orientation diversity also need to be considered within a fully inclusive approach to religious and spiritual diversity. Canda and Furman (1999) expressed that women's spirituality provoke a range of complex and controversial issues in relation to the liberating and oppressing functions of religious traditions. Social work education would do well to make

students aware of the impact of patriarchal faith traditions and the role of practitioners in empowering women. Attention should also be given to feminist spiritual traditions and their potential for affirming women's experience and honoring female aspects of the divine (Canda and Furman, 1999).

Sexual orientation diversity, particularly homosexuality, should also be given attention within the proposed course. The Judeo-Christian, African Traditional Religion, Hindu and Islamic worldviews have subjected gays and lesbians to much ostracism. Social work ethics however prohibit any form of discrimination thus demanding that educational programs provide requisite knowledge and values for understanding people of diverse sexual orientations and for opposing discrimination and oppression. Canda and Furman (1999) asserted that "social work education needs to prepare social workers for a more astute analysis of the religious and spiritual issues involved in attitudes about homosexuality and the diverse spiritual opportunities available for gay, lesbian, bisexual, and transgendered people" (p. 115). They argued that students and educators alike tend to accept the mistaken view that Christianity unequivocally opposes such people. They noted that there is significant variation in thought and debate among various Christian denominations related to this issue. Social work students who are trying to resolve these dilemmas on both a personal and professional level can be referred to Christian theological literature (and literature from other religious faiths) to engage in careful and critical discernment.

1.2. Dealing with religious and or spiritual issues in practice

Over 80% of the sample believed that course content should enable them to deal with religious or spiritual issues in practice. In order to work effectively with client's religious and spiritual problems and aspirations students need to have a grasp of the basic concepts, values and ethics that form a framework for

"spiritually sensitive practice" (Canda and Furman, 1999, p.31). This may be effectively undertaken in an introductory unit within the proposed course.

Definitions and characteristics of religion and spirituality need to be explored. Attention will have to be paid to ensuring that students comprehend the difference between religion and spirituality as they are often misunderstood (Bullis, 1996; Ingersoll, 1994). Students also need exposure to content on the characteristics and principles of a spiritually sensitive helping relationship (Canda and Furman, 1999). A critical exploration of the biopsychosocial paradigm and its failure to include spirituality can also be introduced at this point.

Dealing with religious and spiritual issues requires knowledge and information on taking a religious history (Amato-von-Hemert, 1994; Bullis, 1996); drawing spiritual genograms and time lines (Cascio, 1998; Canda and Furman, 1999); guidelines to conduct a spiritual assessment and proficiency in the use of spiritual assessment tools (Sherwood, 1998). This together with an awareness of the kinds of religious and spiritual problems that may present in the practice situation needs to be built into this unit. Transpersonal experiences, involvement in religious cults, conversion of faith, problems that emanate from inter-religious marriage can be used as a basis for developing case vignettes and classroom discussions. Role-plays using such examples will provide valuable opportunities to develop practical skill and competence.

Students also need to be made aware that religion and spirituality serve as important sources of strength for clients facing illness, grief (Breen, 1985; Bullis, 1992) divorce (Smith and Gray, 1995) and mental illness (Sullivan, 1993). Exposure to spiritual intervention models, which have evolved to deal with some of these problems, should also be built into this unit. (Cowley, 1999; Smith and Gray, 1995).

1.3. INTERFACE OF RELIGIOUS, SPIRITUAL AND SOCIAL WORK VALUES

Almost 80% of the sample indicated that course content should explore the interface of religious, spiritual and social work values. This supports earlier contentions made by the researcher that students should be exposed to a framework of spiritually sensitive values and ethical principles in order to practice in this area.

In addition to outlining the core values mentioned earlier, values may be explored in the context of the religious and spiritual origins of the profession. The historical roots of the profession in relation to the Judeo-Christian religious tradition have been elucidated in Chapter 1 and can be used by educators, to illustrate the interface of religious, spiritual and social work values. Another way to capture this interface could be to draw parallels between the values of the profession and those evident in the universal religious traditions. An interlinking of themes across a unit on historical issues and a unit on values is therefore possible and can be undertaken according to each institution's preferred style and structure of course content.

1.4. ETHICAL ISSUES

There was overwhelming support (80%) for the course to include information on religious or spiritually related moral or value dilemmas. Siporin (1983) contended that many clients often experienced conflict from moral dilemmas or from anxiety and guilt with regard to behaviour that has violated religious or cultural norms. Abortion, use of contraceptives, homosexuality and the use of reproductive technology are common social issues that have strong moral and religious dimensions linked to them (Zastrow, 1999; Canda and Furman, 1999; Wagner et al., 1994; Sewpaul, 1995). These aspects need to be highlighted within the proposed course and students need to be exposed to skills training so as to develop competence in helping clients in this area. Siporin (1983)

suggested that the religious and spiritual meanings that clients assign to their behaviour and conflicts should be identified and discussed.

Moral and ethical dilemmas are not limited to solely the client. The potential for practitioners to hold religious and spiritual beliefs that are antithetical to client's behaviour patterns and choices are very possible. Training should therefore emphasize competent practice based on empathy and respect for the client's lifestyle or behaviour patterns regardless of the practitioner's religious beliefs. The principle of self-determination will have to be upheld regardless of rival spiritual beliefs (Canda and Furman, 1999). Practitioner related ethical dilemmas could be dealt with in this unit or infused into a unit the following unit. The options presented by Canda and Furman (1999) (refer to pages 130-132), for the use of spiritually based activities represent the state-of-the-art in terms of ethical guidelines and will also be useful in any discussion on ethical issues.

1.5. STUDENTS PERSONAL SPIRITUAL GROWTH AND DEVELOPMENT

It was noteworthy that 76% of the sample, recognized the importance of personal spiritual growth and its relevance to professional work. The strong support for the inclusion of this aspect may be linked to the high levels of religiosity amongst the current sample.

Two issues need to be dealt with during training. Firstly social workers need to be aware of their own spiritual and religious beliefs, practices and experiences and how it impacts upon their work with the clients. Cascio (1998) pointed out that it was inappropriate to impose one's religious and spiritual beliefs onto the client. He asserted that in order to avoid this, self-knowledge was important. Writing in relation to this aspect, Kilpatrick and Holland (1990) stated that social workers or students need to examine personal,

unresolved conflicts of a spiritual nature. They also need to have an awareness of their own biases so as to minimize projective and counter-transference reactions. Social work practitioners should also assess their knowledge of spiritual resources in the community, to make a referral in the event that the client and practitioner are unable to work together. These points may be used to structure discussion in this unit.

Secondly opportunities need to be created for students to reflect on, and become engaged in, their own personal growth. Jacobs (1997) highlighted the importance of this by saying that "our work towards wholeness with the client requires that we engage in reflecting on our own spiritual and psychological journey" (p. 173). Canda (1988a) stated more clearly that the social workers' own cultivation of spirituality is a critical preparation for the application of knowledge and skills in practice.

Students can be engaged in the process of spiritual development, through several ways. Drawing their own personal "spiritual development time lines" (Canda and Furman, 1999), for example, will not only lead to proficiency in the use of this technique but will provide valuable opportunities for personal reflection in relation to spiritual growth. Instruction in and the personal use of techniques such as journaling, art, music, dance and poetry therapies and focused relaxation (Canda and Furman, 1999) will not only expose students to the range of intervention techniques available but will enable them to get in touch with their own spirituality. Students' practice of forgiveness, meditation and care for their bodies (Canda and Furman, 1999) will awaken them to the benefits of such techniques, and enable them to make appropriate suggestions to clients for their use.

1.6. SPIRITUALLY BASED INTERVENTIONS

Over 70% of the current sample supported the inclusion of this topic in the proposed course. Although to a lesser degree 14% of the students interviewed by Cascio (1999) supported the need for information on spiritually based techniques in the curriculum. The higher levels of support for amongst the current sample may be linked to earlier findings that over 40% of the current sample have used at least 12 of the interventions that were investigated in this study.

This together with the fact that over 50% of the sample considered 20 of the activities listed as being appropriate for social work practice establishes a firm need for the inclusion of this area in the curriculum. As discussed earlier, students are clearly not aware of the ethical implications of some of these activities. The guidelines and contra-indications for use that were elucidated in Chapter 4 should therefore form part of the content of this unit.

1.7. COLLABORATION AND NETWORKING WITH RELIGIOUS AND SPIRITUAL ORGANIZATIONS

Over 70% of the sample indicated the need for information on collaboration and networking with religious and spiritual organizations. Support for the inclusion of this topic can be linked to macro and micro practice level issues. Religious congregations or organizations impact on community based social work practice, not only because they are a part of the local network of potential service providers, but also because they provide a wide range of social services in rural, urban and suburban communities (Netting et al., 1990; Amato-von-Hemert, 1994; Netting, 1982; Evans, 1992). The latter includes soup kitchens, food pantries, homeless hospitality centers and shelters, home health care, in-kind and cash assistance, social and recreational programs, residential centers for children and teens, employment counselling, volunteer visitors, free

transportation, clothing, holiday gift giving and spiritual guidance and education and various other crisis intervention, services with the aged, ill and handicapped and people with AIDS (Maguire, 1985; Negstead and Arnholt, 1986; Shelp, DuBose and Sunderland, 1990). Evans (1992) advocated for greater liaison between social work and religious organizations, particularly in service delivery to the oppressed and the poor. A unit on macro practice issues should make students more aware of the role of religious congregations and organizations and how to collaborate more effectively with them to enhance service delivery.

The second reason underpinning the need for education in this area can be linked to micro-practice issues. A community study by Steinitz (in Amato-von-Hemert, 1994) revealed that social workers were unaware of the church-sponsored services in their community and consequently seldom made referrals to them. Amato-von-Hemert (1994) asserted that social workers who explore even the most rudimentary information about client's religious affiliations might uncover a myriad of community resources that would otherwise have gone unnoticed. Collaboration and partnerships between practitioners, clergy and other religious professionals may serve to support and supplement therapeutic goals (Bullis and Harrigan, 1992; Bullis, 1996). Priests, rabbis, ministers and other religious persons may offer valuable insights into a client's religious orientation. Illustrating how such a partnership may be beneficial, Bullis and Harrigan (1992) pointed out that a clergyperson might, for example, assure a sexual abuse victim that God loves him or her and that God does not blame the victim. A cleric may also point out others in the congregation who have endured similar experiences and assist with establishing a helping network. Clergy may also become therapeutic partners with clinicians.

1.8. FUNCTIONAL AND DYSFUNCTIONAL RELIGIOUS AND OR SPIRITUAL BELIEFS AND BEHAVIOUR PATTERNS

Information on both healthy and pathological religious and spiritual beliefs and behaviour patterns is important in maintaining a holistic approach to education. Almost 70% of the sample supported the inclusion of these aspects. The content relevant to this unit may be easily linked to the unit "dealing with religious and spiritual issues in practice". Both Joseph's (1988) and Cascio's (1999) study, highlighted the empowering function of certain religious and spiritual beliefs and practices have for clients in crisis. Chapter 3 has explicated the benefits of the positive aspects of religion and spirituality in relation to a host of social problems. It has also highlighted dysfunctional beliefs and practices such as religious fundamentalism, religious ideation and involvement with negative cults. These examples together with Lewandowski and Canda's (1995) model, (Chapter 3) would provide students with the knowledge necessary to assess possible helpful and harmful psychosocial impacts as a consequence of their participation in religious groups. Guidelines to distinguish between functional and dysfunctional cults, and exposure to the possible legal and ethical consequences for social workers that become involved in cult matters (Bullis, 1996) should also be included.

1.9. RELIGION AND POLICY

About sixty seven percent of the sample supported the inclusion of this topic in the proposed course. Content on policy issues would best cohere with a unit on spiritually sensitive community work practice. Course development in this area should not seek to dichotomize micro and macro level issues, but should rather strive to include units that would address individual, community and global social well-being (Canda and Furman, 1999). Religion as a force in society is of particular relevance to minorities, women and special population groups, all of who are targeted in the social work curriculum (Netting et al., 1990).

Organized religious groups influence social change at the organizational, community and policy levels, that is, those domains that affect social work educators and practitioners (ibid).

Material in this unit can be structured around the following areas:

- The historical role that spirituality and religion have played in politics, law and public opinion, and its impact on social policy development (Bullis, 1996; Canda and Furman, 1999) can be elucidated.
- The role of present day organized religion in the context of global politics and economic policies (Netting et al., 1990; Amato-von-Hemert, 1994) can also be highlighted. Attention can be paid to the influence that religious organizations have had in public discourse and decision making in the areas of sexuality, poverty, health care, civil rights, the death penalty, animal rights, environmental policy, prison reform and education (Amato-von-Hemert, 1999).
- Social policies determine key social values and the distribution of resources and should be examined for the way in which they empower people and support them in their individual and collective spiritual paths (Canda and Furman, 1999).

The classroom context may be used for discussion and debate on such policies. Canda and Furman (1999) asserted that public dialogue and critical reflection would ensure that certain spiritual agendas do not dominate and harm people less influential in the policy-making process. Students can be educated on how to assist people of diverse and contrasting spiritual perspectives to become active in the policy-making process, to work to create settings and processes for policy debate based on win-win strategies and the value of mutual respect (Canda and Chambers in Canda and Furman, 1999).

1.10. THE HISTORICAL RELIGIOUS AND SPIRITUAL ROOTS OF THE PROFESSION

Sixty five percent of the current sample supported the need for content on the historical religious or spiritual roots of the social work profession. This was interesting as students generally view historical perspectives as being boring. Historical background need not be comprehensive; rather it should be linked to the development and current status of religion and spirituality in social work. The time related phases connecting religion and spirituality to the development of American social work described in Chapter 1 can be a basis from which to teach this unit. Material, which traces the development of this field in South Africa, would add value to the course and help students to connect more meaningfully and personally with the development of religion and spirituality in social work locally.

1.11. DEVELOPMENTAL THEORIES OF SPIRITUAL AND RELIGIOUS GROWTH

About sixty five percent of the current sample supported the inclusion of developmental theories in a course on religion, spirituality and social work. The relevance of this knowledge to spiritual assessment was highlighted in Joseph's (1988) study. Fifty six percent of the social workers in her sample indicated that the religious issues of their clients were associated with certain developmental stages of the life cycle.

The literature reviewed indicates that Erikson's stage theory of human development, Fowler's cognitive-structural faith development theory (Canda and Furman, 1999) and Ken Wilber's transpersonal spectrum model of development (Cowley, 1999; Kelly and Rothberg, 1998) are relevant to understanding religious and spiritual growth and therefore should be included

in course content. As these models or theories are presented in the guidelines they are not discussed here.

1.12. DIAGNOSTIC SKILLS TO DISTINGUISH BETWEEN GENUINE RELIGIOUS AND OR SPIRITUAL TRANSPERSONAL EXPERIENCES AND PSYCHOPATHOLOGY

Almost 60% of the participants in the study supported the inclusion of diagnostic skills that would help to distinguish between genuine religious or transpersonal experiences and psychopathology in the proposed course. It would have been expected that there would have been a higher degree of support for this type of content as this is a difficult area that requires specialized knowledge and skill.

An increasing number of people experience spiritual emergencies (Grof and Grof, 1989; Lukoff and Everest, 1985), thus warranting the need for training. Without adequate knowledge and skills, social workers are unlikely to respond effectively to this new population at risk and may constitute a serious danger to clients confronted with a spiritual emergency (Cowley, 1993; Cowley and Derezotes, 1994). Schizophrenia, bipolar disorder and severe depression are often characterized by delusions, hallucinations and preoccupations with religious themes or images akin to transpersonal experiences. Hence when clients in crisis begin to describe peak or pit experiences, social workers often begin to question the nature of reality and visions experienced (Canda and Furman, 1999).

The nature of spiritual emergencies, peak and pit experiences and their distinction from mental disorders are the salient areas around which course content should be built. (These issues are discussed in greater detail in the guidelines). The DSM-IV manual is also an important reference as it contains valuable information that could help social workers differentiate between

mental disorders and spiritual emergencies. Although this study did not probe the extent to which student social workers used this manual, Canda and Furman's (1999) study revealed that although 79% of the sample had used DSM-IV in practice, only 47% had considered client's religious or spiritual beliefs in determining a diagnosis, despite instructions in the manual to do so. This suggests the need for education on the importance of and the appropriate use of the manual. The use of case vignettes and role plays will be vital in developing competence to make a proper diagnosis in relation to whether the presenting problem is a genuine religious or spiritual one or a mental disorder.

1.13. Culture or religion specific experiences not in the realm of psychopathology

About 59% of the sample indicated that information on culture bound syndromes should be incorporated into course content. It would also have been expected that a much larger percentage of the sample would have supported the need for this type of content, given the potential difficulties in making a proper differential diagnosis in this area. The diversity of ethnic groups that characterize the South African context lends greater possibilities for encountering clients who manifest with culture bound syndromes.

The importance of this issue is reflected in the DSM-IV manual, which notes that the other important qualifier in the definition of a mental disorder is that the syndrome or pattern should not be a culturally based response to a particular event (Canda and Furman, 1999). The manual states that "a clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behaviour, belief, or experience that are particular to the individual's culture" (p. xxiv).

Practitioners, who do not share the spiritual framework of the client, run the increased danger of biased and inaccurate diagnosis related to ethnocentrism, religious assumptions and theoretical beliefs of the practitioner. Diagnosis must therefore take place in the context of the client's cultural, religious and spiritual beliefs (Canda and Furman, 1999). In their discussion of the cross-cultural diagnosis of schizophrenia, authors of the DSM-IV manual warned that "ideas that may appear to be delusional in one culture (e.g. sorcery and witchcraft) may be commonly held in another. In some cultures, visual or auditory hallucinations with a religious content may be a normal part of religious experience (e.g., seeing the Virgin Mary or hearing God's voice)" (p. 281).

Students who lack such knowledge may easily make a diagnosis of mental dysfunction. Information on culture bound syndromes, particularly those prevalent locally and proficiency in the use of the DSM-IV manual is therefore essential. Content in this area may be presented in a unit on cultural diversity and religion.

1.14. The Transpersonal Paradigm

Information pertaining to transpersonal social work received the least degree of support for inclusion in the proposed course. The low levels of support may be attributed to the fact that students are unaware of this field and therefore underscored its importance to practice. Informal discussions with local educators, practitioners and students alike, confirmed that this area is relatively unheard of in the local context. Writing in the American context, Strohl (1998) stated that many mental health professionals did not fully comprehend the philosophy, theoretical principles and the clinical methods that distinguish the transpersonal approach from other major psycho-therapeutic schools. The lack of awareness, understanding and appreciation for this area, in itself, provides a sound reason for its inclusion in the curriculum.

One of the important objectives of developmental research is to generate new or novel technology. The addition of transpersonal social work to the interventional innovation will add value to the intervention. The three broad areas supported by the sample viz. transpersonal theory, transpersonal healers and transpersonal experiences provide a basis for the building of information in this area. Transpersonal theory is important because it would allow social workers to address the trans-egoic levels of development of the client (Canda and Furman, 1999). Wilber's Full Spectrum Model of development (See Chapter 5) would be valuable in helping students understand the developmental level at which the client rests. Information on transpersonal healing and types of transpersonal healers would also add value to a unit on transpersonal social work. Practice experience has led the researcher to believe that clients use transpersonal healers extensively. African clients are known to consult with transpersonal healers, traditionally known as 'sangomas" and "inyangas," whilst Hindu clients seek the assistance of "spiritual masters or temple priests," Muslim clients, the help of moulanas and other spiritual leaders and Christian clients the help of ministers. A broad understanding of transpersonal healing (Cooperstein, 1992) and the role functions of healers, will allow for a greater understanding of the client's worldview, and the meaning that clients in crisis ascribe to this type of healing. This would enable the development of therapeutic goals and plans that may support these activities. Content on transpersonal healing may be dealt with in a unit on transpersonal social work or be given attention in a unit on diversity. The varied types of transpersonal experiences and statistics confirming the incidence of such experiences (Chapter 5) support the inclusion of this topic in the curriculum. The separation of genuine transpersonal experiences from psychopathology is critical to the process of differential clinical assessment and should be incorporated into the proposed course. Canda (1988b) concurred emphasizing the importance of practitioner competence in relation to helping the client understand and integrate his or her experiences.

1.15. SUGGESTIONS MADE IN RELATION TO CURRICULUM DEVELOPMENT

Students were asked to make further suggestions for curriculum development. Analysis of the open-ended data revealed the following themes:

Four students stressed that content on religion and spirituality should be "unbiased" and that the values of any one particular religion should not be imposed. Two students expressed the need for the inclusion of information on "African religions." Four students argued the need for content on "religion, spirituality and community development." There was also a re-emphasis on issues contained in the questionnaire viz. dealing with abortion in the context of religious beliefs (n=1); religious and spiritual growth and development of client and worker (n=3) and skills development (n=1). Two students were of the opinion that the curriculum should remain "unchanged" and there should be a focus on "more important issues." A majority, however, supported the research effort, welcomed the introduction of such a course and conveyed their best wishes to the researcher in helping to make the programme a reality in the local context.

1.16. STUDENTS COMMENTS ABOUT THE ROLE OF RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE AND EDUCATION

The final question on the questionnaire was an open ended one that allowed students, to comment about religion and spirituality as it relates to social work practice and education. Most comments made qualified the issues that were raised in the questionnaire. Using the words of participants, themes were developed to reflect the overall sentiments of the sample. They are as follows:-

"Not a good idea, as it will cause conflicts" (n=11);

"Social work practice lacks a religious and spiritual dimension, which is an important part of human growth and development" (n=36);
"Because society is made up of so many diverse cultures, it is a good idea, as social workers would have knowledge and understanding of the relevant religious belief systems" (n=22);
" Excellent idea as it would help in an improved service delivery" (n=8);
"Religious and spiritual aspects will empower workers and offer improved problem - solving"(n=12);
"Course will improve knowledge and skills" (n=13);
"Important as it will help worker's deal with their own biases and prejudices" (n=10);
"Religious and spiritual interventions must be within the realms of social work practice" (n=4);
"Because there are so many misconceptions and misunderstandings about religion and spirituality and confusion among the terms, the course is a good idea" (n=3).
The final comments made by the sample seals the overall support evident for the introduction of a course on religion, spirituality and social work.

2. Analysis of course outlines secured from the Society for Spirituality and Social Work

One of the important steps of developmental research is a state-of-the-art-review of existing technology. To achieve this the researcher undertook an analysis of all the courses that are being maintained in a syllabi bank by the International Society for Spirituality and Social Work. Twenty two copies of course outlines from the following institutions were forwarded to her by the Society:

The University of Kansas, The Catholic University of America, University of Cincinnati, Widener University, Suny at Buffalo, Fordham University, Salem

State College; Aurora University; University of North Dakota; Bryn Mawr College; University of Denver; University of Arkansas At Little Rock; Columbia University School of Social Work; Virginia Commonwealth University; Newman University; Yeshiva University; Washburn University; Saint Louis University; Marywood University; University of Pennsylvania; Augsburg College; University of Nebraska at Omaha (n=22).

The process of analysis was important to identifying areas that are currently receiving attention at other Schools of Social Work. This was critical to ensuring that the intervention to be developed would be in accordance with the current state-of-the-art. Holistically the literature, data from the current sample and a review of existing technology would serve to ensure that there would be no gaps in the design of new programme.

Content analysis or thematic analysis of the courses was undertaken with a view to obtaining the following information:

Titles of courses
Broad areas being covered in courses
Specific content areas within these broad topics

The data obtained through this process revealed the following:

2.1. TITLES OF COURSES:

The following served as the titles of the courses reviewed:
Spirituality and Social Work Practice (n=4); Spiritual Aspects of Social Work Practice (n=3); The Spiritual and or Religious Dimensions of Social Work Practice (n=3); Social Work and Spirituality (n=3); Spirituality in Social Work (n=2); Spirituality in Social Work Practice (n=2); Religious Issues in Social Work (n=1); Spirituality and Family - Centered Social Work Practice (n=1);

Spiritually Diverse Practice in Social Work and Human Services (n=1); Practicing and Managing Social Work in Religious Contexts (n=1); Spirituality in Social Work and Human Service (n=1).

As is evident some institutions had common titles whilst other titles were unique to an institution. Titles differed according to the focus and content of each course. Some titles placed greater emphasis on spirituality rather than religion and vice versa. Where this was the case there was a greater emphasis on spirituality or religion depending on the title.

2.2. Broad and specific content areas of courses

The broad areas or topics covered in each course and the specific content contained therein were identified using thematic analysis. The frequency with which each institution included a broad topic was calculated. Specific content relevant to each topic appeared similar and is elucidated in Table 38. This may be as a result of inter-institution collaboration in the development of curricula.

TABLE 38: FREQUENCY WITH WHICH TOPICS APPEAR IN INTERNATIONAL CURRICULA

Course Outline : Broad Topics or Areas	Specific Content Areas	Names of Universities	Frequency (%) (n=22)
1. Historical Background : Religion, Spirituality and Social Work	Origins of American Social Work, with particular reference to the religious movements for charity and social services; Historical relationship among spirituality, religion and social work and the role it has played in the development of the professional value base.	University of Kansas; Catholic University of America; Suny at Buffalo; Fordham University; Aurora University; University of North Dakota; Bryn Mawr University; University of Arkansas At Little Rock; Virginia Commonwealth University; Washburn University; Saint Louis University; University of Pennsylvania; University of Nebraska at Omaha.	59, 1% (n=13
2.Knowledge, values, assessment skills, intervention strategies and experience for spiritually sensitive practice	Integrating insights from social work and related fields, such as psychotherapy, pastoral counseling, comparative religious studies and community organizing. Qualities of a spiritually sensitive helping relationship; Assessment of spiritual development (in children and adults) crisis and well -being; Incorporation of Spirituality in a Biopsychosocial assessment; Using spiritually sensitive practice interventions; Exploring the functional and dysfunctional uses of religion within life cycle and socialization frameworks Networking and collaboration with religious and non - religious spiritual support systems, including self - help groups; religious organizations; Developing practical and ethical guidelines for the use of religiously derived helping resources and techniques, for example religious community resources, symbolism, prayer, meditation, and ritual. Transference and counter transference phenomena which have religious content and practice implications.	University of Kansas; Catholic University of America; Suny at Buffalo; Fordham University; Salem State College; Aurora University; University of North Dakota; Bryn Mawr College; University of Denver; University of Arkansas at Little Rock; Columbia University School of Social Work; Virginia Commonwealth University; Newman University; Yeshiva University; Washburn University; Saint Louis University; Marywood University; University of Pennsylvania; Augsburg College University of Nebraska at Omaha.	90, 9% (n=20)
3. Human diversity and spiritually sensitive practice	Identify and critically reflect upon diverse religious (Catholicism; Protestant Fundamentalism; Judaism; Buddhism; Native American religion) and non religious spiritual perspectives and their implications for social work practice; understanding a diverse range of religious and spiritual issues characteristic of a broad range of ethnic, racial and religious communities within a social work context; Critically analyze the supportive and oppressive aspects of religious and spiritual perspectives concerning issues of human diversity, such as gender, race, ethnicity, sexual orientation, age and disability. Knowledge of feminist spirituality and its	University of Kansas; University of Widener; Fordham University; Salem State College; Aurora University; University of North Dakota; Bryn Mawr College; University of Denver; Virginia Commonwealth University; Newman University; Yeshiva University; Washburn University; Saint Louis University; Marywood University; Augsburg College; University of Nebraska at Omaha.	72, 7%(n=1

	critique of patriarchal religions; Understanding spirituality within the context of rural social work;		
4.Definitions of religion and spirituality	Analyzing and clarifying definitions of religion and spirituality; understanding different cultural uses of the term spirituality and how it affects different people based on gender, cultural and religious expectations.	University of Cinicinnati; Widener University; Fordham University; Salem State College; University of North Dakota; Bryn Mawr College; University of Denver; Columbia University School of Social Work.	36, 4% (n=8)
5. Ethics	Exploring the relationship between social work ethics and religious ethics; Appreciate major ethical issues in working with clients from diverse spiritual traditions; Identify and critically evaluate practical and ethical guidelines for the use of religiously - or spiritually - derived social work practice interventions, for example use of religious or spiritual language or symbols, prayer, meditation, and ritual.	Catholic University of America; Salem State College; University of North Dakota; Virginia Commonwealth University; Saint Louis University.	22,7%(n=5)
6. Research	Exploring and analyzing research findings in the area of religion, faith and moral development for application to social work practice; Establishing familiarity with research studies related to the application of spiritual practices in professional treatment; Knowledge of three methods for adapting research techniques such as phenomenological approaches to the evaluation of practice in a way which is spiritually sensitive to the subjects or clients involved.	Catholic University of America; Salem State College; University of North Dakota; Saint Louis University.	18, 2 % (n=4)
7. Client specific problems within the context of spirituality	Understanding spiritual issues in crisis, death, dying and aging; Understanding spirituality in 12 - step programs; Understanding spirituality and sexuality; spirituality and substance abuse and other addictions.	Widener University; Salem State College; Aurora University; Bryn Mawr University; Virginia Commonwealth University; Saint Louis University.	27, 3%(n=6)
8.Student's personal spiritual and professional development	Exploring student's own spirituality; Appreciating the practice implications of one's own spiritual or philosophical tradition or approach to life; Becoming aware of the role of one's own spirituality in the development of the professional self - concept.	Suny at Buffalo; Fordham University; Salem State College; University of North Dakota; Bryn Mawr University; University of Arkansas At Little Rock; Virginia Commonwealth University; Marywood University.	36, 4% (n=8)
9.Policy issues	Role of spirituality in multiple global struggles for social and economic liberation; Implications of secularism and the separation of church and state for social policy and program design; Public policy issues related to spirituality and social work.	Fordham University; Salem State College.	9, 1%(n=2)
10. Transpersonal social work	Have knowledge of transpersonal theory of psychological development;	Salem State College; Virginia Commonwealth University.	9, 1% (n=2)

As indicative in the above Table certain topics or areas (referred to as units in the new intervention) appear to have received greater attention as compared to others. The area that has received the greatest attention in international curricula, has been in relation to equipping students with knowledge, attitudes and skills for spiritually sensitive practice (n=20). Specific content areas are detailed in the above table. The other area, which received significant attention, was in relation to the historical development of religion and spirituality in social work (n=13). Definitions of religion and spirituality and student's personal spiritual and professional development received attention in eight of the courses reviewed. The religious and spiritual problems of clients were dealt with in the curricula of six of the programmes reviewed. It is very likely that this area was built into knowledge and skills development, thus accounting for a lower frequency. Only five of the courses reviewed dealt with issues of ethics. Research appears have received minimal attention as only four institutions included this in their curricula. Only two institutions appear to be covering topics on transpersonal social work and policy.

THE PROCESS OF DESIGN

Sheridan et al. (1994) wrote that the design and delivery of content in this area is critical to its effectiveness in social work education. They asked whether a course in this field should simply increase an understanding of religion and spirituality or address aspects of assessment and intervention as well. Studies such as those by Sheridan et al. (1992) and Canda and Furman (1999) revealed that many practitioners feel incompetent to deal with this area in practice. Sheridan et al.'s (1994) study found that educators support trends in the literature for practice related information in social work curricula (Joseph, 1987; Dudley and Helfgott, 1990; Canda and Furman, 1999).

A comparison of data obtained through the content analysis of course outlines with data from the current sample revealed strong levels of congruence in

terms of topics or units that needed attention in the proposed course. Religious and spiritual diversity; knowledge, values and skills for a spiritually sensitive relationship; intervention strategies; the historical development of the field and students' personal spiritual and professional growth were the most salient components identified. There was also significant support for areas such as research, policy, ethics and transpersonal social work. Based on this it was decided, to develop a comprehensive programme, that would cover all these areas. As it would be practically impossible to cover all areas individual institutions may create their own programme by selecting units they consider important in relation to students needs and their academic programme. Different units may also be taught vertically from first year to the fourth year. Where it is not possible to include certain units or topics the information presented in the guidelines may be infused into other courses. Points for infusion have been provided in the guidelines. Once developed the guidelines were disseminated to all Heads of Schools of Social Work for their evaluation and comments. Evaluative data received are presented in the following section.

EVALUATIVE DATA

Evaluation is necessary to assess the effectiveness of the intervention and whether the product may be diffused for use (Thomas, 1981). Evaluative data revealed the following with regard to the opinions of educators about the content of each unit contained in the guidelines.

TABLE 39 : EDUCATORS' PERCEPTIONS OF CONTENT CONTAINED IN THE UNITS IN THE COURSE

Unit	Most useful	Useful	Least useful
1. Introduction and course overview	33% (n=2)	67% (n=4)	0%
2. Historical roots of the profession	50% (n=3)	50% (n=3)	0%
3. Definitions, characteristics and guiding principles of a spiritually sensitive relationship	83% (n=5)	17% (n=1)	0%
4. Religious and spiritual diversity	50% (n=3)	50% (n=3)	0%
5. Models of spirituality	50% (n=3)	33% (n=2)	17% (n=1)
6. Developmental theories	67% (n=4)	17% (n=1)	17% (n=1)
7. Spiritual assessment	67% (n=4)	33% (n=2)	0%

8. Dysfunctional aspects of religion	**33% (n=2)**	**50% (n=3)**	**17% (n=1)**
9. A model of therapeutic intervention	**67% (n=4)**	**33% (n=2)**	**0%**
10. Spiritually based interventions	**67% (n=4)**	**33% (n=2)**	**0%**
11. Transpersonal social work	**67% (n=4)**	**33% (n=2)**	**0%**
12. Community work, policy and administration	**33% (n=2)**	**50% (n=3)**	**17% (n=1)**
13. Research	**67% (n=4)**	**33% (n=2)**	**0%**

As is indicative 100% of the sample considered most of the units to be useful or most useful. Specific comments made in relation to the strengths of the units were that they were "clear, comprehensive, contained excellent guiding principles and examples, insightful, and well organised." A majority of the sample did not make comments on limitations. Where suggestions for improvement were made (Units 5, 6, 8 and 12) educators felt that more information or detail should have been provided and more additional readings included. As the copy of the guidelines that were disseminated for evaluation contained a brief list of references in relation to the recommended readings it has been decided that the full list of references for the dissertation be used to assist educators in accessing additional reading material. There were no suggestions made for the inclusion of any other topic or unit. A few educators commented, however, that the units on transpersonal social work, community work and research were "absolutely necessary." All the educators indicated that they were very satisfied or satisfied with the test and assignment questions and class discussion exercises contained in the guidelines. Overall the sample supported the development of curricula and the need to introduce the course in South Africa.

The suggestions made for improvement were considered and the guidelines adapted accordingly. The final step in the Developmental Research Model brings the research process to its conclusion. The following chapter contains the major conclusions of the study and recommendations for future research. Most importantly the new intervention is brought to life in this Chapter of the dissertation.

PART FIVE

CONCLUSION AND RECOMMENDATIONS

A family is born

Your daily life is your Temple and your religion
Whenever you enter into it take with you your all
Take the plough and the forge and the mallet and the lute,
The things you have fashioned in necessity or for delight.
For in reverie you cannot rise above your achievements
Nor fall below your failures.
And take with you all men:
For in adoration you cannot fly higher than their hopes
Nor humble yourself lower than their despair
(Kahlil Gibran in Bailey, 1982, p. 123).

CHAPTER 10

CONCLUSION

This chapter constitutes the final and the most important step in the development phase of the Development Research and Utilization Model. It is represented by "technological realization," or the birth of the interventional innovation (Thomas, 1985a, p. 495). The major findings or conclusions of the study are discussed and recommendations for further research made.

Van Rooyen (1992) asserted that conclusions in the developmental research model do not take the standard form proposed by research texts. Instead the conclusions are the product of the developmental effort. In this study the interventional innovation constitutes guidelines for a course on religion, spirituality and social work. As the process of "evaluation," has been implemented the programme may be used at Schools of Social Work in South Africa (Thomas, 1985a, p.496). The course is presented after the major findings of the study have been elucidated.

THE MAJOR FINDINGS OF THE STUDY

The five research questions generated during the conceptual phase of the study provide a framework within which the major findings of the study are discussed.

1. CONCLUSIONS RELATED TO THE BELIEFS AND ATTITUDES OF STUDENTS TOWARD RELIGION AND SPIRITUALITY IN THEIR PERSONAL LIFE

A majority of the sample were African females who belonged to the Christian faith. They were between the ages of 19-25. Religion and spirituality appear to play a central role in their personal lives. Almost the entire sample (99%) indicated some form of religious affiliation or spiritual orientation. Eighty four percent reported participating in religious service on a daily or monthly basis suggesting strong involvement in institutionalized religion. Ninety percent of the sample indicated a belief in God or a transcendent or divine dimension. Beliefs in a "personal God," and "a transcendent or divine dimension that is unique and specific to the human self" suggest that religion and spirituality are of a deeply personal nature amongst students.

2. CONCLUSIONS RELATED TO THE VIEWS OF STUDENTS ON THE ROLE OF RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE

Participants appear to be very accepting of the role of religion and spirituality in social work practice. Ratings between 40 to 82 were obtained on the RRSP Scale, with a mean rating of 63. 93 (SD=5.82). The strong positive attitude toward the role of religion and spirituality may be linked to the strong role that these dimensions play in the personal lives of students.

3. CONCLUSIONS RELATED TO THE EXTENT TO WHICH RELIGION AND SPIRITUALITY IS CONSIDERED IN LOCAL CURRICULA

There is no course on religion and spirituality in the local context. The assumption that minimal attention is accorded to this area in local curricula, was found to hold true. Eighty seven percent of the sample indicated that this

topic received minimal or no attention during their education and training. There was a general feeling of dissatisfaction about this. About half the sample expressed that content on religion and spirituality had been built into casework practice, whilst less than 10% indicated that it had received attention in courses on research, policy and social justice. Students, however, qualified this by stating that it was dealt with superficially. It can therefore be concluded that a major gap exists in this area in South African curricula.

4. CONCLUSIONS RELATED TO THE EXTENT OF USE AND APPROPRIATENESS OF SPIRITUALLY BASED INTERVENTION TECHNIQUES

Over 40% of the sample indicated using 12 of the religious and spiritually based intervention techniques investigated in the study. Over 50% of the sample indicated that 20 of those being investigated were appropriate for social work practice. Support for three of the research assumptions were found to hold true in the data pertaining to use of intervention techniques. Students appear to be neglecting the spiritual dimension in the context of a holistic biopsychosocial assessment. Given that more support was evident for the appropriateness rather than the actual use of techniques suggest that whilst students may consider spiritual experiences or spirituality to be important they do not build such phenomena in the counselling methodology. Finally that students may not be using interventions that are appropriate because of a lack of knowledge and skill in this area also appears true. Students' use of interventions that are not within the bounds of ethical practice e.g. touching clients for healing purposes lends support for the need for education and training in this area.

5. CONCLUSIONS RELATED TO CONTENT THAT NEEDS CONSIDERATION IN AN INDIGENOUS COURSE ON RELIGION, SPIRITUALITY AND SOCIAL WORK

There appears to be overwhelming support for the introduction of a course on religion, spirituality and social work in South Africa. Eighty percent of the sample was in favour of this. Over 65% of the sample supported the inclusion of information on religious and spiritual diversity, knowledge, skills and values for spiritually sensitive practice, spiritually based intervention techniques, collaboration and networking with religious and spiritual development, policy issues and the historical development of the field. Evaluative data received from educators also indicated that this group supports these topics. A comparison with trends in the literature and international courses indicate that the course would benefit from the inclusion of topics on research and community work.

RECOMMENDATIONS FOR FUTURE RESEARCH

Religion and spirituality in social work is a new field, which is evolving at a rapid rate. The literature reviewed highlights the interrelatedness between religion, spirituality and social work. These areas of interconnection uncover the multitude of opportunities available for future empirical work. Future research is particularly important in validating the role of religion and spirituality in practice and will serve to establish the importance of this field. The research process unearthed the following areas that may be considered in future studies:

- The attitudes and opinions of social work practitioners and educators with regard to the role of religion and spirituality in social work practice in South Africa will add to the knowledge base contributed by the current study.

- The role of religion and spirituality in the lives of different client groups will shed light on its usefulness as a resource.
- Spiritually based intervention techniques and models need empirical testing in order to validate their therapeutic impact with different client groups.
- The area of culture and ethnicity also opens many new doors for future research. The nature and extent of culture bound syndromes and the use of transpersonal healers will add to the knowledge needed to work more effectively with diverse ethnic groups.
- The nature and extent of transpersonal experiences in South Africa also needs exploration.
- The attitudes and views of educators towards the inclusion of religion and spirituality in South African curricula would also be a valuable area of study.
- Finally the implementation and evaluation of the programme developed in the study will contribute significantly to establishing the efficacy of the programme and to identifying problems in implementation. This will ensure successful absorption of the programme into local curricula.

THE INNOVATION

In the following pages the interventional innovation or that which constitutes the heart of this study is brought to life. It takes the form of a comprehensive programme with practical guidelines for the teaching of various topics related to religion, spirituality and social work. The process of design and the sources of information used are detailed in the guidelines. Literature in the framework of the developmental research model constitutes a major source of information that shapes and informs the design and content of the innovation. Segments of the course were therefore directly imported from the literature review into the guidelines (with some minor changes in places).

As the guidelines can be used independently from the thesis, there are repetitions with some material imported directly from the thesis. In order to ensure that the reader is not tired by the repetition of material, content imported from segments of the thesis have been shaded. That which is new has been left unshaded. This thesis in itself can be regarded as a guide to curricula development. The initial copies forwarded to Heads of Departments contained references only in relation to the recommended readings cited in the guidelines. The final product will include the full reference list of this thesis so that educators will have ready access to sources of literature to further build the programme.

The product is intended to be a practical user-friendly guide with hands on material in relation to the different topics. Although intended as guidelines the lack of literature available locally and the fact that this is a new field made it necessary to provide a certain amount of detail. The course may be regarded as a resource not only for educators but also for practitioners who are keen on designing workshops or training programmes for those already in the field.

Clements et al., (1998) wrote that the topic of an organic study finds its roots in the researcher's personal experience.

> *"Every spring, the tree flowers and bears fruit that is harvested for pleasure and for food. Seeds from the fruit may be planted back in the earth to grow new trees. The fruits of organic research include transformation of the researcher, the co-researchers, and the readers, so far as each is willing to engage in both the conscious and unconscious aspects of the work" (ibid, p. 120).*

My personal story and a deep desire to create a product that would benefit and transform the lives of those with who we work was the spiritual element that motivated this study. May the end of this dissertation not be the end of your journey but the starting point by which you may use its fruits to nurture and transform those whose lives we touch.

PART SIX

GUIDELINES FOR CURRICULA DEVELOPMENT

Journey to transformation

Lord,
Make me an instrument of Thy peace.
Where there is hatred let me sow love
Where there is injury, pardon;
Where there is doubt, faith;
Where there is despair, hope;
Where there is darkness, light; and
Where there is sadness, joy.

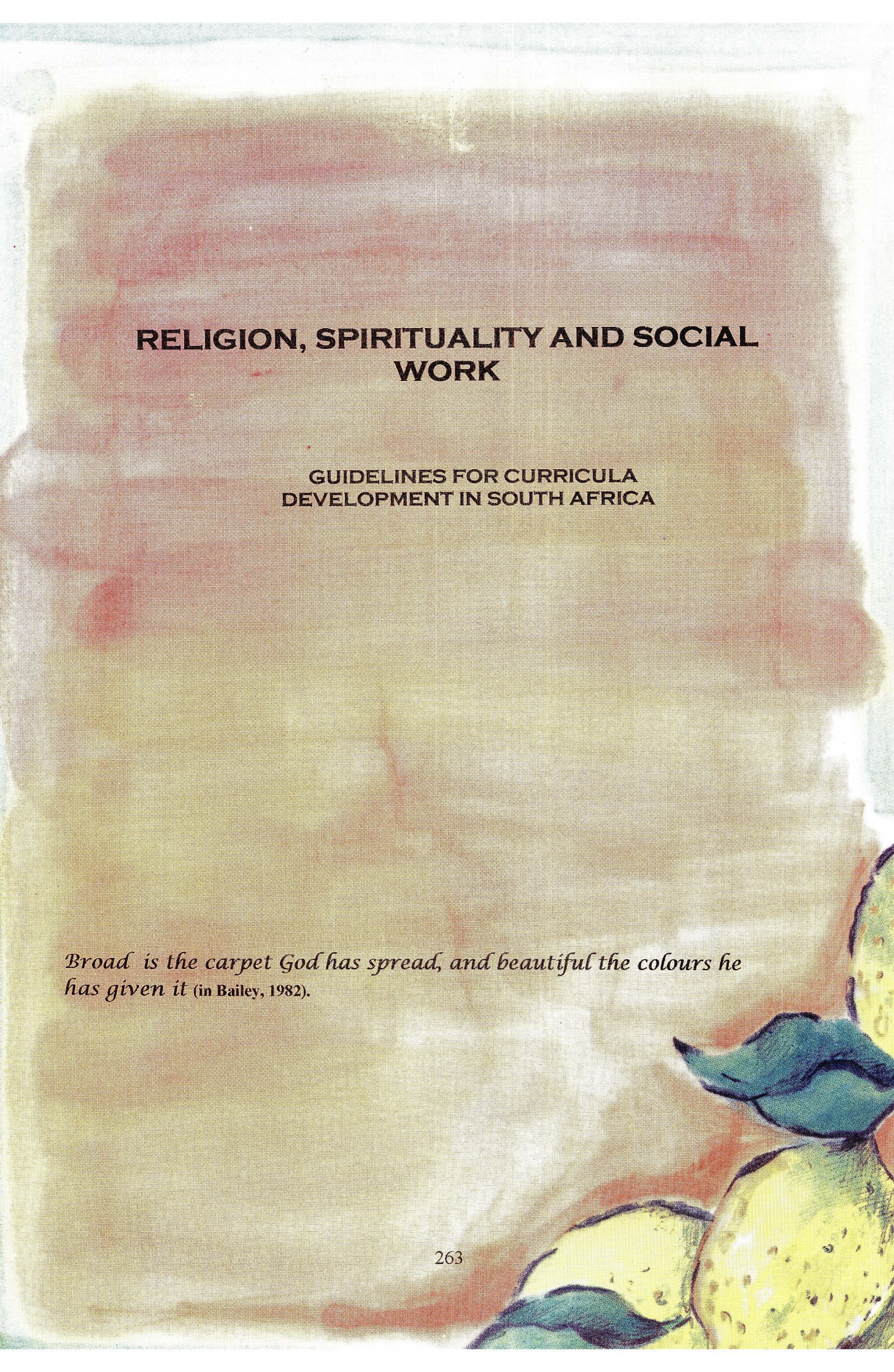
O Divine Master,
Grant that I may not so much
Seek to be consoled as to console;
To be understood as to understand;
To be loved as to love.
For it is in giving we receive,
It is in pardoning that we are pardoned, and
It is in dying that we are born to eternal life.

St Francis of Assisi

RELIGION, SPIRITUALITY AND SOCIAL WORK

GUIDELINES FOR CURRICULA DEVELOPMENT IN SOUTH AFRICA

Broad is the carpet God has spread, and beautiful the colours he has given it (in Bailey, 1982).



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WHEN WE NURTURE THE SOUL OF SOCIAL WORK

by Michael Sheridan

When we nurture the soul of social work,
our students would feel stimulated and supported, instead of
stressed-out, pushed through, used, and abused.

When we nurture the soul of social work,
our faculty members would act like colleagues and friends, instead
Of like competitors and adversaries.

When we nurture the soul of social, work ?
our administrators would spend their time being creative leaders,
instead of finding themselves being harried arbitrators of warring
factions.

When we nurture the soul of social work,
Our educational programs would be more committed to creative
And transformative learning, instead of to being in the top 20 list of
US News and World Report.

When we nurture the soul of social work,
our scholarship would focus on pressing human needs, instead of
counts of faculty productivity and debates about competing paradigms.

When we nurture the soul of social work,
our agencies and organizations would be concerned with improving
the human condition and eradicating oppression, instead of
maintaining the status quo and defending their "turf."

When we nurture the soul of social work,
our practitioners would rejoice in the life paths they've taken,
instead of becoming burnt-out, cynical and marking time until
retirement.

When we nurture the soul of social work,
our clients would experience themselves as respected partners in
the journey, instead of faceless, nameless "others" on some census
of agency effort.

When we nurture the soul of social work,
our society would benefit from our passion and commitment to
social justice, instead of suffering from our actions as hand-servants
of harmful, outdated policies or as misguided meddlers in human affairs.

When we nurture the soul of social work,
our earth would know us as dedicated, stewards of her wonders,
instead of just another group of indifferent consumers of her bounty and spoilers of her beauty.

When we nurture the soul of social work,
the spiritual would be recognized as an essential part of what we're
about and would be reflected in all that we do - and the mystery
would smile and be glad.

(in Canda and Furman, 1999, p.184-185. NB. The original words of the poem read "if we nurtured the soul of social work," but have been changed to "when we nurture the soul of social work, as per the suggestion made by Canda and Furman, 1999. Reproduced with permission).

INTRODUCTION

These guidelines have been developed to serve as a framework to facilitate the implementation of a course on religion, spirituality and social work, and to serve as a stimulus to further curriculum development in this area. The course titled : Religion, spirituality and social work," contains 13 units which cover different facets of this topic.

The process of the design of the course outline was informed through a thorough review of the literature, content analysis of twenty two course outlines from the United States, copies of which were obtained from the syllabi bank of the Society for Spirituality and Social Work, and data obtained from a national survey with 332 student social workers. The manual titled "Approaches to Teaching Spirituality Across the Curriculum," which was developed by Sheridan (2000) and presented at the Faculty Development Institute's 46th Annual Program meeting, hosted by the Council on Social Work Education in the United States also informed the design process.

A brief rationale for the course is provided and the course and knowledge objectives are outlined. This is followed by the course itself, in the form of 13 units. Each unit was identified through the process of developmental research, the research methodology that was used to guide this study. Each unit contains an overview, which summarizes the core or salient issues that need to be explored within that unit. Guidelines in the form of brief study material are also contained within each of the units to enable facilitators to have an understanding of the different facets of the topic relevant to the unit. It must be emphasized that these are mere guidelines; thus not all the issues are explored in depth. Instead each unit contains references to certain texts and journal articles, which will allow facilitators to build upon and extend the material presented in each unit. These readings may also serve as references for students taking the course.

Suggested teaching methodologies in relation to the course have also been presented. Examples of potential assignment topics, which may be used as test and exam questions, have been detailed. A range of class discussion exercises in relation to the different units is also included. Although course content will have to be presented using the didactic approach, it is recommended that the process of learning be enhanced through the optimal use of small group discussions, case studies, guest lectures and other experientially based exercises

The course developed constitutes guidelines and do not intend to be prescriptive. They allow for flexibility in terms of adaptation of content and presentation of the programme. Implementation of the course is dependent on the uniqueness of each institution's programme and objectives. There may be vertical presentation of the material, meaning that the course is taught from Unit 1 to Unit 13. This

however may be difficult to achieve due to time constraints. Certain units may be selected according to the year of study. Where it is not possible to present certain units consideration may be given to fusing material contained therein with other courses. Points for infusion are contained at the end of the guidelines.

RATIONALE FOR THE COURSE

Social work practice is based on the holistic, systems perspective. A holistic perspective recognizes that the biological, psychological, social, as well as spiritual factors are inextricably linked. Social work also operates from a strengths perspective. For many clients religion and spirituality are a tremendous source of strength. There has however been a tendency to ignore this dimension in practice. This issue has also not been given due consideration within the curricula. Current international trends however support the inclusion of content on religion and spirituality.

COURSE DESCRIPTION

This course will introduce students to the role of religion and spirituality in social work practice. The historical role between spirituality and social work will be traced and both the supporting and opposing positions in relation to religion and spirituality in social work education and practice will be outlined to serve as a context for the introduction of the course.

The course will explore the meanings of religion and spirituality and how both these dimensions impact on social work practice. Students will be exposed to a framework of knowledge, ethical principles, values and skills that will enable them to respond sensitively, ethically and competently to a wide range of religious and spiritual issues in social work practice. The dysfunctional aspects of religion and spirituality will be considered, particularly how religion may impede individual and family functioning, thus maintaining a holistic approach to this topic. Students will also be introduced to a wide range of spiritually based intervention techniques. Guidelines to ensure the appropriate use of these techniques are presented.

Religious and nonreligious spiritual perspectives will be presented to create awareness of spiritual diversity. The course will provide opportunity for students to deepen their knowledge of the diverse cultural and ethnic groups in South Africa and become more aware of their customs, traditions, rituals and healing practices to allow for a respectful and sensitive approach to dealing with clients from diverse backgrounds. In order to prepare students to deal sensitively and ethically to such diversity a comparative critical approach to content is being recommended.

Students will also be afforded the opportunity to consider their personal spirituality and how it relates to their professional identity and practice effectiveness.

COURSE OBJECTIVES

1. To understand the history of the relationship between religion and social work.
2. To create awareness about the role of religion and spirituality in practice.
3. To deepen knowledge and understanding of diverse religious and spiritual perspectives and their implications for social work practice.
4. To become more aware of the beliefs, practices, customs and traditional healing systems of local cultural groups and their implications for social work services.
5. To be prepared to apply to practice a framework of knowledge, values and skills for spiritually sensitive social work.
6. To learn clinical assessment strategies that involve spirituality and to understand and apply spiritually sensitive guidelines during the helping process.
7. To create awareness of spiritually based intervention techniques, provide guidelines for use of same and to appreciate the major ethical issues surrounding the use of such techniques.

KNOWLEDGE OBJECTIVES

1. To explore the historic and contemporary relationship between religion and social work.
2. To be able to distinguish between religion and spirituality.
3. To examine the functional and dysfunctional aspects of religion.
4. To be able to recognize and analyze the characteristics of a spiritually sensitive helping relationship and evaluate his/her helping relationships regarding these qualities.
5. To be familiar with the theories of religious and spiritual development.
6. To be knowledgeable about at least two spiritual traditions other than one's own.
7. To be able to consider religious and spiritual issues when conducting a biopsychosocial assessment.
8. To identify the supportive and oppressive aspects of religious and spiritual perspectives concerning issues of human diversity, such as gender, sexual orientation, social class, disability, ethnicity and culture.
9. To be familiar with transpersonal theory and the nature and types of transpersonal experiences.
10. To explore and analyze research findings in the area of religion, spirituality and social work and consider its input in relation to social work services.
11. To introduce students to transpersonal research methodology.

SKILLS OBJECTIVES :

1. To be able to demonstrate an understanding of a model of spiritually based social work practice.
2. To be able to understand important religious and spiritual issues faced in working with clients.
3. To be able to differentiate between healthy and unhealthy religiosity and incorporate this in designing a treatment plan in clinical practice.
4. Demonstrate an ability to help clients clarify and resolve their religious or spiritual value and ethical dilemmas in relation to problems they may be experiencing.
5. Demonstrate understanding and competence in the use of at least three professionally ethical spiritually based intervention techniques, such as journaling, guided imagery or meditation.

TEACHING METHODOLOGIES

It is suggested that the course be presented in the spirit of cooperative learning; active participation is therefore vital. The content of lectures presented can be enriched by reference to suggested readings and experientially based exercises.

Consent from students should be sought for participation in experiential exercises. Students will be allowed to make clear, to each other and the course facilitator, their levels of comfort and discomfort with proposed exercises so as to maintain a comfortable, cooperative and effective learning environment.

Type of Instruction

The course may be organized around : -

A. Lectures	F. In – class and outside of class journaling
B. Class discussion	G. Music and poetry
C. Guest speakers	H. Onsite visits to religious / spiritual centers
D. Case studies	
E. Student presentations	

UNIT ONE : INTRODUCTION AND COURSE OVERVIEW

Overview of Unit One :

1.Introduction and overview of overall course.
2.Establishing ground rules.
3. Creating an effective learning environment
4. Discussion of student needs and expectations.

Note to facilitator

1 Introduction and overview of course

- It is suggested that Unit One serve as the introductory lecture.
- Students can be welcomed to the course and an overview of the various units that are going to be taught can be presented to them.
- Course requirements can be clarified. There can also be a discussion of assignment topics and the use of certain teaching methodologies, where applicable, for example journaling can be clarified.

2. Establishing ground rules

The following can be used to set the pace for a discussion of religious and spiritual issues in the classroom context.

Edward Canda, one of the most prolific writers in the field, begins with an explicit statement of the ***ground rules*** before he begins to facilitate workshops or dialogue groups on spiritual diversity. The following explanation could be adapted in the formation phase of a course, intensive workshop, dialogue group, family therapy, or group work. It is suggested that attention be given to this explanation, in conjunction with the strategies outlined for "creating an effective learning environment at the introductory lecture to the course."

"The subjects of religion and spirituality can be very controversial. We have beliefs, values, and traditions that we hold dear. As we get to know each other, we will discover common ground as well as areas of difference and disagreement. In this course (or workshop), we need to create a climate in which each person's spiritual commitments are honored. Therefore, I am asking that all of us make an explicit statement to relate in a manner that encourages open dialogue and mutual learning. This means that we demonstrate appreciation for religious and spiritual diversity among us. On occasions when we may disagree, we need to agree to disagree, while still respecting each other. In this course (or workshop), we will not engage in proselytization. We may well challenge each other to pursue new

understandings of truth, but we may not coerce or denigrate each other on the basis of our own versions of truth. (Group discussion follows until a sense of closure and agreement is reached). Now that we have agreed on this mutual respect, let's applaud ourselves to celebrate our beginning of this time together that promises to be very rich and enjoyable
(Canda in Canda and Furman, 1999, p.190 – Reproduced with permission).

3. CREATING AN EFFECTIVE LEARNING ENVIRONMENT

An effective learning environment is one that promotes critical analysis of course content and process through respectful and open dialogue and personal reflection. An effective learning environment, for developing competency in spiritually sensitive practice:

- Examines religion/spirituality as general aspects of human culture and existence.
- Considers religion/spirituality within a holistic perspective and as interrelated with the biological, and social dimensions of human experience.
- Compares and contrasts diverse religious/spiritual behaviors and beliefs based on some meta-analytical framework.
- Encourages open, respectful dialogue and appreciates diverse viewpoints, values, and experiences.
- Promotes explicit discussion of value issues and promotes value clarity.
- Avoids both sectarian and anti-religious bias.
- Supports a strengths perspective relative to religious/spiritual beliefs, practices, and support systems.
- Examines the potential benefit or harm of religious/spiritual beliefs, practices and support systems.
- Emphasizes the importance of knowledge, values, and skills required for spiritually sensitive social work practices.
- Encourages students to critically explore their own views, misunderstandings, and biases about religion/spirituality.
- Respects confidentiality of classroom discussions and personal sharing by students, instructor, and about religion/spirituality.
- Prohibits religious/spiritual proselytizing and recognizes individuals' rights to pursue their own spiritual path.
- Clarifies purpose and seeks permission for experiential exercises.
- Fosters personal engagement and self-reflection by both students and instructor.

(Source : Sheridan, 2000, p. 25)

(* Note to facilitator : these points may be used to further set ground rules for a positive classroom context).

4. Discussion of student needs and expectations.

The lecturer facilitates a discussion on the needs that students might have in relation to:

- The course,
- The lecturer and,
- Other students.

The lecturer also gives space for students to explore their expectations in relation to:

- The course,
- Themselves,
- The lecturer, and
- Other students.

UNIT TWO : THE HISTORIC RELIGIOUS ROOTS OF THE PROFESSION AND CONTEMPORARY PRACTICE

Overview of Unit 2 :

1. Tracing the historic roots of religion and spirituality in social work practice to contemporary practice.
2. Debate surrounding the inclusion of religion and spirituality in social work practice and education : opposing and supporting viewpoints.

- Note to facilitator : Information pertaining to the historical development of religion and spirituality in the context of social work practice and education as well as the debate surrounding its inclusion within these contexts is presented below. This may be used to structure and serve as a guide to build on this unit.

1. Tracing the historic roots of religion and spirituality in social work practice, to contemporary practice.

Historical Roots of Spirituality in Social Work

Historical Phases : The connection between spirituality and American social work

	Characteristics
Phase One: To Early Twentieth century	Primarily Christian and Jewish sectarian services Sectarian ideologies in governmental services Beginnings of nonsectarian humanistic spiritual ideologies for social services
Phase Two: 1920s to 1970s	Professionalization and secularization of social work ideologies and institutions Increased professional skepticism of religiously based social work Separation of church and state more strictly enforced in social service delivery Tacit religious ideologies continue in governmental social services Social work education detaches from religion and spirituality Sectarian private social service agencies and educational institutions continue

	Beginnings of existential and new non-sectarian approaches to social work
Phase Three:	Continuation of private sectarian social work Calls for inclusive approach to spirituality
1980s to the present	Increase of diverse religious and nonreligious spiritual perspectives in social work Rapid increase of related research and publication Return of attention to religion and spirituality in social work education

Source: Canada, E. R.,& Furman, L.D. (1999). *Spirituality in social work practice: The heart of helping, p. 88,* New York: The Free Press – Used With Permission.

2. Debate surrounding the inclusion of religion and spirituality in social work practice and education: opposing and supporting viewpoints.

Canda and Furman (1999, p. 63-4) summarized the academic debates found in the literature, surrounding the inclusion of religion and spirituality in social work education and practice. In the table below, reproduced from their work, both the opposing and supporting positions are presented.

Resolving the Debate About Studying Religion and Spirituality in Social Work

Opposing Positions	**Supporting Positions**
Inherent Deficiencies of Religion / spirituality	**Responding to Challenges and Strengths of Religion/Spirituality**
Institutional Defects	*Institutional Challenges and Strengths*
• Sectarian views are too limiting or biased for the profession • Rigidity, dogmatism, and judgmentalism of religions are worrisome • Religions are basically status quo maintaining • Spiritual concerns are overly focused on micro perspective rather than macro justice	• Use an inclusive view of spirituality • Engage diverse ideological and spiritual perspectives in dialogue; avoid negative stereotyping • Address the role of religions in both restricting and prompting justice • Identify both micro and macro implications of Spiritual and religious perspectives
Personal Defects	*Personal Challenges and Strengths*
• Religion is an expression of psychopathology • Spirituality is inherently personal and idiosyncratic	• Identify the role of religions in both restricting and promoting mental health • Link micro and macro issues of spirituality
Religion and Spirituality are Inconsistent with the Nature of the Profession	**Religion and Spirituality Express the Nature of the Profession**
Domain concerns	*Domain Implications*
• Religion and social work are separate and mutually exclusive domains • Religion and spirituality are not very important for understanding clients • Addressing religion and spirituality would undermine the status of the profession	• Religion, spirituality, and social work are interrelated and complementary • Religion and spirituality are crucial for understanding clients • Addressing religion and spirituality competently would enhance the status of the profession

Responding to Challenges and Strengths of Religion / Spirituality

Value Conflicts

- Involving religion increases the danger of proselytization and violation of clients' self-determination
- Addressing religion weakens church-state separation
- Social work should value free or objective
- Religion and spirituality are inconsistent with a scientific professional base for practice
- Social workers tend to be irreligious or uninterested

Value dilemmas

- Address spirituality in a manner consistent with professional values
- Support both church-state separation and respect for spiritual diversity
- Social work is inherently value based and spiritual
- Addressing spirituality is consistent with the contemporary philosophy of science in social work
- Social workers are often religious and always spiritual; ethical and moral reflection in practice are necessary

Logistical problems

Inadequate State of the Art

- Concept of spirituality is too vague for use
- Efforts to combine religion and social work are not adequately developed
- Workers are unprepared to address, so better to ignore or refer

Logistical solutions

Emerging State of the Art

- Refine definitions
- Utilize extensive available knowledge and skill for linking spirituality to service; continue development
- Enhance education of workers

Curriculum Concerns

- Curriculum is already too crowded
- Educators are unprepared to teach, so better to ignore

Curriculum Opportunities and Responsibilities

- Implement both infusion and specialization in curriculum
- Engage educators in continuing education and curriculum development

Source : Canada, E. R., & L. D. (1999, p. 63-64). Spiritual diversity in social work practice : The heart of helping. New York: The Free Press. Reproduced With Permission.

Recommended Readings :
Text: Canda and Furman, 1999, Chapter 2, p. 60-74
Text: Bullis, 1996, Chapter One
Journal articles: Amato-von-Hemert and Clark, 1994; Sheridan, Wilmer and Atcheson, 1994; Sheridan and Amato-von-Hemert, 1999.

UNIT THREE : DEFINITIONS, CHARACTERISTICS & GUIDING PRINCIPLES OF SPIRITUALLY SENSITIVE SOCIAL WORK RELATIONSHIPS

Overview of Unit Three:

1. Defining the terms religion and spirituality and clarifying ambiguities and misinterpretations related to definitions.
2. Definition and characteristics of a "spiritually sensitive helping relationship."
3. The five guiding principles of a spiritually sensitive helping relationship.
3.1. Value clarity
3.2. Respect
3.3. Client centeredness
3.4. Inclusivity
3.5. Creativity
4. Ethical principles for spiritually sensitive social work

1. Definitions of religion and spirituality

Although the concepts religion and religiosity, at a surface level, may appear to be couched within definitions of spirituality, there are distinct differences between these two often misinterpreted terms (Bullis, 1996; Ingersoll, 1994).
Most definitions are imbued with the personal perspectives of various writers on spirituality and the literature seems to elude a precise definition of the term. There is an inherent "mysterious quality" of spirituality; its deepest meaning cannot be expressed, but its expressions and names are numerous (Canda and Furman, 1999, p. 37). One of the reasons that practitioners have avoided dealing with spiritual issues is because of the confusion surrounding the terms religion and spirituality (Cascio, 1998). Religion has been associated with rigidity, dogmatism and pathology (Loewenberg, 1988, Kilpatrick and Holland, 1990; Sermabeikian, 1994; Clark, 1994; Jacobs, 1997). It has also been linked to ideology, ritual and institutions (Sermabeikian, 1994). Writers such as Joseph (1988) have asserted that religion may be seen to contribute to other problems such as the development of passivity and waiting for God to intervene in life's problems.

The term religion has been used to refer to "formal institutional contexts" for spiritual beliefs and practices (Canda, 1989, p.39). Cascio (1998) asserted that religion "consists of worship practices, denominational affiliation and overt participation in a faith organization"(p.524). It also entails an acceptance of the values, ethics, practices and beliefs of a specific faith community and leads adherents to prefer myth, symbol, rite and ceremony to other forms of expression (Marty in Ingersoll, 1994). Since religion deals with specific beliefs, it is often

exclusive (Furman and Chandy, 1998). Spirituality on the other hand can be described as being eclectic and inclusive (Bullis, 1996) and may or may not include a belief in God.

Siporin and Brower (in Canda, 1983) said "spirituality encompasses human activities of moral decision making, searching for a sense of meaning and purpose in life, and striving for mutually fulfilling relationships among individuals, society, and ultimate reality, however conceptualised" (p. 238).
Following a review of current definitions in the field, Canda and Furman (1999) synthesized the attributes of spirituality as being:

- A holistic quality of a person, considered to be inherently sacred, valuable and irreducible;
- An aspect of a person or group that deals with a search for meaning, morality and relationships with others, including ultimate reality;
- experiences of a transpersonal nature;
- a developmental process embracing movement toward a sense of wholeness in oneself and with others;
- participation in religious or informal spiritual support groups;
- engaging in particular beliefs and practices, such as prayer or meditation in a spiritual or religious context.

Recommended Reading :

Journal Articles : Ingersoll, 1994; Siporin, 1985; Siporin, 1986; Canda, 1983; Sheridan et al., 1992; Sherwood, 1998; Canda, 1989.

2. Characteristics of a spiritually sensitive helping relationship

A spiritually sensitive helping relationship embraces a client centered, empathic, respectful and caring style, which remains nonjudgmental of a client's spiritual beliefs and practices (Sermabeikian, 1994), Cascio (1998), Canda (1988a; 1988b). It is one "in which the worker links personal and professional growth, engages in dialogue with clients about their frameworks for meaning and morality, appreciates diverse religious and nonreligious expressions of spirituality, supports creative resolution of the crises, and connects with a variety of spiritual resources as relevant to the client" (Canda in Okundaye and Gray, 1999, p.373).

3. Five guiding principles of a spiritually sensitive helping relationship (Source : Canda and Furman, 1999).

3.1. Value clarity

This requires self-reflection to explore and refine one's values and moral and ethical understanding of oneself, the client and the helping process. The social worker's strengths and resources, including those based in spiritual and religious perspectives need to be identified and linked to the profession's Code of Ethics. Similarly limitations, biases, prejudices, and negative attitudes need to be identified so that the worker can move beyond them. Reflections on the interplay of the values, feelings, thoughts and actions of the worker and client should include explicit attention to religious, moral, and spiritual concerns and dynamics. Canda and Furman (1999, p.187) suggested journaling and asking the following questions to accomplish value clarity :

- **What factors predispose me to this reaction ?**
- **What does this indicate about my strengths and limitations in general and in relation to this particular helping situation ?**
- **What are the implications for personal and professional growth ?**
- **What steps can I take to accomplish growth ?**
- **How will I use this self-understanding and growth to help this person and future clients ?**
- **What is my time frame for working on this ?**

3.2. Respect

This entails affirming the inherent dignity and worth and recognizing the divinity or sacredness of each person. It also means encountering the client with a fresh mind unhindered by presumptions. The process of labeling, analyzing, categorizing and judging our clients and ourselves leads to distraction. To keep this possibility open the social worker should avoid reading any prior diagnostic material about the client. Instead the client should be invited to tell his or her story in an open-ended way (Canda and Furman, 1999). To enable the social worker to be open to the present experience the authors suggested that when "you notice your mind waver, become drowsy, or full of chatter, return awareness to the flow of your breath. Then pay special attention to the sound of the client's voice, the color of his or her clothes, the nuances of body posture and motion, and the emotional tone of his or her words. Perceive these details as you would smell a freshly cut flower" (ibid, p.188).

3.3. Client centeredness

This requires that the client's worldview and spiritual experiences are taken seriously. Even when the worker has disagreements or detects signs of delusion, this needs to be done with respect for the client. Proselytization or moralistic judging, based on religious, political, theoretical or other ideological positions, is not appropriate.

3.4. Inclusivity

Inclusivity refers to the ability to include exclusive spiritual practices in practice. Some clients may, for example, use religious rationales to justify ethnocentrism, racism, homophobia, or violence against women. Certain religious communities may wish to live separately from others in order to maintain a unique lifestyle and moral commitment. Establishing trust, mutual understanding and cooperation in the relationship can only occur when the worker truly values inclusivity. Even when there are disagreements, the relationship that has been created encompasses agreement to disagree. In situations where the social worker may advocate for change of spiritual beliefs and values, change needs to occur with dialogue in which openness to learning and change is encouraged as the interaction continues.

3.5. Creativity

This refers to the nurturing of creative possibilities for growth, problem solving and crisis resolution. Canda and Furman (1999) likened the spiritually sensitive social worker to a midwife who provides a supportive environment, helpful skills and knowledge, and positive energy to help the client to give birth to a new self and situation. The creative social worker also attends to the aesthetics of helping by filling the place of helping with colours, sounds, and images with which the client identifies. Social workers also need to welcome back all the places, powers, beauties, relationships, colours, sights, sounds and smells, tastes, dances, songs, and memories that can have an inspiring, healing, and helping significance for clients.

4. *Ethical principles for spiritually sensitive social work*

The ethical principles for spiritually sensitive social work, have been described by Canda and Furman (1999). As they are similar to the general principles for ethical practice they will not be described in detail.

1. *VALUE : SERVICE*
   ETHICAL PRINCIPLE : Social worker's primary goal is to help people in need and to address social problems.

2. *VALUE : SOCIAL JUSTICE*
   ETHICAL PRINCIPLE : Social workers challenge social injustice.

3. *VALUE : DIGNITY AND WORTH OF THE PERSON*
   ETHICAL PRINCIPLE : Social workers respect the inherent dignity and worth of the person.

4 *VALUE : IMPORTANCE OF HUMAN RELATIONSHIPS*
   Ethical Principle : Social workers recognize the central importance of human relationships.

5. *VALUE : INTEGRITY*
   ETHICAL PRINCIPLE : Social workers behave in a trustworthy manner.

6. *VALUE : COMPETENCE*
   ETHICAL PRINCIPLE : Social workers practice within their areas of competence and develop and enhance their professional expertise.

(Source : Canda and Furman, 1999 – Used with permission).

Recommended Readings :
Text : Canda and Furman, 1999 : Acknowledgements and Introduction; Chapter 1 : 29-36; Chapter 2 : 37-60; 74-76; Bullis, 1996.
Journal Articles : Canda (1988a; 1988b); Cascio, 1998.

UNIT FOUR: RELIGIOUS AND SPIRITUAL DIVERSITY

Overview of Unit Four

1. Overview of religious perspectives: Christianity, Hinduism Islam and Judaism: basic values and implications for social work services.
2. The religion and spirituality of indigenous people : African religious and spiritual perspectives and the implications for social work services.
3. Nonsectarian spiritual perspectives: transpersonal theory
4. Human diversity, spirituality and social work practice: women and spirituality; sexual orientation, diversity and spirituality.
5. Implications for practice.

1. Overview of the religious perspectives and their implications for social work services

It is suggested that the course include an overview of the major religious groups in South Africa viz. Christianity, Islam, Hinduism, Judaism and African Traditional Religion. Religious traditions yield great insight for social work practice, both for working with clients who share these traditions and also for general innovation in social work practice (Canda and Furman, 1999).

Recommended Reading :
Canda and Furman, 1999 : Chapter 4, p. 119-145
Journal Articles : Sewpaul, 1997; Sewpaul, 1999

2. Ethnic and cultural diversity and related issues

2.1. Connections between spiritual and cultural diversity

Religion, spirituality and culture are often intertwined thus creating a need for culturally or ethnically sensitive social work practice. South Africa is a rich, diverse multicultural context comprising of individuals from various religious and spiritual backgrounds. Although most individuals belong to the Christian, Hindu, Islamic, Jewish or African traditional religious groups, there exist strong patterns of ethnic or cultural diversity in the local context. Diverse patterns of worship styles, rituals, and practices can be found for example, among Hindus, who may be of Tamil, Hindi, or Gujerati descent. In order for social workers to provide culturally sensitive services, it will become important for them to gain an understanding of the different facets of these different groups and how they relate to their client and community systems.

2.2. Indigenous religious or spiritual practices

Indigenous religious or spiritual practices amongst Africans, also adds to the complexity of the diversity in the South African context. ***African Traditional Religion*** in particular, has no frame of reference, by way of Holy Scripture or text. Unique systems of beliefs and practices are found in different parts of Africa. Within specific geographical areas, beliefs differ according to ethnic groups. There is an unequivocal belief in the existence of an omnipresent God (Unkulunkulu) and a deep reverence for ancestors, which guide behaviour and practice. Ancestors are seen as intermediaries who can provide the link between God and human beings. There is also a strong emphasis on rituals and ceremonies in order to appease the spirits (Sewpaul, 1999). It will therefore be important for workers to respect and understand these unique, indigenous and very traditional patterns of spirituality as they present across different ethnic groups.

2.3. The role of traditional healing systems

Social workers will also have to become aware of the role of traditional healing systems in different communities and work collaboratively with "sangomas" and "inyangas," "temple priests" moulanas and other spiritual leaders when clients so desire. Attention will therefore have to be paid to transpersonal healing and transpersonal healers. Transpersonal healers have been defined as "individuals who attempt to influence beneficially the physiology of living organisms through the use of culturally unorthodox noninstrumental methods, including (a) the laying on of hands; (b) wishing; (c)acting as a source or "channel" for the transfer of purported healing "energies;" (d) shamanic healing; (e) prayer healing; (f) "magnetic" healing; (g) mystical healing; (h) diagnosing ailments or prescribing remedies through divine (or "inner") guidance; (i) the mediumistic incorporation of "spirits" or discarnate entities for the communication of information relevant to healing; (j) possession by "spirit doctors," whether for actual surgical procedures; (k) mystical "attunement" or "merging" with the healee and/or a divine source of healing power; and (l) shrine and "power spot" healing (Cooperstein, 1992, p. 99).

2.4. Diverse patterns of worship and values

Social workers will have to become more knowledgeable about the distinctive patterns of worship and values of different ethnic groups. The diverse range of religious and spiritual practices may prove unsettling to some social workers. The calling on of "spirits" and "ancestors" and the sacrifice of animals amongst some groups may create discomfort in those with different views. Social workers will have to learn to work through such issues.

2.5. *Alternative healing methods*

Professionals tend to dismiss or misdiagnose clients based on unfamiliarity with indigenous belief systems, healing practices and their influence on human behaviour (Paulino, 1995). It is essential for human service providers to have knowledge of alternative curative methods so that they may: 1) become informed about assessing culturally syntonic behaviors and attitudes as they influence the clients' philosophical worldview in which supernatural forces and spirituality affect their perceptions of what constitutes illness, symptom formation, and curative methods; 2) promote cross-cultural understanding and increase implementation of congenial interventions in which spirituality and indigenous beliefs must be integrated; and 3) develop linkages among community systems, e.g. indigenous networks, educators, health/mental health and social service resources which will support the clients' behaviors and attitudes regarding cultural norms which influence their participation in mainstream services (ibid).

Anthropological literature has indicated that non-medical, verbal or psychosocial healing does not work unless the healing methods are consistent with the client's worldview (Lantz and Pegram, 1989). Since most non- medical emotional problems are reactive to social, interpersonal, existential and or symbolic difficulties, the healing method utilized must be compatible with the client's cultural beliefs (Cannon and Devereux in Lantz and Pegram, 1989).

The following two case studies serve to illustrate the importance of respect for a clients' worldview in the context of social work practice.

- Mrs Naidoo who was receiving help from the Mental Health Center, because of her abusive husband, indicated that she could not leave him because he had been to a temple priest, who had given him ash to blow in their home. She believed that this was "forcing" her to stay at home. In addition to being provided with clinical social work services, she was linked to another healer, who could bless her, thus freeing her to move on.

- Bongani an African manic-depressive client was refusing medication as this did not fit his worldview ideas about the cause of his troubles. He began to accept treatment after being referred to an isangoma who provided him with herbal remedies and also advised him to take his medication from the clinic.

2.6. Transcultural therapy

An understanding of the dominant philosophy lends sensitivity and appreciation by social workers that assist cultural minority groups and it also make them aware of the strengths within such communities, to serve as resources to minority groups. The need to explore traditional religious rituals for insights and techniques

that can enhance the treatment interventions of contemporary helping persons has been discussed in the literature (Canda, 1983). Canda (1983, p.14) stated that transcultural therapy or cross-cultural fertilization of therapeutic approaches, within a social work context "requires ethnographic familiarity with and respect for target ethnic groups, a conceptual framework, which is sufficiently encompassing to be applicable cross-culturally and specific practice methods which are suited to the culture-specific needs of the clients" (Canda, 1983, p. 14).

2.7. Culture bound syndromes

An important qualifier in the definition of a mental disorder is that the syndrome or pattern, should not be a culturally based response to particular event. The DSM-IV manual states that :
"A clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behaviour, belief, or experience that are particular to the individual's culture. For example, certain religious practices or beliefs (e.g. hearing or seeing a deceased relative during bereavement) may be misdiagnosed as manifestations of a Psychotic Disorder " (p. xxiv).

Behaviours and beliefs considered to be normal in one religious or cultural context, have the potential to be viewed as abnormal in another context. Canda and Furman (1999) cautioned that when practitioners do not share the spiritual framework of the client, there is an increased danger of biased and inaccurate diagnosis related to ethnocentrism, religious assumptions and theoretical beliefs of the practitioner. Diagnosis must therefore take place within the context of the client's cultural, religious and spiritual beliefs.

The DSM-IV manual also contains a glossary of many culture-bound syndromes that are perceived as problems within certain cultures, but may not be present or recognized in others. Many have an explicit spiritual or religious connotation for example, ghost sickness among some Indigenous Americans, evil eye among Mediterranean people and spirit sickness among Koreans (in Canda and Furman, 1999). Krassner (1986) reported on the following study :

Based on exploratory interviews with 75 Mexican American housewives, it was found that 97 % of them were aware of the following five diseases : malojo (evil eye), empacho (surfeit), susto (magical fright), caida de mollera (fallen fontane) and mal puesto (hex), 85 % knew about the symptoms and etiology and two thirds believed that doctors do not know how to treat these problems because of lack of knowledge, faith or understanding. These findings confirm a belief in folk illness and use of folk healers amongst urbanized Mexican-Americans .

In the South African context, the existence of witchcraft, sorcery and evil magic (Mbiti, 1975; Setiloane, 1986; Mafokane, 1986) also point to a need for understanding how such features are linked to a person's religious, philosophical, cultural, ethnic, social and life experiences. When someone dies, people often try to establish whether witchcraft or magic was used to cause their death (Mbiti, 1975). In order for social workers to design effective intervention programmes, they would have to understand people's beliefs systems and how they influence behaviour (Mafokane, 1986).

Recommended Reading :
Texts : Canda and Furman, 1999, p. 96-104; Mbiti, 1975; DSM – IV Pages xxiv-xxv, 685; and 843 – 849.
Journal articles: Canda and Phaobtong, 1992; Berthold, 1989; Jacobs, 1997; Haight, 1998; Sewpaul, 1999; Sewpaul, 1997; De la Rosa 1988; Setiloane, 1986.

3. *Nonsectarian spiritual perspectives: Transpersonal theory* (* Refer to Unit: 11).

4. *Human diversity, spirituality and social work practice*

In this section, attention will need to be paid to spirituality in relation to human diversity. Issues that arise from the interface between religious and spiritual diversity, and other aspects of human diversity are important aspects that need to be given attention here. Although the guidelines give attention to women and spirituality, attention should also be paid to homosexuality, sexual orientation diversity and spirituality (Canda and Furman, 1999, p.108-115). The recommended readings may be used to develop material in the area of sexual orientation diversity and spirituality.

4.1 Women and spirituality

Women's spirituality raises many complex and controversial issues in relation to the liberating and oppressing functions of religious traditions. There is a great variety among women and their situations within the context of different religions and spiritual perspectives. "Women experience different patterns of gendered symbolism, ritual and leadership between different religions" (Canda and Furman, 1999, p. 104). Women in the Judeo-Christian-Islamic stream of monotheistic traditions operate with conceptions and symbols of God that are generally masculine and have theological justifications for restricting women from formal leadership positions. Nontheistic or polytheistic Asian religions, such as Buddhism and Hinduism have positive feminine and androgynous representations of divinities and religious leaders. Women however have also been restricted from positions of leadership within these religious institutions. Even among indigenous tribal religions, which have positive feminine spiritual conceptions of women, the earth and various spirit powers, these women affirming traditions have been eroded due to outside influences.

Many women belong to evangelistic, charismatic and fundamentalist groups, which tend to support traditional patriarchal religious and family arrangements for gender roles in family and religious group. There are those who move for reform toward greater participation of women in their religious groups' patterns of ritual and leadership and who advocate for gender-inclusive theological and scriptural language. There are also those who call for radical restructuring of patriarchal religious institutions.

There are trends towards greater inclusion and leadership of women within conventional Christian and Jewish denominations. Many religious women play an active role in making their churches more responsive to social issues such as day care for children, the elderly, shelters for battered women and support of or opposition to legal abortions. In the past two decades there have also been equal opportunities for women as lay leaders in worship. Some Christian and Jewish denominations have allowed women to become clergy. In the United States some Christian women have developed their own organizations such as "Church Women United."

5. Implications for practice (Canda and Furman, 1999)

1. Social work practitioners need to consider the impact of gender and gender roles on the spirituality of women and men, as experiences, perceptions, needs and goals are likely to vary. This may be as a result of different experiences in relation to gender role definitions, empowerments and restrictions placed by social and religious contexts. It is important however to avoid assuming or imposing standards of gender-based views on clients.

2. In practice women may be trying to establish a sense of resolution between their loyalty to a faith tradition that is patriarchal and their personal aspirations for affirmation of their experience. In cases where women are victims of familial abuse they may be told by religious leaders to remain patient and stay within the relationship regardless of the risk of serious injury and death. Where a woman feels that her affiliation with a religious group is no longer feasible, she may require help exploring alternative spiritual support systems and working through feelings of guilt.

3. Innovations in ritual within conventional religions can affirm and empower women (Kahn, in Canda and Furman, 1999). The adult bar mitzvah as a Jewish life cycle ritual for example, simultaneously helps to clarify identity and commitment as a Jew and as a woman. Social work practitioners may assist clients use existing rituals or invent new rituals in order to support transition through life crises and to celebrate life cycle transitions. Feminist spiritual traditions, both within and outside conventional religions have potential for

developing symbolism and ritual that affirm women's experience and honor female aspects of the earth and the divine.

4. Social workers also need to be aware of gender injustice in spirituality. If clients experience ostracism or discrimination because they question patriarchal constraints and oppression within religious groups, they may be called on to help such clients respond.

- Religion, spirituality and human diversity issues: gender, race/ethnicity, Sexual Orientation and Disability (See readings below).

Recommended reading:

1. Text: Canda and Furman, 1999 : Chapter 3, p. 79-96; 96-118.
2. Journal articles: Haight, 1998; Ozorak, 1996; Fitzgerald, 1997

UNIT FIVE : MODELS OF SPIRITUALITY

Overview Of Unit Five :

1. A holistic model of spirituality
2. An operational model of spirituality

Both models have been developed by Canda and Furman (1999)

1. A holistic model of spirituality

Three metaphors can be used to describe spirituality within the context of the bio-psycho-social model viz. spirituality as the spiritual aspect of the person, spirituality as the wholeness of the person and, spirituality as the center of the person.

"When spirituality is considered an aspect of the person, it completes a quaternity the biological, psychological, sociological and spiritual aspects" (Robbins et al., in Canda and Furman, 1999, p.47). It is this spiritual aspect that impels us to give meaning and purpose to our bodies and biological functions, our thoughts and feelings and our relationships with other people and the universe.

Scholars have however also suggested that spirituality should refer to a quality, not reducible to any part. This is spirituality as the wholeness of what it is to be human. This wholeness is also referred to as that which is "sacred" (Angel; Eliade, Imre in Canda and Furman, 1999, p. 47). Thus each person is worthy of respect and care, regardless of his or her personal qualities. Wholeness however is not limited to an individual, because wholeness of self can be achieved only through meaningful and respectful relations with others. When individuals become aware of themselves as whole persons, with integration of the bio-psycho-social and spiritual aspects there is a sense of personal integrity. For Canda and Furman (1999) one important feature of the spiritual aspect is the drive to achieve this sense of wholeness.

As a person grows in personal integrity the self is defined in relation to other people, other beings and a person may experience a sense of unity with the divine. The whole self is experienced not only as a separate entity, limited by body and ego but as a transpersonal self at one with all (Wilber, in Canda and Furman, 1999).

This transpersonal experience of wholeness or irreducible, mysterious or sacred quality of the person, can also be described as the "center" of the person (Canda

and Furman, 1999). This center, also described as soul or consciousness, is the connection and orientation point for all aspects of the person. This metaphor may also be used within the context of introspection - going inside one self to find a center point of unity and integration.

2. *An operational model of spirituality*

Based on insights from social work and other disciplines, Canda and Furman (1999) have identified six interrelated categories of manifestations of spirituality viz. spiritual drives, spiritual experiences, functions of spirituality, spiritual development, contents of an individual's or groups spiritual perspective and religious expressions in individuals and groups.

2.1. Spiritual drives

Canda and Furman (1999) pointed out that when we acknowledge that spirituality involves a search for meaning, purpose and morally fulfilling relationships, there is an implication of underlying drives toward attaining these qualities. They summarized this as spiritual drives for profound experiences that enrich and vitalize life for a sense of meaning and integrity. They said that it is naturally human to make sense of self and world and ask questions such as: "Who am I?; How do I fit into the world?; What is my purpose?"

There is also a need for a sense of integration and wholeness within ourselves and in relation with the world. Questions that can be asked here include : "Do I know myself?; Can I reach a place of clarity and calm within? ; How do I relate with others? ; Whom and what things do I love? What is of greatest significance to me? "

2.2. Spiritual experiences

Spiritual drives motivate us to experience ourselves and the world in all ways, from the mundane to the profound. People generally describe experiences as spiritual, when they involve a sense of contact with powers and meanings of profound or ultimate significance. Referring to several writers such as Angel, Grof, Wilber and Otto, Canda and Furman (1999) expressed that spirituality and religion are most often connected intensely with people's experiences of the sacred, the supernatural, the transpersonal and the mystical.

Also events of an ordinary or extraordinary kind may be experienced as a reflection, manifestation or reminder of ultimate concerns, values and reality. Referring to a Zen saying, Canda and Furman (1999) wrote that there is nothing special, simple experiences with mindfulness can be an experience of beautiful clarity and appreciation for the extraordinariness of the mundane.

2.3. Functions of spirituality

Perceiving The drive for the experience of ultimacy engages the faculties and capacities of all five senses in a way that opens awareness of extraordinariness or the immanent presence of the divine.

Interpreting People's symbolizing and story-making abilities are engaged in the drive for meaning. Priorities, goals and systems for moral decision-making are engaged.

Relating The drive for integrity engages people in relationships with themselves, other beings and the ground of reality, however a person may understand it. Resources to nourish our development as individuals and groups need to be accessed, including inner resources of wisdom and outer sources of social support as well as for some, divine grace or revelation. Through reflecting upon ourselves and relating with others, we engage in change, growth and transformation.

2.4 Spiritual Development

Spiritual development flows through periods of gradual growth, life cycle transitions and spiritual crises. Spiritual experiences can propel a person's development into peaks of insight and sometimes into pits of despair. The ongoing developmental challenge is to integrate these experiences into a sense of self as a whole person in fulfilling relations with others.

3. Contents of an individual's or group's spiritual perspective

The aforementioned functions of spirituality, create an individual's or group's spiritual perspective. Perceiving yields specific experiences of ultimacy, the supernatural, the sacred, the transpersonal and the ordinary in relation with these. The function of interpreting, of explaining, results in beliefs about self and world in an overall worldview. This worldview may change in response to new insights into self and world. When this occurs in the context of religious language and institutions, doctrines are organized into a formalized sacred cosmology.

The interpretive function related to valuing leads to the formation of value systems, including priorities, life goals, ethical guidelines and moral stances. A sacred moral framework is established if this occurs in a religious context, vested by a community with a sense of ultimate moral authority, emanating from a transcendent source. This sacred, moral framework is sanctioned by the religious community. The relational function of accessing resources leads to strategies to attain physical, mental, social and spiritual resources that support coping and

ongoing personal and community survival and growth. This may involve intrapersonal strategies for self-reflection and meditation; interpersonal strategies for connecting with external supports such as family, friends, spiritual support groups and communication with supernatural forces. In a religious context, the individual learns ceremonies, mutual help, forms of worship, petitionary prayer and magic and ways of examining conscience that have been created by a religious community. The relational function of transforming procedures creates strategies for maintaining, restoring and changing the self and the world over time as needed. The drive to connect with other beings and the ground of being brings constant challenges as the individual's self-concepts and worldview is stretched by ordinary events, life crises and feelings of sacred revelation or inspiration. Resources and strategies to help, heal and seek justice are applied to strive toward ideals or to deal with physical, mental, social or spiritual distress.

Although the functions of spirituality lead to particular contents of a spiritual perspective, this is however not only a one-way process. The expression of spiritual drives, the nature of spiritual experiences, spiritual functioning and development and content of an individual's and group's spiritual perspective are influenced and shaped through contact with established spiritual perspectives.

Recommended Reading
Text : Canda and Furman, 1999, p. 46-53; Bullis, 1996.

UNIT 6 : SPIRITUAL DEVELOPMENT THEORIES

Overview of Unit Six :

1.The spiritual development theories of Erikson, Fowler and Ken Wilber.
2. Spiritual development : Canda and Furman's (1999) perspective.

1. Spiritual development theories

1.1 Erikson's view of spiritual growth

Erikson's psychosocial development theory embraces an epigenetic perspective. Epigenesis, according to Canda and Furman (1999) means that "each stage presents particular tasks, opportunities, and challenges" (p.227). The adolescent developmental phase may for example see many youth questioning their family's religious beliefs and practices. The elderly may reflect increasingly on their life and draw closer to God as they anticipate their demise. Canda and Furman (1999) contended that when a person experiences a lack of guidance from spiritual support systems at important life cycle transition points, such as birth, marriage, childbirth, retirement, and death there will be greater difficulty in meeting the associated challenges. When a person has assimilated a wide repertoire of internal strengths in using external spiritual support systems, then a greater sense of creativity, sense of positive self-esteem, and resilience in confronting crises, including spiritual emergencies can be expected.

1.2 Fowler's Faith Development Theory

In contrast to Erikson's theory, Fowler's theory is linked to the formation and transformation of faith throughout the life cycle. Like spirituality, faith could manifest in religious or nonreligious forms. According to Canda and Furman (1999) Fowler conceptualized faith "as a universal aspect of human nature that gives coherence and meaning to life, connects individuals together in shared concerns, relates people to a larger cosmic frame of reference, and enables us to deal with suffering and mortality. Ideal faith development is seen as a progression from childhood conformity to expectations of belief and behaviour 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" (p. 228).

1.3 Ken Wilber's Theory

(* Wilber's theory should be read and taught in conjunction with Unit 11).

Wilber one of the most prolific writers in the field of transpersonal psychology developed a model of transpersonal development. His model is based on the belief that human development is a process of evolution with each person striving to attain unitary consciousness (Canda and Furman, 1999). There is a profound drive in humans to evolve toward what he refers to as the "Spirit." All evolution at any time, whether physical, biological, or cultural, whether individual or collective follows this movement. The final terminus of all evolution is the self-realization of Spirit in "nondual mystical experience" (Rothberg, and Kelly 1998, p. 6).

Wilber (in Rothberg and Kelly, 1998) based his work within the context of the "perennial philosophy." According to his theory, the psyche has a clear hierarchical structure, with higher levels of reality and development that are superior to the lower levels in the logical and theoretical sense. Each level or stage of development shows newly differentiated emergent qualities in relation to the previous level or stage, qualities that make possible new properties or achievements (Wilber, Engler and Brown, 1986). Thus at each stage the person's consciousness is able to incorporate more aspects of reality and more modes of functioning.

Thus as increasingly complex and inclusive modes of spirituality are developed, there is a movement from pre-egoic orientation (early childhood) to an egoic orientation (typically established in adolescence). Wilber however is most interested in the trans-egoic levels of development, which some people achieve in a stable manner during adulthood (in Canda and Furman, 1999). Transpersonal experiences, such as mystical and extrasensory perceptions become more common and consistent during this stage.

Wilber's (in Rothberg and Kelly, 1998) theory of individual development comprises of four basic transpersonal, transrational stages. These stages are not irrational or non-rational; rather the rational competences are transcended but also preserved and thus understood in different ways in the transpersonal stages. Wilber (in Rothberg and Kelly, 1998) identified the psychic level with advanced forms of "nature mysticism," in which the soul emerges beyond the individual empirical ego. At the subtle level there is the emergence in consciousness of "archetypal" forms beyond the normal senses such as gods and goddesses, deities, the primal forms of inner light and sound as in some forms of Hindu yoga and sacred beings and forms. He suggested that at the summit of the subtle there may well be union with these forms. At the causal level is the emergence of a pure formless awareness that is understood as the source of all manifestation. Wilber (in Rothberg and Kelly, 1998, p.9) regarded this level as encompassing the

Buddha's nirvana, the pure witness of Hinduism and God in Christian mysticism. Finally he spoke of the nondual or ultimate, which he regarded not so much as a stage but as the "ground" of all phenomena, unmanifest formless awareness, characterized by the lack of distinction of manifest form. He cited the Hindu sahaj (spontaneous) samadhi or the Buddhist unity of nirvana and samsara as examples of this.

Within such a framework of development, the prepersonal, personal and transpersonal stages (or pre-egoic, egoic and trans-egoic), Wilber (1982) contended that some fundamental yet unresolved contemporary questions concerning the relation between transpersonal development and other phases of development can be addressed.

Writing in relation to the "pre or trans fallacy" Wilber (1982) stated that there is often confusion between pre-personal stages and transpersonal stages, simply because they seem to share certain characteristics, for example they are not primarily rational. He criticized Freudians and many contemporary writers including Jungians asserting that they are counselling regression to pre-personal states because of their inability to differentiate truly transpersonal stages from pre-personal stages in which there seems to be a kind of merging or union.

Wilber's model of transpersonal development is important for social work development as it provides a comprehensive and integrative framework for understanding both healthy and pathological stages. Its recognition of the possibility of human ability for self transcendence and movement from the chaotic pre-personal stages towards those of transpersonal or higher stages of consciousness thus provides the profession with an alternative to the medical model which focuses on pathology and limits possibilities for development.

2. *Spiritual development from an alternative perspective: Canda and Furman (1999)*

2.1 Although the theories of Erikson, Fowler and Wilber provide useful insights they have certain limitations. Canda and Furman (1999) pointed out the following in this regard:

2.2 Strong emphasis is placed on spiritual issues or development in adulthood. Cole's studies showed that children from various cultural backgrounds showed a profundity of spirituality, indicating a need to explore this phase to a greater degree.

2.3 They do not accommodate the tremendous individual and cultural diversity of developmental experiences and paths. Although Erikson, Fowler and Wilber have addressed concerns about diversity to some degree, there still remains a

neglect in relation to diversity of gender, culture, religion, sexual orientation and cognitive abilities (Robbins, Chatterjee and Canda in Canda and Furman, 1999).

2.4 Social workers who adopt the stage theories risk not being open to the unique developmental story of each client. Instead of being open to particular themes, plots, sequences of events and interpretations within the client's life story, they may assume that at a certain age, a person should act and think in a particular way thus resulting in preconceived judgments about a person's behavior patterns. Furthermore many people recount unexpected and complicated twists; revelations or breakthroughs, which defy how any preconceived notion of development, should proceed.

2.5 Canda and Furman (1999) therefore proposed a more individualized and contextualised approach to understanding a client's spiritual journey. Patterns of spiritual development can be visualized as variations throughout one's life journey. Spiritual emergence can be seen as the total process of development of meaning, morality, relationships and orientation toward ultimacy throughout the life span. Peak and pit experiences and plateaus can be considered as phases and punctuations along this path of emergence.

2.6 This typology provides a framework to help clients assess their spiritual development throughout their life span and in the present. The first distinction that can be made is between gradual phases of spiritual growth; rapid transformational periods peak and pit experiences), including their expression as spiritual emergencies and plateaus of relatively stable functioning at enhanced levels.

2.6 To graphically depict this development, Canda and Furman (1999) have expanded upon the "spiritual development time line, described by Bullis (1996). At each developmental phase or different periods of a person's life, using the time line, significant aspects can be identified to create a holistic graphic story of spiritual transformation. The following issues may be captured on the time line:

- personal spiritual practices, such as prayer, meditation, inspirational reading
- qualities of spiritual emergence insights, emergencies, peak and pit experiences
- quantity and quality of participation in spiritual and religious support systems
- spiritual exemplars, mentors, friends and supporters
- key beliefs, symbols, rituals that support transformation

2.7 Periods of growth, gradual decline, sudden peaks and pits and steady plateaus can alternate in any order and duration on the time line. This version

of the time line can help to form an assessment of spiritual development that is congruent with each person's unique spiritual orientation, cultural background and personality. Rather than starting with any particular theoretical assumption about how development should occur the person's unique experiences can be discovered.

Recommended Reading
Texts :
Canda and Furman, 1999, p. 214-231.
Rothberg and Kelly, 1998.

UNIT SEVEN : SPIRITUAL ASSESSMENT

Overview of Unit Seven :

1. Introduction
2. Taking religious history
3. Spiritual genograms and time lines
4. Spiritual assessment
5. Assessment tools :
   Boyd's spiritual / religious tool
   Assessing religious and spiritual propensity
6. Assessment of spiritual emergencies and psychopathology

1. Introduction

Spirituality is "inexorably interwoven into the systematic process of helping clients change" Colangelo in (Hickson and Phelps, 1997, p. 44). To exclude spirituality is to refuse to look at a very significant influence on human behavior" (Theodore in Hickson and Phelps, 1997, p.45). Incorporating the spiritual dimension in the process "acknowledges the legitimacy of the topic," and indicates the acceptance of this topic in the helping relationship (Bullis, in Cascio, 1998, p. 525).

2. Taking a religious history

The taking of religious and spiritual history is as important as the taking of a psychosocial history. Social workers who lack face sheet information and never enquire about the client's religious development "send a silent message (of either) disrespect for the client's religion? disinterest?, ignorance?, (or) disagreement? " (Amato-von-Hemert, 1994, p. 9).

Therapists who take a religious history during intake give permission for the raising of spiritual matters. Obtaining information about an individual's religious background, parental beliefs, experience of religious rites (for example, bar mitzvahs) provides both the therapist and the client with a context for exploring spiritual issues in greater depth during the course of treatment (Rizzuto, 1994). The taking of religious history can also shed light on religious and spiritual crises. It is also important for social workers to know the particular beliefs of a client's religious group, as it would allow the social worker to maintain a professional and respectful demeanour toward clients. Professional demeanour, includes refraining from speaking a deity's name harshly, recognizing the holy month of Ramadan

for Moslem clients, Diwali for Hindu clients and thereby also making allowances for scheduling (Sheridan et al., 1992).

2.1. Guidelines for taking a religious history

Designed as an assessment tool, the guide offered by Bullis (1996, p. 177) covers the following three significant areas of spiritual impact: a) parents or parental figures; b) spouses or significant others and c) one's own history. Questions that can be asked may be shaped as follows:

2.1.1. **What was the religious or spiritual faith of your parents?** were they strict or lenient in their beliefs ?; what do you think were the most important spiritual beliefs that they held ? did they pass these on to you ? how ?

2.1.2. **What religious or spiritual issues, if any have caused problems in your relationship with spouses or significant others?** if they are resolved, how did you resolve them ? if they are not resolved, how do they affect your relationship ?; if you have children, do you and your spouse (or significant other) agree or disagree on the spiritual orientation with which they are being raised ? what are the principle spiritual values that you both wish to impart to your children ?

2.1.3. **In what religious or spiritual orientation were you raised?**; what is your current affiliation ?; what are its major tenets, values and principles ? ; how has your spiritual orientation changed since your upbringing ? why has it changed ? what events or experiences helped to change you?

These questions elicit more information that the client's denominational affiliation and can be used as a springboard for mutual discussion, as evidence for ongoing assessments and as a means for establishing therapeutic goals (Bullis, 1996).

3. Spiritual genograms and time lines

Several other innovative techniques have been described in the literature to help formulate a spiritual history (Cascio, 1998; Bullis, 1996). According to Cascio (1998, p. 526) information about spirituality may also be gathered through the use of a routine family genogram or through the construction of a "spiritual genogram." Spiritual genograms reflect a person's "ancestors and influences" and include data such as significant persons, ideas, events, experiences, and conflicts that have contributed to the spiritual perspective (Bullis in Cascio, 1998, p. 26). Lectures, books and travel that may have impacted on the individual's spirituality may also be charted. Bullis (in Cascio, 1998, p.526-527) indicated a spiritual genogram can be developed through asking questions such as :

"Who were the most significant persons and what were the most significant events in your spiritual development? How have they affected your spiritual growth and

development ? How have you changed your spiritual stance in the last five years? Was there one particular experience (or experiences) that had a lasting spiritual impact on you? What are the current spiritual ideas, books, authors, persons, or events most important to you?"

Spiritual time lines

The spiritual evolution of the client can also be graphically reflected in the form of a "time line" (Bullis, 1996; Cascio, 1998; Canda and Furman, 1999). Similar to the spiritual genogram it records information such as significant events, persons, and experiences that have had an impact on the client's spirituality. Using a different technique (Bullis in Cascio, 1998, p.527) suggested that a spiritual collage or "photographs or .... pictures or drawings" be done by the client. This can then be used as a tool to elaborate upon the chronological description and to put the client's spiritual experiences into perspective.

Recommended Reading
Texts : Bullis, 1996; Zastrow, 1999.
Journal articles: Cascio, 1998 ; Peterson, 1987; Benner, 1989; Kochems, 1994; O'Rourke, 1997; Amato-von-Hemert, 1994; Sheridan et al., 1992; Cascio, 1998.

4. Spiritual assessment

Definition of spiritual assessment : -

Sherwood (1998, p. 86) defined spiritual assessment and intervention as "a functional, interactive, organic, progressive process" adapted to the situation or interaction" with a client. Spiritual assessment does not consist of an exhaustive list of questions, but grows through sensitive listening as clients tell their stories and through asking the appropriate questions to help them tell their stories.

Assessment strategies need to consider the quality of the client's relationships between self, significant others, the social environment, the nonhuman world and ultimate reality (Canda, 1988a). Situational and social-structural conditions that oppress the client's spiritual growth also need attention. The specific attitudes and practices of their client also needs to be assessed, both in the present and past, for example whether the client prays, meditates, reads spiritual literature which is significant, whether the client has changed his faith over the years and what the quality and nature of religious or spiritual experiences that the client has encountered over the years has been (Sheridan et al.,1992).

4.1. Guidelines for conducting a spiritual assessment

1. Questions need to be framed in an open-ended way, thus inviting clients to talk about what religious and spiritual issues if they wished. Locke, Garrison

and Winship (in Sherwood, 1998, p. 88), offered the following as examples of questions that can be used, pointing out that they specifically avoided "religious language": -

" What is your source of strength ?"
" On what is your hope based ? "
"What gives meaning to your life ?"
" What do you value most ? "

2. Appropriate use of spiritual assessment tools, requires modification and careful limited selection of relevant issues (Boyd, in Sherwood, 1998, p. 94). They are not intended to be used in its entirety. Furthermore because spirituality and religion are important, it does not mean that they always have the same relevance for every client and social work helping context. Like all assessment, spiritual assessment would have to be adapted to the nature and purpose of the interaction with a particular client (Sherwood, 1998).

5. Tools for spiritual assessment

In the following sections Canda and Furman's (1999) spiritual propensity guide and Boyd's (in Sherwood, 1998) Tool are presented.

5.1. Assessing extrinsic and intrinsic spiritual propensity

It is important in the first instance, to determine the spiritual propensity of the client, so as to plan for ethically and culturally appropriate practice activities. Spiritual propensity has been defined as "the degree and manner for which spirituality is expressed for a person" (Canda and Furman, 1999, p. 273). There are two styles of this kind of propensity viz. extrinsic and intrinsic spiritual propensity.

Canda and Furman (1999) identified two styles of spiritual propensity viz. extrinsic and intrinsic spiritual propensity, stating that determining the spiritual propensity of the client was critical in the planning of culturally appropriate practice activities. Extrinsic spiritual propensity means that a persons spiritual values, beliefs and behaviors are centered primarily in external religious or non-religious social groups in accordance with group norms, consensus and spiritual group leaders' directions. Intrinsic spiritual propensity, includes the possibility that a person may have privatized his or her spiritual beliefs and practices and have no affiliation with a spiritual group, or the person may be committed to a spiritual group and its principles. This results in four types of spiritual propensity viz. extrinsic religious and nonreligious propensity and intrinsic religious and non-religious propensity. Canda and Furman (1999) suggested that these distinctions be used as starting points to identify a client's interest and participation in

religious or nonreligious spiritual groups and activities. A nonreligious client should therefore not be approached in a religious manner. A religious client on the other hand would be more interested in religiously based social work practice, referral or collaboration. Clients who have an extrinsic spiritual propensity are more likely to be reliant on beliefs, values and practices prescribed by spiritual reference groups and authority, be they religious or nonreligious. They would therefore be more averse to social work practices that are prohibited or held suspect by the spiritual reference group. In contrast, clients who have an intrinsic spiritual propensity are more likely to be willing to engage in self-reflection, explore new spiritual insights and try different spiritual helping activities, even if not officially approved by the spiritual reference group (whether religious or nonreligious).

Based on this they developed a valuable discussion guide, which may be used by practitioners to explore a client's spiritual propensity. It incorporates topics such as spiritual group membership and participation; frequency, types and helpfulness of spiritual activities; inspirational sources of support; and extrinsic or intrinsic styles of spiritual propensity. Other questions included relate to the frequency and type of spiritual practices performed with spiritual groups, family members and by the client. Extrinsic spiritual propensity means that a persons spiritual values, beliefs and behaviors are centered primarily in external religious or nonreligious social groups in accordance with group norms, consensus and spiritual group leaders' directions. Intrinsic spiritual propensity, includes two possibilities. The first being that the person may have privatized his or her spiritual beliefs and practices and have no affiliation with a spiritual group, or the person may be committed to a spiritual group and its principles.

5.2. Boyd's Religious / Spiritual Assessment Tool

The most comprehensive Religious / Spiritual Assessment Tool, was developed by Boyd (in Sherwood, 1998, p. 95-98) (see below) and has been published as part of his chapter "Spiritually Sensitive Assessment Tools for Social Work practice," in the text edited by Hugen, titled Christianity and Social Work: Readings on the integration of Christian faith and Social work practice. Although no major changes have been made, the author has adapted his tool in certain areas to make it more culturally sensitive in terms of the local context. A few questions have also been added based on the literature reviewed.

"I. Religious and spiritual history

1. ***Religious Upbringing***

A. How would you describe your religious upbringing ? Growing up, what were the religious and spiritual beliefs of your parents ? Your siblings ? Your extended family ? How invested were they in them ? What would you

consider to be the most important beliefs they held ? What were their religious and spiritual practices ? What kinds of words would you use to describe your religious upbringing ? (strict, liberal, conservative, permissive, punishing, positive, negative, nurturing, deprivational, stunting, stimulating, non-existent) ?

B. What kind of religious and spiritual training did you receive ? What have you retained from this training ? If you are still not practicing your earlier faith, why not ?

2. ***Life-Shaping Experiences***

A. What kind of experiences, events, persons, events and crises shaped your religious and spiritual identity .....positively .... negatively ?

3. ***Conversion / Peak / Mystical Experiences***

A. Have you had anything you would describe as a "conversion experience?"
B. Have you ever experienced anything you would call a "mystical" experience ?
C. Have you had anything you would describe as a near death experience ?
D. Have you had anything you would describe as an encounter experience : encounters with angels, religious figures and other anomalous phenomena ?

4. ***Spiritual Crises and Emergencies***

A. Have you had any crises of faith ..... belief in your life ?
How did you handle them ? How are you different now ?

5. ***Current Social Environment***

A. What are the beliefs and practices of the significant others in your life (spouse, partner, children, friends) ? How do religious / spiritual issues affect your relationships ?
B. What approach or religious and spiritual orientation are you using in your child-rearing ? Are others (spouse) in agreement on this approach ? What are the most important spiritual beliefs that you would like to instill in your children ?
C. What relationships do you currently have that positively ... negatively view your spiritual self ? How do other key people in your life view your faith ? How does that affect you ?
D. Do you have any clergy / church leaders / counselors (moulanas, sangomas, priests) that you respect .... trust .... confide in ?

II. Current Beliefs and Practices

1. Religious Identity

A. Would you identify with any particular religion or faith? Would you consider yourself a religious person?

2 Commitment Level

A. How central is your religion in your life? your faith ?
B. How committed are you to your particular religion / faith?

3. Religious Identifications / Affiliations / Involvements

A. Do you attend a particular church / mosque (temple, ashram) etc. Do your friends attend the same place of worship that you do? Do you keep in touch with people from your religious community? What is the attitude of your religious group toward outsiders?
B. What kinds of social support do you receive from your religious community? What kinds of resources and opportunities are made available to you (financial, recreational, goods and services, other)?

4. Codification of Beliefs

A. What are your most important beliefs ? Do you adhere to any particular code ..... commandments ..... doctrinal requirements ? Do you find that you are able to follow them ? Do you have any sacred writings .... books .... scriptures from which you receive instruction ? Do you read these writings ? Are there any particular characters from these writings that you identify with ?
B. How, and to what extent, does your religious belief system have rules and / or norms about marriage .... childrearing practices.... divorce... abortion ... premarital sex ....cohabitation ... contraception ..... sex roles ..... ? How does these beliefs affect your family life ?
C. What is sin ? What would be the worst sin one could commit ?
D. What are your beliefs about human nature .... human responsibility ?
E. What are your beliefs about an afterlife ? How is it determined what happens to a person after their death ? What do you believe will happen to you ?

5. Rituals, Images Symbol, Behavioral Enactments, Observances, Practices

A. What have been some of the most significant religious rituals that you have participated in (baptism, communion, Bar-Mitzvah, rites of passage, membership etc.) ?

B. Do you pray ? How ? How often ? What do you pray about ? What are your expectations about what will happen when you pray ?
C. How do you prefer to worship ?
D. Do you participate in any kinds of "healing" rituals ? What are your beliefs about healing ?

What other kinds of religious rituals do you participate in ?

6. *God Image, Theodocies*

A. Do you have a belief in a higher power ? What name do you use for the Supreme Being ? Do you have faith (trust) in this being ? How do you experience God ? What is your understanding about God ?
B. What is God / Allah / (Jesus, Krishna) other like ? What kind of thoughts ..... feelings.... memories .... words come to your mind when you think of God ?
C. How does God communicate to humans .... to you ?
D. Does God intervene in the events of this world ? How ? How does God regard human suffering ? How concerned is God about your problems ?

7. *Concepts of Evil and the Demonic*

A. Do you believe in evil beings ? What names, if any do you use for them ? How do these beings / forces affect the world ..... your life ? Have you ever had any experiences with the demonic that have affected your life ?

III. Spiritual Maturity and Development

1. *Development through stages of Life*

A. As you have gotten older, how has your faith changed ? Can you think of times that you have received help from your faith as you have struggled with life events?
B. What kinds of spiritual conflicts are you now dealing with?

2. *Effect of Religious / Spiritual Identity on Life Style*

A. How do your beliefs affect your behavior ? How do you decide what is right or wrong ? How do you go about decision-making? How does your faith affect the way you handle guilt .... fear?
B. Do your spiritual beliefs affect your ideas and practices regarding "forgiveness ? "
C. How does your faith help you to cope with your current life circumstances?
D. How do your beliefs affect your physical health or self- maintenance ?

3. *Meaning of Life Issues*

A. What gives your life meaning (makes life worthwhile) ?
B. Are you hopeful about the future ..... why ? When you get discouraged, what renews your sense of hope .... vitality... purpose ? Have you had any particular experiences that have shaken .... affirmed your optimism ? How satisfied are you with your life ? Why do you think you are alive (what is the purpose)?
C. What are your goals for spiritual growth?"
D. What does death mean to you? Are you afraid to die ? What do you think happens after one dies? What do you believe will happen to you when you die? Have you thought about your own death? Have you experienced the death of someone you were close to?
E. How does your faith motivate you?
F. What is your ideal of mature faith?

4. *Moral Frame of Reference*

A. What are your key values? How did you develop them? "

Recommended Readings
Texts : Zastrow, 1999; Bullis, 1996
Journal articles : Sherwood, 1998; Dudley, Smith and Millison, 1995

5. *Assessment of spiritual emergencies and psychopathology*

5.1 A person in an acute state of crisis is generally cognitively disoriented, anxious, overwhelmed by real or imagined events, incapable of rational decision-making and effective action (Dixon, Golan and Simos in Canda and Furman, 1999). Very often delusions and hallucinations characteristic of mental disorders are also experienced. In contrast to mental disorders however, crises pose a temporary challenge as they are characterized by sudden onset, limited duration and temporary distress. Symptoms of crisis often produce opportunities for growth and change and the person's natural healing capacities may be engaged to allow for growth. When social workers mistaken temporary symptoms of crisis or spiritual emergencies for mental disorder there is the potential for harm to the client. Schizophrenia, bipolar disorder and severe depression are often characterized by delusions, hallucinations, and preoccupations with religious themes or images akin to transpersonal experiences (Canda and Furman, 1999). (Read Unit 11).

5.2 When clients in crisis begin to describe peak or pit experiences social workers often begin to question the nature of reality and visions experienced. Contrarily however, if a client does have a chronic mental disorder, helping professionals may be prone to dismissing their ideas about religion and

spirituality as symptoms of their illness. The DSM-IV manual contains useful information that could help social workers differentiate between mental disorders and spiritual emergencies.

5.3 Mental disorder in the DSM-IV manual has been defined as:

"A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability or an important loss of freedom. In addition this, syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example the death of a loved one" (p. xxiv).

5.4 Spiritual emergencies do not meet the first criteria and not all spiritual emergencies meet the second criteria. Some spiritual emergencies are as a result of expectable reactions to dramatic life changes such as the diagnosis of a terminal illness or sudden opening to transpersonal awareness in peak or pit experiences. As with a crisis spiritual emergences have a limited duration and include the potential for growth in working through the process (Canda and Furman, 1999).

5.5 Peak and pit experiences often characterize rapid spiritual growth but do not precipitate a crisis and therefore do not qualify as spiritual emergencies. "Peak experiences" involve pleasant, even euphoric feelings. As they may involve dramatic changes of states of consciousness and extraordinary thoughts and feelings, social workers need to be careful not to confuse them with hallucinations or delusions. "Pit experiences" on the other hand often involve unpleasant feelings. However the associated psychosocial disruption may be managed through a person's ordinary coping skills. Thus the pit experience would not qualify as a spiritual emergency or mental disorder (Canda and Furman, 1999, p. 240).

UNIT EIGHT : DYSFUNCTIONAL ASPECTS OF RELIGION

Overview of Unit Eight :

1. Dysfunctional aspects of religion.
2. Special issues: religious fundamentalism; asceticism; patriarchal faith traditions and their implications.
3. Cults: assisting clients who are or whose family members are involved in cults.
4. Legal and ethical consequences for social workers who become involved in cult matters.
5. A Typological Model for assessment of functional and dysfunctional groups.
6. Topics to assess the impact of religious groups.

1 Dysfunctional aspects of religion

A holistic approach to religion and spirituality recognizes its potential to manifest in both pathological and healthy patterns of behaviour (Vaughan, 1991). Despite evidence presented, which supports the assertion that these domains can be therapeutic and empowering, adherence to negative religious beliefs and practices may also form the basis of dysfunctional behaviour patterns. A meta-analysis of twenty four studies undertaken by Bergin (1983) revealed no support for the preconception that religiousness is necessarily linked with psychopathology. There are, however, situations when religion acts to the detriment of individuals, groups and families. Furman and Chandy (1998) reported that 17, 6 % of the social workers involved in their study agreed that religion was dysfunctional in the lives of their clients. Vaughan (1991) and Furman and Chandy (1998) commented that individuals sometimes use religion to anesthetize or relieve them from life's responsibilities. It has also been known to foster fanaticism, intolerance and prejudice. In the following section issues such as religious fundamentalism, asceticism, patriarchal faith traditions and cults are discussed.

2. Areas of concern

2.1. Religious fundamentalism

Religious fundamentalism and the belief that "the etiology of human problems lies in sin" (Midgley and Sanzenbach, 1989, p.284) and not in biological dysfunction or the psychological or interpersonal dynamics of individuals appeared to be a significant factor in client's problems in two studies. In a qualitative study by Cascio (1999) students reporting on their field experiences, expressed that some clients felt that they were being punished by God for previous transgressions.

One student expressed that her client saw his diagnosis of HIV, as God's retribution for his immoral behaviour. Another student indicated that a client who was diagnosed with a debilitating disease, believed that her problems were because she had not gone to church regularly and had remained in an abusive relationship. She believed that "since she was 16..... she started making bad choices, so this illness was God's way of punishing her" (in Cascio, 1999, p. 136). Similarly Sewpaul (1995; 1999), in her study of infertility, noted that a pervasive theme was that respondents across all religious faiths believed that their infertility was punishment for their wrong-doing. One participant speaking in relation to the law of karma and reincarnation said "it must have been something that I have done in my past life.... may be I was an abortionist or a murderer, robbed parents of their children and made them suffer the way I am suffering now" (Sewpaul, 1999, p.747). Holden, Watts and Brookshire (1991) suggested that depressive religious ideation be dealt with by understanding the client's religious worldview, understanding how specific religious beliefs and practices aggravate or alleviate symptoms of depression and to help transform the destructive psychodynamic elements of a client's religious life to constructive ones.

2.2. Patriarchal faith traditions

The twin beliefs of the dominance of religion over the family, and dominance of men over women have produced a patriarchal hierarchy that is characteristic of all the major religious faiths. Canda and Furman (1999) drew particular attention to the oppression and abuse of women, saying that women who are victims of familial abuse are often advised by religious leaders to remain within such relationships, even under risk of serious injury and death. Denton (1990) wrote that religion within fundamentalist families is not incidental to life or the family system, but that the boundaries, acceptance of feedback, control functions, role performances and information exchange are closely monitored by religious institutions. Canda and Furman (1999) suggested that where a woman feels that her affiliation to a particular religious group is no longer viable, she may require assistance in exploring alternative spiritual support systems and in working through feelings of guilt.

2.3. *Asceticism*

Asceticism or the voluntary and sustained practice of self-denial, in which immediate or sensual gratifications are renounced in order to reach a higher spiritual state (Kaelber in Fallon and Horwath, 1993) may also provoke practice challenges. Extreme religious practices are common across all religious denominations. Ascetic fasting and self-flagellation amongst Muslims, Christians and Hindus are often considered viable ways to deepen spiritual understanding. Although it serves as an individual act of prayer and as a movement towards

greater spiritual depth, Fallon and Horwath (1993) argued that were it appears to be causing harm to a client judgments regarding pathology cannot be based solely on the content of the patient's belief system. Pathological religious commitment would have to be distinguished from healthy religious devotion.

2.4. Child abuse

Religion has also been used as a defense in the legal context to excuse the abuse and neglect of children. Bullis (1991) drew attention to the fact that out of 50 state statutes reviewed in America, 47 of them exempted parents, who treat serious illnesses by spiritual means, from prosecution. Despite limitations having been imposed upon this exemption, this excuse continues to be offered as a defense in the death of children. Bullis (1991) highlighted two cases where different verdicts were reached. In the well publicized case of David and Ginger Twichell, Christian Science believers, both were sentenced in July 1990 to 10 years of probation for the death of their son who could have been treated for a surgically correctable bowel obstruction. The opposite verdict however was made by a California court, when it acquitted another Christian Science couple of involuntary manslaughter and child endangerment for the death of their fifteen month old child. Their son, who had bacterial meningitis, was treated exclusively with prayer under the tenets of the Christian Science Church. Because he showed periodic signs of improvement, reasonable doubt was raised as to whether the exclusive use of prayer was a grossly negligent act.

Laws purporting to excuse child abuse are no longer tolerable. The legal profession have made a strong call for the abolition of the spiritual healing defense. Consultation with members of the legal fraternity revealed that there are no known cases of this nature in the South African context. Social workers attached to the Department of Welfare however, indicated, that they have encountered a few cases where children were being prevented from attending school on religious grounds. Such parents saw the influence of the school system as "evil," and believed that they were in a position to educate them at home. Local practitioners need to be alert the fact that certain religious beliefs and practices of parents may be to the detriment of the biopsychosocial and spiritual well being of children. In such instances protective measures will have to be implemented to protect their physical well being and psychosocial development.

3. Dysfunctional cults

The growing global phenomenon of dysfunctional cults has brought to the fore alternative religious group activities. Bullis (1996) and Lewandowski and Canda (1995) highlighted the deaths of the more than eight Branch Davidian members in 1993, in Waco, Texas. Concurrent with such happenings, is the increased attention in social work literature to cults and the destabilizing impact they have

had on families who are being torn apart through members involvement in such groups (Wheeler, Wood and Hatch, 1989; Bloch and Shor, 1989; Goldberg and Goldberg, 1982; Addis, Schulman-Miller and Lightman, 1984).

Cults are often viewed in a negative light. The term cult and cultic activity according to Bullis (1996) however is misunderstood. Simply put cult means "a work or labor. It could also mean a group of people working to cultivate a worship experience or a desired state of consciousness" (p. 110). Dysfunctional cults are closed systems characterized by "intense relationships" and "authoritarian structure" (Bloch and Shor, 1989, p. 112). Bullis (1996) expressed that it is the phenomenon of this double-bind viz. intense relationships and authoritarian structure that the cult uses to break down the adherent's defenses.

Clinicians are generally not in a position to distinguish functional cults from dysfunctional cults, as they do not have the competency to judge the rightness or the theological propriety of cultic activity. Evaluation and assessment of the spiritual responses of the client through questions such as how did you become involved in the group?; what are you attracted to it ? and how has your life changed since your involvement with the group? will afford the practitioner the opportunity to preserve the integrity of the client's choices and self determination without judging the validity of the spiritual group (Bullis, 1996).

4. Legal and ethical consequences for social workers who become involved in cult matters

There are legal and ethical implications for social workers that become involved with cult members, former members or those seeking to rescue cult members. Such implications include :

- **those who engage in deprogramming or rescue operations should be prepared to defend themselves against a suit for false imprisonment or intentional infliction of emotional distress;**
- **they would have to be mindful of violating the ethical right of client self-determination. Although clients may have joined bizarre spiritual groups against the wishes of family members, their rights to freedom of religious belief, association and private self-determination outweigh the religious or spiritual preferences of anyone else;**
- **those who rescue members or deprogram them run the risk of being sued. Social workers who counsel families of cult members, should not be tempted to encourage family members to kidnap or rescue them as they can also face legal jeopardy. Instead law enforcement officials should be contacted if the cult is considered dangerous or harmful** (Bullis, 1996).

5. *A framework for the assessment of the psychosocial impact of participation in religious or spiritual groups*

Given the myriad of problems that may ensue through participation in religious groups, Lewandowski and Canda (1995) proposed a typological model to assist social workers' assessment of possible helpful or harmful psychosocial impacts on clients resulting from their participation in such groups. The model incorporates combinations between various leadership and recruiting styles to differentiate nine particular types of religious organizational cultures. Authoritarian, facilitative and collaborative are the three leadership styles described in the model. Recruiting styles include aggressive, assertive or passive styles. The intersection between these leadership and recruiting styles has established the following typology for religious groups:

A typological model for the assessment of psychosocial impacts on clients resulting from participation in religious groups.

Type Of Group	Characteristics
Type I : Totalitarian	• Intra-group relations are characterized by a high degree of control and manipulation, also referred to as "destructive cults;" • members are expected to sever relations with biological family and are allowed relationships with other members only; voluntary departure is not possible and physical, psychological and emotional coercion is used to prevent members from leaving.
Type II : Persuasive	• Leaders believe that they have a just cause and that the ends justify the means; • coercion and deception are the means by which new members are recruited; • members are expected to submit to the cause and organization as opposed to submission to the leader; • strong persuasive incentives are used to keep members within the group • and strict rules are enforced for leaving the group.
Type III : Apocalyptic	• Members are convinced of the absoluteness and divine support of their cause; • the leader is granted strong authority because of his charismatic or inspirational qualities; • religious revitalization movements that formed in reaction to perceived cultural decadence or impending end of the world could be an example of this type of group; • group survival is dependent on members' internalizing the group's worldview and on their influence on each other to maintain membership; • adherence to doctrine is more closely monitored as opposed to groups where leadership and organizational structure are used to exercise control; • individual commitment is maintained through strong reliance on group ritual and ceremony with group pressure being the primary mechanism to discourage exiting.

Type IV : Autocratic	• members may express dissent, issues are resolved through the application of the group's principles and beliefs; • members are allowed to relate to people outside the group, however, they are encouraged to look at all outside knowledge through group beliefs; • ideas foreign to group doctrine are perceived as harmful; psychological or emotional coercion may be used to retain members as opposed to physical coercive methods such as isolation and restraint.
Type V : Democratic	• relationships are formed through common interests and affinity; • submission is first to the group and its beliefs and then to the leader; • members are free to establish their own relationships without seeking sanction from group leaders, although prescribed formats for appropriate relationships are evident; • rituals are used to facilitate individual growth and transformation; voluntary exit is permitted through procedures that have been established for this purpose.
Type VI : Consensual	• Relationships are not restrictive, both within and or outside the group; the group is not the center of the individual member's life, though membership may be the individual's primary source of identity; • members submit to each other and to the purpose of the group; • participation in group ritual provides meaning for members, members however do have other avenues for experiencing renewal; leaving is viewed as an individual decision, few measures are taken to discourage exiting.
Type VII : Sequestered	• Evolve from totalitarian or autocratic groups; are essentially closed; • members have a shared purpose and contact with the outside world is minimized and highly controlled; • members are expected to receive a spiritual benefit through submission to the group's authority, embodied in the leader(s), doctrine, or texts; • the group is the only recognized authority on all that is known about the group.
Type VIII : Canonical	• Orthodox Judaism and other groups that base membership on genealogy or birth exhibit the organizational culture of canonical groups; • Strong group culture is evident, with an emphasis on socializing children into group traditions and norms; • Marriage with non-members is discouraged, but permissible; • Submission is to the group's beliefs and when members leave or become inactive concerted efforts are made to bring them back.
Type IX : Laissez Faire	• AA and other twelve step groups that have a spiritual component to the self help process are examples; • group members bond with each other on the basis that each is seeking the same individualized purpose; • recruitment is targeted to people sharing similar concerns and who may be seeking a support group; • leaving is a personal choice and members remain for as long as participation is meaningful to them.

Adapted from : Lewandowski and Canda (1995).

According to Canda and Furman (1999) this kind of typology provides a framework that will enable social workers to help their clients think about the

nature of the spiritual group he or she is in or wishes to explore, to consider whether it fits with his or her aspirations and needs, and to weigh the possible desirable or undesirable consequences of participation.

6. Topics to assess the impact of religious groups

Canda and Furman (1999) suggested that the following topics be used to help clients examine the congruence between themselves, their loved ones and the spiritual group they are in :

- **Leadership and 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**
- **Adaptability of the group regarding changes in the environment**
- **Allowance for member's departure from the group**
- **Opportunities for support and assistance from the group**

(Source : Canda and Furman, 1999, p.279). Reproduced with permission.

Recommended Readings :

Text : Canda and Furman, 1999 : 276 – 279; Bullis, 1996, p. 99-123.

Journal articles: Wheeler, Wood and Hatch, 1989; Bloch and Shor, 1989;Goldberg and Goldberg, 1982; Addis, Schulman - Miller and Lightman, 1984; Lewandowski and Canda, 1995; Midgley and Sanzenbach, 1989; Denton, 1990.

UNIT NINE : THERAPEUTIC INTERVENTION

Overview of Unit Nine

1. A model of therapeutic transformation.
2. Using metaphors and stories of transformation in the model.
3. Areas in which religion and spirituality have proven effective.

1. A model of therapeutic transformation

Using the body of ritual studies as a basis Canda and Furman (1999) have developed a useful model to effect therapeutic transformation. The model which shares much of the basic precepts of crisis theory is underpinned by five phases. They are presented in summary form below.

Features of a model of therapeutic intervention

Phases	Characteristics and Tasks
Phase 1 : Preparation (Pretherapy)	• One of crisis, the client experiences intense feelings of being overwhelmed and out of control. • When usual problem-solving strategies and resilient qualities fail the client reaches out to a professional helper.
Phase 2 : Separation (Beginning Formal Helping)	• The client is welcomed into the helping relationship; • the social worker expresses intentions to help and the person's troubles and aspirations are identified; • the situation is deconstructed and new possibilities are opened; • if client is being overwhelmed by feelings of chaos, restoration of a sense of protection, cognitive understanding and hope for the future needs to be emphasized.
Phase 3 : Flux	• Disorder has advantages in that the client's status quo is disrupted, thus making the client more amenable to change and growth, • new possibilities and personal strengths and resources that could support the change process should be explored, • this phase can be likened to the liminal phase, meaning the "passageway phase," in which a person is not in any particular room (which can result in feelings of ambiguity), but has the potential to move from one room to another (which can feel hopeful and empowering) (Turner, in Canda and Furman, 1999, p. 255). People experiencing feelings of chaos or a lack of structure need supportive order, thus catalyzing the transformational process.

Phase 4 : Aggregation	• The process of deconstruction should be followed by reconstruction, of helping clients to incorporate insights, stabilize lifestyle changes and work through these implications with significant others, • clients should be assisted to rise above constraining situations, journey to a peak of new possibilities, and integrate this new learning at a plateau of enhanced living.
Phase 5 : Congregation (Posttherapy)	• Once a sense of successful passage has been achieved, the client's life is characterized by spontaneous creativity and enjoyment; • no further reliance on a professional helper.

2. Using metaphors and stories of transformation

Canda and Furman (1999) stated that their model could serve as a context in which social workers could draw on metaphors and stories, pertinent to clients, that demonstrate the spiritual growth inherent in their experiences. After establishing the spiritual perspective of the client, he or she could be asked to identify symbols and stories of transformation and crisis resolution that are inspirational to him or her. Christians for example, may be asked to reflect on the story of the passion, death and resurrection of Jesus. Hindus could be asked to consider the epic related to the Bhagavad-Gita Gita, about the dilemmas faced by Arjuna on the battlefield and Lord Krishna's divine words of wisdom to him. If there are no religious or spiritual metaphors that could be used, nonreligious metaphors for transformation could be explored. Examples of this include that of a butterfly emerging from a cocoon, the moon moving through its phases or the passage from the coldness of winter to the vitality of spring (ibid).

The client's previous experiences of transformation could also be discussed and experiences of challenge can be recalled thereby identifying previous successful strategies. Clients could be asked to recall dreams that have depicted experiences of struggle, victory or resolution. Inspirational people who have overcome crises and transformed themselves and others may also be reflected upon. When such people are deceased ancestors or sacred beings, clients may develop insight by engaging in inner dialogue with them, asking them for guidance and support. Likewise living spiritual helpers, friends and relatives can be sought out in an effort to connect with them (ibid).

Recommended Reading

Text : Canda and Furman, 1999, Chapter 8, 251-258.

3. Areas in which religion and spirituality have been found to be beneficial

The literature has indicated that religion and spirituality has been shown to be beneficial in relation to several problem areas. The following table illustrates these areas and contains a list of recommended readings in relation to each of these areas. Further course material can be developed based on this.

Areas in which religion and spirituality have proven to be beneficial	***Recommended Readings***
1. Family and marital problems	Smith and Gray, 1995; Cowley, 1999; Kasiram, 1998; Blomquist, 1985.
2. Child abuse and violence	Ryan, 1998; Gabarino, 1996; Grubbs, 1994.
3. Mental illness	Fournier, 1990; O'Rourke, 1997;Walsh, 1995.
4. Substance abuse	Gallant et al., 1998; Krystal and Zweben, 1989; Carroll, 1999.
5. HIV and AIDS	Greif and Porembski, 1998; Dunbar et al., 1998.
6. Illness, death and grief	Smith, 1995; Sormanti and August, 1997.
7. The elderly	Abramowitz, 1993.
8. Foster care	Gregory and Phillips, 1997; Schatz and Horejsi, 1994.

UNIT TEN: SPIRITUALLY BASED INTERVENTION TECHNIQUES

Overview of Unit Ten :

1. Introduction
2. Types of spiritually based helping activities.
3. Selected spiritually based intervention techniques: paying attention, focused relaxation, intentional breathing.
4. Options for the use of spiritual helping techniques.
5. General contraindications and cautions regarding the use of these techniques.

1. Introduction

Spiritually based intervention embrace a holistic approach and are based on the premise that the mind, body and spirit functions as a harmonious unit. Hence all facets of life such as sleep, exercise, diet, nutrition, rest, leisure activities and body posture, unlimited possibilities emerge with regard to the scope and range of techniques that may be implemented. Traditional counselling techniques are often combined with non-conventional interventions like journaling, prayer, silence, solitude, awareness exercises, breath training, chanting, drumming and scripture study.

2. Types of spiritually based intervention techniques

Spiritually based interventions for use with and by individuals, families and groups

Active imagination
Art, music, dance and poetry therapies
Assessing spiritual emergencies
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 mutually beneficial human-nature relationships
Developing or participating in rituals and ceremonies
Dialoguing across spiritual perspectives
Differentiating between spiritual emergencies and psychopathology
Dissolving inner chatter and distractions
Distinguishing between religious visions and hallucinations or delusions
Dream interpretation
Exploring family patterns of meaning and ritual

Exploring sacred stories, symbols and teachings
Family brainstorming
Focused relaxing
Forgiveness
Guided visualization
Intentional breathing
Journaling and diary keeping
Meditation and prayer
Mindful paying attention
Nature retreats
Physical disciplines for spiritual cultivation such as hatha yoga
Reading scripture and inspirational materials
Reflecting on beliefs regarding death and afterlife
Reflecting on helpful or harmful impacts of religious participation
Win-win solution making

Source: Canda and Furman (1999, p.291) (Reproduced with permission by the authors).

3. Selected techniques

3.1. Paying attention

For Canda and Furman (1999) the simple act of becoming alert to our thoughts, feelings, sensations and intuitions have therapeutic and restoring effects. It enhances the quality of each moment. Using the metaphor of an orange, they expressed that rich variations in texture and flavour of each part of an orange can be discovered by paying attention to its smell, taste and touch. Paying attention to ourselves in a similar manner is important. Positive moments in life can be savored, whilst paying attention to negative sensations such as fatigue may serve to relieve such sensations.

3.2. Intentional breathing

Intentional breathing involves watching one's breath and settling into it. Akin to the meditation process, this has the effect of calming the body and relieving stress. It involves first paying attention to the fact that one breathes. This enables a person to become aware of their rate of in-breaths and out-breaths, how deep or shallow the breaths are, how the chest and abdomen move and how the change of posture viz. sitting up or lying down affects breathing. The second step involves taking a gentle but deep breath from the abdomen then releasing it gently for about twice the length of time as the inhalation. Canda and Furman (1999) suggested that ten in-breaths and out-breaths should be taken, with slight pauses between each inhalation and exhalation, followed by a period of rest. Any increase of distractions or uncomfortable physical, mental, emotional or spiritual issues that arise during this process are a cue of the need to pay attention to this (ibid).

3.3. Focused relaxing

This technique can be described as a combination of focus and relaxation (Canda and Furman (1999). An important element of it is to focus the direction and specific use of the relaxed state. Outward focused techniques involve keeping one's eyes open and gazing at an attractive or significant stimulus such as a symbol or meaningful picture. Listening to music or natural sounds could also be inspiring. To enhance awareness of inner thoughts, feelings, sensations and intuitions inner focusing techniques such as the breath or a silent focusing word are appropriate. The latter could be a mantra, a technique common to Hindu and Buddhist traditions. Canda and Furman (1999) suggested that focused relaxation be used as a gateway into other helping or healing techniques. Inward focused relaxation can clarify awareness of one's feelings, thoughts, sensations and intuitions, thus allowing for introspective self-reflection. It may also be used to prepare for religion-specific forms of prayer that facilitate getting in touch with the divine within oneself. Outward focused relaxation on the other hand, could be used for self-reflective journaling or diary keeping, reading of inspirational books or scriptures or artistic expressions such as poetry, dance or musical performance.

3.4. Caring for the body

Clients who feel stressed, hurt and confused tend to neglect their bodies (Canda and Furman, 1999). Physical illness also brings a need for special care. Physical comfort and care however goes beyond the technical elements of medical care; "caring attention is the more fundamental medicine" (ibid, p. 301). Regular exercise, sports activities, walking in beautiful places, following a healthy eating pattern, growing and eating your own vegetables, and taking a relaxing shower or bath are important in nurturing the physical self. Physical exercise systems that have an explicit spiritual orientation, such as hatha yoga, could also be learnt. Body therapies, involving therapeutic touch and massage from trained professionals or loved ones are also beneficial (ibid).

4. Options for the use of spiritually based interventions

There are several options for the use of spiritually based activities in practice. Certain conditions also create the climate for their use. These options and conditions that were conceived by Canda and Furman (1999) are presented in summary form in the tables below.

Options	Salient Issues in relation to the option
Option 1	***1. Developing an implicit spiritually sensitive relationship*** • least explicit and direct, no overt reference is made to religion, spirituality or transpersonal experiences within the context of the helping relationship; • the qualities of genuine respect, empathy, rapport, compassion, alertness to transformative possibilities, incorporation of inspiring places, people and symbols, building on clients' capacity for resilience, creativity and mutual support, attending to the impacts of practice on clients and their social and natural environments, creating agencies and practice settings that are humane and empowering form the basis of a spiritually sensitive relationship.
Option 2	***2. Private spiritually based activities by the social worker*** • refers to the worker's use of religious or spiritually based activities in his or her private life, e.g. the worker may engage in meditation to de-stress after a difficult day or engage in private prayer for a client's well-being.
Option 3	***3. Referral to outside spiritually based social support systems*** • client may be referred to clergy, religiously based healers, friends, family members, spiritual mentors or wise elders. Referrals may also be made to support groups such as religious communities, twelve-step programs, spiritual friendship groups and groups for learning and practising various types of meditation, prayer, ritual and spiritually based physical disciplines such as hatha yoga. Clients could also be referred to places and things such as beautiful natural parks and retreat centers.
Option 4	***4. Collaboration with an outside spiritually based support system*** • involves direct collaboration, teamwork, or co-therapy between a religious specialist and a social worker on behalf of the client.
Option 5	***5. Direct use of spiritually based activities upon the client's request*** • Allows the use of any of the activities in point 2 of this unit based upon the request of the client; • A greater degree of specialized training on the part of the social worker is however required, e.g. if the client asks a worker for advice about transpersonal experiences, the worker would have to have the relevant knowledge and skill as well as comfort to respond; • in situations where the worker is not prepared, referral or collaboration is an appropriate response; • manipulation, coercion and proselytization are unacceptable.
Option 6	***6.Direct use of spiritually based activities by the social worker's invitation:*** • this option is the riskiest and most controversial as it is here that the "danger of abrogating the client's self determination or inappropriate proselytization is greatest" (Canda and Furman, 1999, p.267); • option is feasible only when the client has expressed general interest in exploring spirituality in practice, a spiritually sensitive helping relationship and context have been established and the worker has specialized qualifications related to the spiritually based intervention to be implemented; • safest when the practice is nonsectarian in nature. The introduction of any religious practice without expressed client interest is not recommended. The practitioner's invitation to the client should be "tentative, centered in the client's own beliefs and goals and open to rejection by the client" (ibid, p.268)

(Adapted from Canda and Furman, 1999). Used with permission.

Conditions for the use of spiritually based activities

Conditions	Important issues
A. Client has not expressed interest. B. Client has expressed interest.	• This can be done through an evaluation of the client's spiritual beliefs and practices. During such an exploration the client might for example express an openness to prayer or might request an opportunity for prayer explicitly.
C. A spiritually sensitive, helping relationship.	• A relationship based on empathy, mutual trust and respect needs to be well established.
D. Worker competency.	• A worker who has evolved spiritually and is actively involved in dealing with issues of spiritual growth is a further condition; • relevant knowledge and skill in relation to the specific activity.

Adapted from Canda and Furman (1999). Used with permission.

Options and conditions to determine the appropriateness of use of spiritually based helping activities

Conditions Present	Appropriate Options
A	1 and 2
B	1;2;3;4 with caution
B and C	1;2;3;4;5 with caution
B, C and D	1;2;3;4;5;6 with caution

- Source : Canda and Furman (1999). Used with permission.
- In general fewer conditions present, make the use of the intervention less appropriate.

5. *General contraindications and guidelines (Source: Canda and Furman, 1999)*

1. Any practice, regardless of how simple or common has the potential for unexpected or sometimes difficult experiences. Particularly where clients are on the verge of a crisis or spiritual emergency, any practice that opens up deep feelings can catalyze a major breakthrough or result in a cathartic experience. However within the context of therapeutic transformation people need support for breakdown to lead to breakthrough. It is therefore important that practitioners be alert, obtain feedback from clients about progress and offer support to work through issues.

2. The ethical principle of competency needs to be upheld and thus practitioners should not "try out" any spiritually based intervention techniques, without having had significant personal experience and if possible, formal training with them.

3. Where clients have serious physical or mental conditions that involves fragile health or psychological instability, special care needs to be exercised. Thus if a client has a back injury, therapeutic massage should be undertaken by a skilled physical therapist or chiropractor. In the case of mental disorders, practitioners need to remember one simple principle viz. "adults should have a well-established ego before it is safe to transcend it." The simple exercises recommended by Canda and Furman (1999) are useful in dealing with mental disorders. Clients with anxiety disorders could learn relaxation techniques and those with depression could learn to do meditative self-affirmations.
4. In general spiritual practices should be chosen, that build on client's strengths and provide a balancing complement to their problematic behavior patterns. Highly introspective clients, for example, would be comfortable with quiet sitting. A client who is extremely introverted might use introspective meditation to avoid dealing with physical issues or social interaction. This would therefore not help him or her to integrate the benefits of meditation into daily life. Physical exercise on the other hand, such as hatha yoga might help the person integrate spiritual learning with the physical and social realms.

5. Practitioner's also need to be respectful of client's spiritual beliefs and thus any intervention technique needs to be in accordance with what the client believes about these things. Some theologically conservative Christians, for example might believe that forms of systematic relaxation or guided visualization are tantamount to brainwashing or demonic tricks.

6. *The use of spiritual or religious interventions: other guidelines* (Zastrow, 1999)

1. A social worker should not use interventions that have the potential of causing harm to the client or to others with whom a client interacts.
2. When clients are interested in other religion-specific spiritual practices, this can be incorporated into practice according to the ethical guidelines prescribed. An intervention that is apt to be judged inappropriate for a social worker to engage in with a client, is a religious ritual involving the sacrifice of an animal.
3. A social worker should not engage in actions that could be interpreted as seeking to convert a client to the worker's beliefs; for example encouraging a devout Buddhist to read the Bible is inappropriate.
4. Certain interventions, for example leading a Bible class with clients that emphasizes adherence to Christian principles and values) may be appropriate in some sectarian (religiously affiliated) settings but may be considered inappropriate in most secular (not religiously affiliated) settings.
5. When a social worker is in doubt about which spiritually related interventions are appropriate (or inappropriate) to use, he or she should consult with a supervisor.
6. Social workers should use interventions with proven therapeutic value and should avoid those with no proven value.
7. Interventions that are clearly beyond the purview of social work should not be used. Administering sacraments, such as communion for example is beyond the purview of social workers.

Recommended Readings :
Text : Canda and Furman, 1999 : Chapter 8 : 260-272.
Bullis, 1996 : 17-20.
Journal Article : Kasiram, 1998, Canda, 1990

UNIT ELEVEN: TRANSPERSONAL SOCIAL WORK

Overview of Unit 11 :

1.Transpersonal social work.
2.Nature of transpersonal experiences.
3. Types of transpersonal experiences.
4. Guidelines to distinguish between genuine transpersonal experiences and psychopathology.
5.Topics for the assessment of transpersonal experiences.

1. Transpersonal social work

The term transpersonal has its etymological roots in the Latin words, "trans meaning beyond or through and personal meaning mask or façade; in other words beyond or through the personally identified aspects of self " (Braud and Anderson, 1998, p.xxi). Writing in a social work context, Cowley and Derezotes (1994) stated that when applied to human development, the term transpersonal means going beyond the personal level - beyond the mask, to include spiritual or higher states of consciousness. The primary focus of transpersonal social work is its emphasis on spiritual growth and the transformation of consciousness (Cowley, 1993).

Transpersonal literature has synthesized the primary goals of transpersonal therapy as being the provision of an adequate conceptual framework for helping clients comprehend transcendent, mystical or spiritual experiences; the provision of information on psychological potential; realization of the importance of assuming responsibility not only for one's behaviour but also for being the source of one's experience and experiencing the existence and potentials of altered or transpersonal states (Weide, 1973; Boorstein, 1980; Walsh and Vaughan, 1980; Vaughan, 1979; Scotton, 1985; Sutich, 1980).

2. Nature of transpersonal experiences

Transpersonal experiences have been defined as those involving an expansion of consciousness, beyond ego boundaries and beyond the ordinary confines of time and space (Grof in Walsh and Vaughan, 1980). In describing the vast potential of transpersonal experiences, Braud and Anderson (1998) expressed the view that some of our life experiences connect us deeply with the essence of our sense of being, others seem transcendent, other experiences remain mysterious or enigmatic and still other experiences seem to connect us with events and people far away, even outside our time and place. Phenomenological studies of

experiences with transpersonal qualities indicate that the following eleven themes are interwoven throughout the description of these experiences viz. "transpersonal awareness manifesting through the vehicle of a given experience, intense emotional or passionate states, being in the present moment, transcendence of space and time, expansion of boundaries and a sense of connectedness, stillness or peace, sense of knowing, unconditional love, feeling graced, ineffability, and self transformation "(Valle and Mohs, 1998, p. 261).

After having conducted significant empirical work in this area, White (1998) asserted that an exceptional human experience (EHE) does not spring forth full-blown, but rather starts out as an exceptional experience (EE). Although exceptional experiences are often considered strange, they touch the experiencer in personal and significant ways, catalyzing a process that eventually leads to the realization of the person's higher human potential. It is through this process of transformation that an exceptional experience becomes an exceptional human experience (White, 1998).

3. Types of transpersonal experiences

White (1998) classed exceptional human experiences or transpersonal experiences into five broad categories. They are presented in the following table. The researcher has added a further category, "other," to incorporate those that do not fall within the other categories.

Categories of transpersonal experiences

Broad categories of transpersonal experiences	**Examples and Features**
1. Mystical experiences	Also referred to as peak experiences (Maslow, 1971) or "flow experiences" (Csikszentmihalyi, in White, 1998, p. 132), when they occur in a nonreligious context. Spiritual awakenings characterized by overwhelming feelings of happiness, an ecstatic joy that fills the person with a deep sense of peace, security and understanding, (Bloomfield, 1980) also fall within this category.
2. Psychic experiences	Are forms of extrasensory perception viz. ESP, clairvoyance, telepathy, precognition, and telekinesis (White, 1998; Canda and Furman, 1999). They provide an understanding that humans literally may not be separated from others, especially from those with whom we are intimate, by distance or time (White (1998).
3. Death related experiences	Consist of near death experiences, death bed experiences and experiences in which people see and meet with their deceased loved ones (White, 1998; Ring, 1984; Canda and Furman, 1999).

4. Encounter experiences	Experiences of observing and sometimes interacting with apparitions and alien beings. Includes encounters with UFOs, angels, religious figures and other anomalous phenomena (White, 1998). Other examples include communication with spirits of ancestors, deceased loved ones, and spirit powers associated with nature, communication with God or angels and spirit guides (Canda and Furman, 1999).
5. Exceptional Normal Experiences	Not considered anomalous. Many factors associated with the more unusual EHEs, are present in these experiences e.g. tears, goose bumps, a crisis of identity and feeling "wonderstruck" (White, 1998, p.134). Other examples include extraordinary dreams, inspiration of all types; aesthetic and literary experiences; witnessing or encountering art, architectural, religious, historical, and other cultural relics, music and literature and the performance of noble deeds (White, 1998).
6. Other	Out of body experiences ((Lukoff and Lu, 1988; Tart, 1967; Tart, 1968; Tart, 1995; Canda and Furman, 1999); oneness with the universe or ultimate reality; remembrance of past incarnations, past planetary or cosmic evolution (Canda and Furman, 1999).

4. Implications for social work practice: guidelines to distinguish between genuine transpersonal experiences and psychopathology

Spiritual awakenings have profound significance for people who experience them. They may be alarming and disruptive. Those having such experiences often never speak to anyone about them for fear of being thought of as crazy (Bloomfield, 1980). Writing in a social work context, Canda (1988b) asserted that religious visions, trances and paranormal events, might appear "bizarre" to social workers unfamiliar with spiritual crises (p.246). Therapists may interpret such experiences from an inappropriate and pathologizing perspective (Boorstein, 1980), confusing genuine experiences of self-transcendence with regressive pathology, to the detriment of the client (Cowley, 1993).

Simple mystical experiences do not raise diagnostic or treatment issues, as individuals can integrate it into their lives without the intervention of religious or psychiatric specialists (Lukoff, 1985). Religious or spiritual problems may however co-exist with mental disorders thus necessitating social work intervention. Canda and Furman (1999) pointed out that it is important to distinguish between a spiritual growth experience that superficially resembles a mental disorder and a bona-fide mental disorder. Although the Religious or Spiritual Problem Code V, as per the DSM-IV manual acknowledges that issues pertaining to religious or spiritual growth may require clinical intervention, they may not necessarily be a pathological problem. Lukoff (1985) operationalized the criteria for distinguishing mystical experiences with psychotic features and psychotic disorders with mystical features. After a critical review of the literature, he identified the following five criteria, all of which must be present in order to constitute a template for the

mystical experience: ecstatic mood, sense of newly gained-knowledge, perceptual alterations, content of experiences have themes related to mythology and no conceptual disorganization.

The importance of careful diagnostic assessments where questions of psychosis are concerned was emphasized by Hastings (1983). Canda and Furman (1999) asserted that where a disorder is evident, long-term intervention should address the problem through medication, psychosocial support, and community-based case management. When it is possible, for example, with a schizophrenic to engage in dialogue the religious or spiritual problem could be addressed through spiritually sensitive discussion and collaboration with the client's spiritual support network. Where the worker is not competent to deal with such issues, Canda (1998) suggested that the client be referred elsewhere.

Guidelines to distinguish between transcendent inner voices and hallucinations

Characteristics of hallucinations	**Characteristics of transcendent inner voices**
Often judgmental, critical and condemning; tend to have a reality in the mind of the individual who hears them; interfere with personal, interpersonal, and societal functioning and appear to result from brain malfunctions	• are supportive; • may offer truths with a validity which can extend beyond the limitations of the ego; • leads to benefits at each of these levels; • do not appear to result from brain malfunctioning of the brain

(Adapted from Liester, 1996).

5. Guidelines for the assessment of transpersonal experiences

Primary Guideline	**Specific questions that can be asked / tasks that need to be performed**
*1. **Assess the immediate situation** :* determine if the transpersonal experience is a spiritual emergency, or if it is a peak or pit experience.	1. If a crisis exists establish : • can the person communicate coherently; • is the person feeling overwhelmed; • is there suicidal ideation or risk of harm to self or others. • Task : Provide reassurance and support; • implement protective measures until emotional balance and cognitive function are established. 2. Once well being is established explore : • what occurred specifically, in what physical context; • were there any revelations or insights from transcendent or supernatural sources ? • was the experience linked to a specific practice e.g. meditation ?; • what was the client's level of consciousness ? ; • what senses were involved ? ; were there any mystical, near death, out of body experiences etc. (refer to types of transpersonal experiences).

2. Identify positive and negative predisposing factors.	**Positive :** What religious or spiritual factors precipitated the experience viz. spiritual strengths, quests; life stage developmental factors, reading of literature, religious group participation; closeness with God or nature ? **Negative :** Are there any physical or mental disorders that may have precipitated altered states of perception and consciousness, is the person experiencing any form of psychosocial crisis ? Task : Rule out possibility of pathogenic hallucinations or delusions. Even if physical or mental disorders are evident, explore the meaningful aspects of the experience.
3. Explore interpretation of the event	**Positive Meaning and Significance :** What are the significant insights or messages in the experience, what values were conveyed, what images, paradoxes or parables best convey the nature of the experience, are there religious or cultural stories familiar to the client that provide understanding? what are the implications of the experience for understanding and relating with oneself, other people, other beings, and ultimate reality? Are there immediate fruits of the experience, such as enhanced energy, creativity, insights into life problems, and deepened sense of rapport ? **Negative :** Is it a pit experience with strong negative features, such as a sense of dread, or attack by demonic forces ? Task : Establish sense of safety. What spiritual or religious practices and support systems may be engaged to create a sense of protection? Does the person wish to be referred to a religious leader for prayer or to conduct a ritual for protection? What potential exists for resolution and growth through this negative experience ?
4. Locating the Experience within a Complete Spiritual Development Narrative	The time line can be used to explore overall spiritual development. Key spiritual turning points can be identified in the context of life cycle events and stages of physical or psychosocial growth. Long-term patterns of development can be identified by observing trends, themes, major characters, changes of spiritual lifestyles, spiritually influential people and sources, key values, new or recurring symbols, and altered states of consciousness. The pattern of flow from pre-egoic through egoic to trans-egoic experiences and modes of consciousness can thus be established How does the current experience relate to the client's overall spiritual emergence story? How can the learning of the past and present be applied to enhance the client's future spiritual development?

(Adapted from Canda and Furman, 1999). Used with permission.

Recommended Readings
Text : Canda and Furman, 1999, Chapter 5, 161-165; Chapter 7, p. 246-248.
Journal article : Cowley, 1993

UNIT TWELVE : COMMUNITY WORK, POLICY AND ADMINISTRATION

Overview of Unit Twelve :

1. Meso and macro level issues.
2. Examples of spiritually based activities.
3. Principles and activities for spiritually sensitive administration.

1. Meso and macro level issues : Canda And Furman (1999)

1. In a holistic framework, meso and macro-level issues in relation to religion and spirituality, are interwoven with micro-level issues. There should not be a dichotomy between these systems as the hallmark of effective practice is a commitment to both individual and social well-being.

2. Human beings live within a context of interrelatedness with other people and other beings. There is therefore a need to develop social welfare practices and policies that benefit all beings in the global community and planetary ecology.

3. Spiritual development is a motion toward co-responsibility. An awareness of this interrelatedness helps us develop empathy and a zeal for justice. Thus this sense of compassion can be extended from self and those familiar to us, to other different cultures, religions and ways of life and to other beings.

4. Spiritually sensitive practice also requires a supportive context of organizations and communities. Human service organizations therefore need to be attended to the way in which they are structured. Programmes, policies and procedures need to be examined for the extent to which they humanize and support people's highest aspirations and transpersonal potential.

5. Spirituality and religion are closely linked with contemporary social policy development. Since social policies determine key social values and the distribution of resources, they need to be examined for the way in which they empower people and support them in their individual and collective spiritual paths. Policies are best examined explicitly and openly in the context of public dialogue and critical reflection, so as to ensure that certain spiritual agendas do not dominate and harm people less influential in the policymaking process. Social workers need to assist people of diverse and contrasting spiritual perspectives to become active in the policy making process (Canda and Chambers in Canda and Furman, 1999). They also need to work to create

settings and processes for policy debate based on win-win strategies and the value of mutual respect.

6. Spirituality and religion are factors in politics, law and public opinion, all of which are the constituents of public policy (Bullis, 1996). Religion plays a role within the context of global politics and economic policies. Religious organizations are known to influence public discourse and decision making in the areas of sexuality, poverty, health care, civil rights, the death penalty, animal rights, environmental policy, prison reform and education (Greenawalt in Amato-von-Hemert, 1994).

7. At a macro-level, it is often the organized religious community with which social work practitioners come into contact. Vehicles of organized religion such as the Catholic Church are extremely powerful in terms of influencing the development of social policy in the community. Religion as a force in society is particularly relevant to minorities, women and special population groups. Organized religious groups also influence social change at the organizational, community and policy levels.

8. It is also important to understand why religious, political and social leaders do what they do. Furthermore examining how religion, as an institution of collective beliefs, influences social change provides insight into the reasons religious institutions and their leaders hire lobbyists run agencies and engage in many other activities. Religious leaders may be invited to discuss their lobbying efforts at both the state and national levels (Netting et al., 1990).

9. The historical development of the welfare state can be seen in relation the role of organized religion in the development of social welfare policy (Netting et al., 1990; Bullis, 1996).

10. Social workers must also have an understanding of the complex array of nonprofit voluntary agencies spawned by religious groups.

11. Religious congregations represent organized religion and thus they impact on social work practice in the community. Not only are they part of the local network of potential service providers, but they also provide a wide range of informal services such as transportation, meals, counseling and financial aid.

2. *Examples of spiritually based activities at a meso and macro leve*

Practice With and by Organizations and Communities
Advocacy for spiritual sensitivity in health and social service policy
Almsgiving and donations
Cooperation with clergy, religious communities and spiritual support groups
Cooperation with traditional healers
Creating a spiritually sensitive administrative approach
Developing and using multicultural teams
Developing mutually beneficial human-nature relationships
Developing or participating in rituals and ceremonies
Dialoguing across spiritual perspectives
Exploring sacred stories, symbols and teachings of spiritual communities
Lobbying and social activism by religious groups
Reflecting on beliefs regarding death and afterlife
Voluntary agency assistance to redress poverty and justice issues
Win-win solution making

(Source : Canda and Furman, 1999, p. 291-292). (used with permission).

3. *Principles and activities for spiritually sensitive administration*

Source : Canda and Furman (199, p. :211).

1. ***Human scale***. The size and complexity of HSOs (Human Service Organisations) should allow for personnel to be familiar with each other personally and professionally. Large organizations, such as state human service systems, area offices and departments should reflect human scale.
2. ***Personal communication***. There should be direct and personal communication between personnel on a regular basis. Memos or e-mail modes of communication should supplement personal communication rather than replace it.
3. ***Satisfaction of aspirations***. Aspirations for personal growth of staff should be established, so that appropriate programs can be designed to support them. Satisfaction of growth needs and aspirations should be a formal organizational goal. Flexi-time, on-site day care, stress management activities, subsidies for continuing education and places for meditation are examples of such activities.
4. ***Participatory decision making***. All those who may be affected by a change of policy or program, including staff and clients, should be meaningfully involved in decision-making processes. This could be done through brainstorming activities, surveys, and inclusion of representatives from all levels of staff and clients on advisory boards and staff retreats for reflection on possible innovations.
5. ***Functional flexibility and integration***. All personnel need to be competent in multiple organizational tasks, so that they can cooperate adequately and shift roles across specializations as required. There should be shared responsibility for organizational goals between all administrative levels. Cross training, job sharing, interdisciplinary teamwork and shared worker-

administrator ownership of the organization are the types of activities that will enable this process.

6. ***Meritorious Leadership***. People who have earned the respect of staff should fill formal leadership positions. Personnel should be meaningfully involved in selection of leaders. Various leadership positions should be rotated amongst staff. Qualities of innovation, collaboration and communication skills should be recognized and rewarded officially. Rotating directorships and team leadership and egalitarian or cooperative patterns of team leadership demonstrate this principle.
7. ***Work environment aesthetics***. The physical work environment should be conducive to the promotion of health and well-being. Staff and clients should be consulted and involved in assessing and designing the work environment. Artwork, live plants, aquariums, personalized decoration of work spaces and photos of places and events fond to clients and staff can contribute to establishing a positive atmosphere.
8. ***Rule flexibility***. The policies, procedures, rules and roles of the agency should be clear yet flexible. They exist to serve people; staff and clients should be involved in the ongoing assessment and revision of all rules. Rules should be adapted to fit unusual staff and client circumstances. There should be procedures for revision and appeal of rules, client centered procedures for assessment of their challenges and strengths, and periodic reviews of agency manuals.
9. ***Convivial technology.*** Technologies that support the HSO should be simple to operate and maintain. They should be used to increase the comfort of staff and clients. Technologies should be periodically evaluated through inputs received with staff and clients. Worker safety protocols for technology use and user-friendly copy machines and computers are examples of this principle.
10. ***Social and cultural environmental rapport***. The social and cultural environment of the HSO should be enhanced through organizational activity. Community leaders and support systems should be involved in the design of programmes and evaluation processes. Inter-agency and community-based networks and teams should be created through formal interagency agreements, task forces and informal cooperative arrangements. Religious and spiritual leaders, helpers and healers should also be involved in service collaboration.
11. ***Natural environmental rapport***. The natural environment of the HSO should be protected by identifying and minimizing damaging factors. Inspiring places of natural beauty should be included in programmers for staff and clients. Energy–efficient vehicles and lighting, carpooling and recycling programs, use of biodegradable materials for cleaning, safe disposal of toxic materials, developing neighbourhood organic gardens, landscaping the grounds around the organization with organic methods and

arranging staff or client visits to natural parks are some of the activities in creating rapport.

Note to facilitator :

Educators have the opportunity to integrate content on the activities of organized religion into the macro-level social work curriculum. Macro-practice content can be focused on policy (church and state); religious affiliates (agencies of social welfare); and religious congregations and the human service community. In policy classes, social work educators would want to explore the changing roles and relationships of the voluntary (both secular and religious) and public sectors in the development of the welfare state (Netting et al., 1990).

Recommended Reading
Journal Article : Netting et al., 1990
Text : Bullis, 1996

UNIT THIRTEEN : RESEARCH

Overview of Unit Thirteen :

1. Research studies in the field of religion, spirituality and social work.
2. Introduction to transpersonal research methodology. Overview of the 5 new transpersonal research methods.

1. Research in the field of religion, spirituality and social work

The readings recommended below make reference to recent research studies in the field. These articles reflect areas of empirical interest in relation to religion, spirituality and social work, the methodologies used and the findings of these studies. This can be used to structure discussion in this unit.

Recommended readings:
Journal articles : Sheridan et al., 1992; Sheridan et al., 1994; Canda, 1988a; Cowley and Derezotes, 1994.

2. The five new transpersonal research methods

Note to facilitator : This section should be read in conjunction with Unit 11.

Braud and Anderson (1998) have provided an overview of five novel transpersonal research methods, which have been used recently in an extensive number of studies with a spiritual or transpersonal focus. The following table provides a summary of these methods, the introduction of which may provide students with a methodology to undertake studies in this area.

Overview of the new transpersonal research methods

Research Approach	Core Elements
1.Integral inquiry	Integral inquiry is both multifaceted and pluralistic, enabling the researcher to select from an array of conventional approaches so that the research questions are most appropriately addressed. The methods chosen however are expanded upon, to include various transpersonal skills such as accessing and honoring one's tacit knowledge, bodily wisdom, emotions and feelings, intuitions and paranormal access to otherwise inaccessible information; working with findings not only through the rational processing of ordinary waking consciousness but also through other representations and modes (e.g. imagery, and direct apprehensions) that may occur more readily in non ordinary states of consciousness (e.g. meditative states); and expressing findings not only in linear prose but via alternative communication styles such as stories, nonverbal presentations, artwork, poetry, metaphor, myths or symbolic modes. *Strengths* : The approach permits intensive study of a particular topic; allows understandings from a variety of perspectives to emerge; promotes change and transformation in all those involved in the research effort and helps dissolve the usual boundaries between research, clinical and other practical applications, and personal and transpersonal growth and development. The framework allows for a strong emphasis on appreciating complements, transcending apparent dichotomies and contradictions, tolerance for ambiguities, and ability to live with and hold paradoxes. *Weaknesses* : Because of the broad nature of integral inquiry, there is the danger of utilizing many methods, thus diluting the quality and depth of particular aspects of the research. Source : Braud and Anderson, 1998.
2. Intuitive inquiry	Intuitive inquiry brings a heuristic, phenomenological, and feminist focus to using various modes of intuition in conducting research. The core elements of this approach include compassion as a sustaining value in research, sympathetic resonance and circles of sympathetic resonance as validating procedures for research findings, and the importance of particularity (the researcher's voice and the participant's voice especially) in communicating the nature of experiences studied. (Anderson, 1998, p. 30). *Strengths / weaknesses* Although intuitive inquiry provides support for the full dimensionality of human knowing into the conduct of research, the utility of intuition and alternative states of consciousness is subject to the prejudices and biases of the researcher and therefore requires verification from independent researchers.

3. Organic research	Developed from heuristic and feminist approaches to research, organic research takes its roots within the researcher's own personal experiences. All aspects of the study are recorded and reported in the researcher's own voice. Organic research develops from a reverence for the sacred aspects of the topic, the method, collaboration with co researchers, context and the implications of the inquiry. Each organic study depends on the creativity of the researcher and is expected to evolve during the study in response to influences from within the researcher's psyche and from external events that impact on the progress of the work. Like integral inquiry, the goal of organic research is personal transformation for the researcher, for the participants and for the reader of the study. The fundamental technique of organic research is the telling and listening to of stories. Analysis of organic data may be done by the researcher, the co-researchers and or in the mind of the reader of the final report. The reader is expected to do much of making sense of the findings, whilst "predigesting" or processing of the data is discouraged. *Strengths*: Organic research honors the transpersonal and the sacred, it explores topics that are meaningful and significant to the researcher and co-researchers and it acknowledges and supports the healing power of telling and listening to stories. *Weaknesses*: In emphasizing an idiographic approach, and one in which there is little interest in extracting themes or commonalities across stories, the organic approach plays down the importance of nomothetic findings that can help the knowledge base of the discipline. Although the organic research method may become indistinguishable from the writing of a novel, one questions the use of distinguishing novels from conventional research reports especially quality of, understanding and potential impact. Source : Clements et al., 1998.
4.Transpersonal-Phenomenological Inquiry	Valle and Mohs (1998, p.261) have presented the dimensions of transcendent experience through the application of phenomenological research methodology. In so doing they have facilitated the emergence of a new approach : transpersonal-phenomenological psychology. This approach has proposed that transpersonal awareness is "prior to" any pre-reflective structure of a particular experience. Thus transpersonal awareness is not of the phenomenal realm of perceiver and perceived but rather of a noumenal, unitive space from which both intentional consciousness and phenomenal experience manifest in life. When transpersonal awareness presents itself in awareness, these experiences can be investigated using empirical phenomenological research methods. *Strengths and weaknesses*: By positioning transpersonal awareness within existential-phenomenological philosophy and phenomenological inquiry, this approach is unique among transpersonal methods in providing a strong philosophical framework and well articulated methods. However because this method builds on phenomenological methods, the weaknesses of this approach apply to this method as well.

5. Inquiry informed by exceptional human experiences	This approach allows for researchers to record transpersonal experiences that guide the research process. This approach encourages the documentation of exceptional human experiences e.g. mystical and psychic experiences, because of their richness in terms of life changing impacts and in providing bridges to other ways of knowing and other realities. The procedures for studying these experiences in the forms of EHE autobiographies and scientific EHE autobiographies are documented. *Strengths* : This approach fosters an intimate involvement of the researcher in the process of the study. It recognizes the value of tacit knowing and other forms of personal knowledge of the researcher and co-researchers. It draws attention to a class of experiences that have generally been devalued and about which there is considerable misinformation and misapprehension. *Weaknesses* : Due to the emphasis on exceptional human experiences and on living and working from within a new, experiential paradigm there is the risk of downplaying the importance of non exceptional experiences and the value of more conventional approaches to research. (White, 1998).

Recommended Reading
Text : Braud and Anderson, 1998

ASSIGNMENT TOPICS

1. Weekly log

Maintain a weekly log or diary of reflections related to lecture presentations, other class activities (guest presentations), recommended readings, one's own interests and questions. A journal of the student's learning experience should therefore be compiled.

Paper : Integrate the experiences and thoughts diarised in the weekly log. This paper should integrate the course experience, including personal reflections and spiritual history and learnings from the diverse topics covered in reading materials and class discussion into a spiritually based model for social work practice.

2. Exploring personal spiritual or religious orientation

Explore your own current religious or spiritual worldview, identifying your beliefs and values and practices and how they affect and impact on your role as social worker.
Explore a different religious or spiritual worldview. This may be the orientation of a client or any other indigenous group, preferably one that you are unfamiliar with. You may learn about this alternative perspective by reading key text/s; interviewing the adherent of this perspective to gain more information on their customs, traditions and rituals and use of traditional healers; attending a service or place of worship of adherents of this alternative perspective. Other potential sources of information could include films, music and art.

What can be learned about the strengths of both perspectives and their implications for social work practice.

3. Literature review

The student may select a topic of special interest at both a professional and personal level pertaining to any area of religion, spirituality and social work. A literature review should then be conducted, including no less than 15 references to texts or journal articles.

4. Exploring moral, ethical and value dilemmas

What are your religious and or spiritual beliefs about divorce, abortion, premarital sex, cohabitation, contraception and homosexuality. Consider the various moral, ethical and value dilemmas that arise in relation to these issues. How would you reconcile your own beliefs, if different in dealing with clients who may present with these issues in counselling ?

5. Case study

Choose a client with whom you are working with and, after having assessed his or her spiritual propensity, develop spiritually based interventions that you could use in the helping process. Critically reflect on this process, reasons for your choice of client and any worker anxieties or client issues that subsequently emerge.

6. Spiritual assessment

Answer all the questions contained in Boyd's Religious / Assessment Tool and critically reflect upon issues that have made or will aid your personal and professional growth and development.

SAMPLES OF EXPERIENTIALLY BASED CLASS EXERCISES

1. Timeline of your religious and spiritual journey

Timelines can be used to help students reflect upon and detail their religious and spiritual experiences. Using a large sheet of paper, each student draws a timeline of his or her religious and spiritual experiences. Starting at the bottom of the sheet, proceeding vertically; each line can be used to reflect a year in the student's life. If a student is twenty, there should be 20 lines, with each line reflecting a number between one to twenty. Significant religious and spiritual experiences that occurred at various ages should be written in the corresponding age line. Events may include persons, places, ideas, experiences, books, movies, places of worships etc. that have contributed to their religious and spiritual journeys.

After the timelines are completed, students can form subgroups of three or four. Each student then has the opportunity to share his or her timeline. (NB. Should a student be unwilling to share his/her timeline, this should be respected).

2. Using religious and spiritual interventions

This exercise exposes students to the vast array of religious and spiritually based intervention techniques. Each student should fill in the following questionnaire indicating 1. their personal levels of comfort in using these techniques; 2. whether they consider it professionally ethical to use such interventions. Following this exercise, students can be grouped into subgroups of 4 and several of the questions on the questionnaire can be allocated to each group for discussion. Students should be asked to consider the potential value of interventions and any ethical dilemmas that ensue from their use with clients. Each group may then report back on the questions allocated to their group for a larger class discussion.

Questionnaire : Use of Religiously or Spiritually Based Intervention Techniques

Intervention Techniques	Personally Comfortable	Ethically Appropriate
Explore client's religious background		
Explore client's spiritual background		
Help clients clarify spiritual values		
Recommend participation in spiritual programs (Meditation groups, 12-step programs, men's/women's groups)		
Refer clients to religious counsellors		
Help clients develop ritual as a clinical intervention (house blessings, visiting graves of relatives, etc)		
Use or recommend spiritual books		
Use spiritual language metaphors		
Explore spiritual elements in dreams		
Refer clients to spiritual counsellors		
Help clients clarify religious values		
Pray privately for client		
Recommend participation in religious programs (Sunday school, religious education)		
Share your own religious/spiritual beliefs or views		
Explore religious elements in dreams		
Recommend religious/spiritual, forgiveness, penance, or amends		
Use religious language or metaphors		
Use or recommend religious books		
Participate in clients rituals as a clinical intervention		
Teach spiritual mediation to clients		
Pray with client in session		
Read scripture with client		
Meditate spiritually with clients		
Touch client for healing purposes		
Perform exorcism		

(Adapted from Bullis,1996).

3. Clarifying terms : religion, faith and spirituality

Divide the class into subgroups of four. Ask each group to consider the terms religion, spirituality and faith. Ask them to discuss any emotions, thoughts, symbols and images that they associate with each of these three terms. Care should be taken to note any differences or similarities between these terms. The group may either draw a picture and or diagram and or use words to capture the meaning and interpretations of these terms. (Adapted from Canda and Furman, 1999).

4. Dealing with religious or spiritual issues in practice

Note to facilitator :

Class can be broken into sub- groups of four. All the groups are asked to consider all the case vignettes presented below, to discuss and to write down how they would respond to the different situations. After group discussion, leaders can give feedback to the entire class. Any controversies or difficulties can be worked through at this point. Alternatively role plays may be created using these scenarios.

4.1 Case vignettes

4.1.1. You are a social worker based at a hospital. A patient with HIV has indicated, following his diagnosis, that he would like to get in touch with the spiritual side of his life as it would help him to cope better. He has also indicated that he wishes to seek the assistance of a sangoma and inyanga. How would you help the client to do this?

4.1.2. You are a child protection worker. A report of abuse has come in from a teacher that a child who is chronically ill is yet again absent from school. Upon investigation you find that the family attend the same church as you. They have been advised to "pray" for the child to be healed instead of receiving the necessary medical attention that would ensure his recovery. How would you deal with this matter ?

4.1.3. You are a child welfare worker. An anonymous call was received at your agency that children at a particular home are being neglected. Upon investigation you find a heavily pregnant mother with eight other children at home. The children appear to have no significant age gaps between each other, they appear neglected and the home is unkempt. Discussions with the mother indicate that the religious group to which she belongs forbids the use of contraception and advocates that children be educated at home, away from the "wicked" influences of the school. You also discover that this particular religious group is gaining support in the community and there are other families supporting their ideals. How do you deal with this at both at the level of this family and at a community level.

4.1.4 You are a practitioner at a secular agency. A family has approached you asking for assistance in "removing" their teenage daughter from a religious cult and then helping with "deprogramming" her. The daughter has dropped out of school and has been presenting with "bizarre" behaviour. How do you respond?

4.1.5. A Hindu family has approached you, with concerns that their 35 year old sister is presenting with psychotic behaviour. According to them she gets into a "trance like" state following prayer at her temple. She also claims that "inner voices" have been providing her with flashes of insight into certain peoples' lives. What factors would you consider in making an assessment in this case.

5. Spiritual development

Spiritual development is presented as both a) an innate potential within all human beings and b) a striving toward an ideal of perfection or wholeness. Given this understanding of spiritual development as being both immanent and transcendent, address the following questions in your small group. Remember to be mindful of both sharing your thoughts and ideas and making space to hear others' contributions during your discussion.

1. How do you understand the difference between "spiritual emergence" and "spiritual emergency"? How can "peak experiences" and "nadir experiences" both be considered to be a spiritual emergency? What role might a "plateau experience" play in a person's overall spiritual development? Can you relate any of these terms to your own experiences or experiences of others that you've known about (including clients)? How might these kinds of experiences be misunderstood or mislabeled in social work practice?

6. Religious and spiritual diversity

Various sectarian, non-sectarian/indigenous, philosophical spiritual perspectives have been presented in class. These classes have included guest speakers, class discussion, readings from the textbook, and supplemental readings. Thinking about this information as a whole, discuss the following questions with your partner. Be ready to share general comments/reactions with the class following this exercise.

- For which perspective did you have the most positive reaction (e.g., felt an attraction toward, felt the most familiar with, were the most comfortable with, found it easiest to keep an open mind and heart about)? What is it about you that contributed to this reaction? Was your understanding of this perspective or topic changed or broadened in any way?

- For which perspective did you have the most negative reaction (e.g., felt a repulsion about, felt the least familiar with, were the most uncomfortable with, found it most difficult to keep an open mind and heart about)? What is it about you that contributed to this reaction? Was your understanding of this perspective or topic changed or broadened in any way?

- What impact(s) might your reactions (both positive and negative) have on work with clients/communities (especially with those who may hold these spiritual perspectives)? What personal and professional "work" is suggested by your positive and /or negative reactions? How might you accomplish this?

Note to instructor: Students form in pairs to have dyadic sharing of all the discussion questions listed. Following discussion, dyads bring back their general comments or reactions to the exercise to the whole class for a larger discussion. Instructor highlights need for self-reflection and self-awareness relative to working with clients or communities of diverse spiritual perspectives. (Based on the work of Sheridan, 2000a).

PUTTING SKILLS INTO PRACTICE

A. Choose any of the following exercises for "practice" with a client :

1. Experiencing the client with a fresh mind.
2. Dissolving inner chatter.
3. Asking for an intuitive insight.

B. Using the guidelines presented to you, try the following exercises yourself. Become aware of the benefits you experience as you try them out. Practice them until you feel comfortable in using them with clients.

• Paying Attention	• Focused Relaxing
• Intentional Breathing	• Caring for the Body
• Equipoise	• Practicing Forgiveness

(Adapted from Canda and Furman, 1999).

Infusing Content on Spirituality in Major Curricular Areas

POINTS OF INFUSION

Human Behaviour and Social Environment Courses

- Expansion of biopsychosocial framework to biopsychosocial and spiritual
- Spiritually-based theories of human behavior (e.g., Jung, Maslow, Assagioli)
- Processes or stages of spiritual development (e.g., Fowler, Wilber, Washburn)
- Religious or spiritual factors in the social environment

Social Justice/Diversity/Populations-at-Risk Courses

- Diversity of sectarian, non-sectarian/indigenous, and philosophical spiritual perspectives
- Link between spiritual diversity and other forms of human diversity (e.g., race, ethnicity/culture, gender, sexual orientation, disability, age)
- Prior history and current role of religious/spiritual groups in both supporting and impeding social justice and social reform
- The spiritual nature of social activism an social reform

Micro Practice Courses (Clinical or Direct Practice; individual, Family, and Small Group Practices)

- Assessment and differential diagnosis
- Beneficial and detrimental role of religion or spirituality in clients' lives
- Use of spiritually-based interventions
- Ethical issues and guidelines
- Referral and collaboration with religious / spiritual leaders and support systems
- 4^{th} force therapies (transpersonal models of practice)
- The spiritual nature of helping at micro practice level

Macro Practice Courses (Social Work Policy; Administrative, Organizational and or Community Practice)

- History of organized religion and religious communities in the development of social welfare programs/policy and the profession of social work
- Current role of sectarian agencies, religious congregations, and affiliates in delivery of human services
- Current influence of organized religion and spiritually-based groups on social policy and social change.
- Implications of religious affiliation or sponsorship for administrative and organizational practice
- Various roles of religious or spiritual organizations in community organizing and community practice
- The spiritual nature of helping at the macro practice level

Research Courses

- Studies on topics related to spirituality as research exemplars
- Studies on spirituality that illustrates issues/decisions related to some aspect of the research process (problem formulation, conceptualization and operationalization of concepts, measurement, sampling, design, data collection, data analysis, and dissemination of findings)
- Studies specifically focused on spirituality and social work (e.g. research on practitioners, faculty, students, and clients/communities)

(Source : Sheridan, 2000a, 3-4). Used with permission.

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30 August 2000

Dear Sir / Madam

Distribution of Survey Instruments to Final Year Social Work Students

Our telephonic discussion refers. I am presently studying towards a PhD at the University of Natal, in Durban. The title of my dissertation is as follows : "The Role of Religion and Spirituality in Social Work Practice : Guidelines for Curricula Development in SA Schools of Social Work."

A survey is being conducted to better understand the views of ***final year social work students***, with regard to the role of religion and spirituality in social work practice and education. Views about the inclusion of religious and spiritual content in the social work curriculum, but more specifically the actual content that needs to be considered for curriculum development are also being sought. Attached please find a batch of questionnaires for this purpose.

I would be extremely grateful if some time could be set aside during the academic programme, for students to answer the questionnaire. Experience indicates that not all students will return the questionnaire if they had to take it home. The process of collection also becomes problematic. It would therefore be preferable for students to fill out the instrument in a class context, so that they could be assisted and also to ensure that all the questionnaires are returned. Student participation in the study is voluntary. As there is no need for them to fill in their names on the questionnaire they can be assured of anonymity.

Once completed I would be grateful if your Department, could then post them to me at the following address : Box 48386, Qualbert, 4078. Should you have any queries regarding same, I may be reached at the following telephone number - 031 - 2086008. I would also be grateful if you could advise me at the same time of the total number of students in your final year class. As indicated the purpose of this study is to develop guidelines for curricula development in the area of religion and spirituality. Your co- operation and assistance in facilitating this process is sincerely appreciated.

Ray Bhagwan
University of Natal, Durban

Prof. Vishanthie Sewpaul
Supervisor and Head of Dept.
Centre for Social Work,
University of Natal, Durban

Appendix 2

Dear Student

Title Of Research Study :

THE ROLE OF RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE AND EDUCATION : GUIDELINES FOR CURRICULA DEVELOPMENT IN SA SCHOOLS OF SOCIAL WORK

This survey is being conducted to better understand student social workers' views about the role of religion and spirituality in social work practice and education, including the use of spiritually - based interventions. Views about the inclusion of religious and spiritual content in the social work curriculum, but more specifically the actual content that needs to be considered for curriculum development are also being sought.

This will enable the researcher to develop broad guidelines for curriculum development, in the area of religion, spirituality and social work. It is hoped that the creation of such a model will provide the impetus for such a course to be offered at local Schools of Social Work.

Please answer all the questions. Participation in the study is voluntary. There is also no need to fill in your name on the questionnaire. If you wish to comment on any question, feel free to use the space in the margins. Your comments will be read and taken into account.

Thank you for your participation.

R. BHAGWAN
University of Natal
Durban

Supervisor : Prof. V. Sewpaul
Centre for Social Work
University of Natal, Durban

* Sections A, B, C of the instrument is the work of Dr M. Sheridan, Virginia Commonwealth University, who has kindly provided permission for use of her instruments in the present study. Section E is also based on her work, but has been adapted to the local context.

Appendix 3

A. The following questions ask your views about the appropriate role of religion or spirituality in social work practice. To assist you in responding to these questions, definitions are provided below. You will note that, for the purposes of this study, spirituality is more broadly defined than religion.

Spirituality is defined as "the human search for purpose and meaning of life's experiences, which may or may not involve expressions within a formal institution."

Religion is defined as "a systematic body of beliefs and practices related to a spiritual search."

Please rate your level of agreement or disagreement with each statement by circling the one number that best reflects your opinion on the 5 point scale

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Spirituality is a fundamental aspect of being human.	1	2	3	4	5
2	Social workers in general, do not possess the knowledge or skills to assist clients in religious matters.	1	2	3	4	5
3	Social workers should become more sophisticated than they are now in spiritual matters.	1	2	3	4	5
4	It is important for social workers to have knowledge about different religious faiths and traditions.	1	2	3	4	5
5	Religious concerns are outside the scope of social work practice.	1	2	3	4	5
6	Spiritual concerns are outside the scope of social work practice.	1	2	3	4	5
7	Social work practice with a spiritual component has a better chance to empower clients than practice without such a component.	1	2	3	4	5
8	Knowledge of clients' religious or spiritual belief systems is important for effective social work practice.	1	2	3	4	5
9	Social workers should be able to assess the positive or beneficial role of religious or spiritual beliefs and practices in clients' lives.	1	2	3	4	5
10	Social workers should be able to assess the negative or harmful role of religious or spiritual beliefs and practices in clients' lives.	1	2	3	4	5

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11	The use of religious language, metaphors and concepts in social work practice is inappropriate.	1	2	3	4	5
12	The religious background of clients do not particularly influence the course or outcome of social work practice.	1	2	3	4	5
13	A social worker's use of scripture or other religious texts in practice is appropriate.	1	2	3	4	5
14	It is against social work ethics to ever pray with a client.	1	2	3	4	5
15	The use of spiritual language, metaphors and concepts in social work language is inappropriate.	1	2	3	4	5
16	It is sometimes appropriate for a social worker to share his or her own religious or spiritual beliefs with a client.	1	2	3	4	5
17	Addressing a client's religious or spiritual beliefs is necessary for holistic social work practice.	1	2	3	4	5
18	Social work education should include content on religious and spiritual diversity.	1	2	3	4	5
19	Social work education should include content on how to effectively deal with religious or spiritual issues in practice.	1	2	3	4	5

B. The following lists various interventions that could be performed in providing services to clients. Please indicate (by circling "yes" or "no"), for each behavior listed : a) the interventions that you yourself have implemented with clients; and b) whether or not you believe the intervention to be appropriate for social work practice.

		a)Have Personally Done with Clients		b) Is Appropriate Social Work Intervention	
1	Gather information on clients religious or spiritual backgrounds.	Yes	No	Yes	No
2	Use or recommend religious or spiritual books or writings.	Yes	No	Yes	No
3	Pray privately for a client.	Yes	No	Yes	No
4	Pray with a client.	Yes	No	Yes	No

5	Meditate with a client.	Yes	No	Yes	No
6	Use religious or spiritual language or concepts.	Yes	No	Yes	No
7	Help clients clarify their religious or spiritual values.	Yes	No	Yes	No
8	Recommend participation in a religious or spiritual program or activity.	Yes	No	Yes	No
9	Refer clients to 12 - step programs (AA.; AlAnon, Alateen)	Yes	No	Yes	No
10	Refer clients to religious or spiritual counselors (eg.minister, rabbi, guru, spiritual director).	Yes	No	Yes	No
11	Recommend religious or spiritual forgiveness, penance, or amends.	Yes	No	Yes	No
12	Recommend regular religious /spiritual self - reflective diary or journal keeping.	Yes	No	Yes	No
13	Touch client for "healing"purposes.	Yes	No	Yes	No
14	Help clients develop ritual as a clinical intervention (house blessings, visiting graves of relatives, undertaking a certain prayer).	Yes	No	Yes	No
15	Participate in client's religious / spiritual rituals as a clinical intervention.	Yes	No	Yes	No
16	Share your own religious or spiritual beliefs or views.	Yes	No	Yes	No
17	Discuss role of religious or spiritual beliefs in relation to significant others.	Yes	No	Yes	No
18	Assist clients to reflect critically on religious or spiritual beliefs or practices.	Yes	No	Yes	No
19	Help clients assess the religious or spiritual meaning of dreams.	Yes	No	Yes	No
20	Help clients consider the spiritual meaning of his/her current life situation.	Yes	No	Yes	No
21	Help clients reflect on their beliefs about loss or other difficult life situations.	Yes	No	Yes	No
22	Help clients consider ways their religious / spiritual beliefs or practices are helpful.	Yes	No	Yes	No
23	Help clients consider ways their religious / spiritual beliefs or practices are harmful.	Yes	No	Yes	No
24	Help clients consider ways their religious / spiritual support systems are helpful.	Yes	No	Yes	No
25	Help clients consider ways their religious / spiritual support systems are harmful.	Yes	No	Yes	No
26	Are there any other religious or spiritually - based interventions that you consider to be appropriate social work interventions ? (Please circle yes or no). Yes No				

27	If yes, what are these interventions ? _____ _____
28	Have you personally utilized them in practice ? Yes No
29	During your fieldwork training did you observe any of the abovementioned techniques being used by social workers in the field ? Yes - spiritually based interventions are being used No - spiritually based interventions are not being used

C. The following set of questions ask about your views on the inclusion of content on religion and spirituality in the curriculum at schools of social work. Please answer these questions by circling the appropriate number.

1. There are generally two rationales given for including content on religion and spirituality within the curriculum of schools of social work; these are listed below. Please indicate your level of agreement with each position by circling the one number that best reflects your opinion on the 5 point scale.

		Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
a	Religious and spiritual beliefs and practices are part of multicultural diversity. As such, social workers should have knowledge and skills in this area in order to work effectively with diverse client groups.	1	2	3	4	5
b	There is another dimension of human existence beyond the biopsychosocial framework currently used to understand human behavior. Social work education should expand this framework to include the spiritual dimension.	1	2	3	4	5

2. Assume there is a proposal to offer a course on social work and religion and spirituality at Schools of Social work and you have been asked to vote on whether to offer such a course. How would you vote ? Please place an X on the appropriate blank.)

a. _____ Against

b. _____ For, only as an elective

c. _____ For, as a requirement in the clinical track only

d. _____ For, as a required course

3. Below are 7 guidelines for providing religious or spiritual content in social work programs. (Please indicate your level of agreement with each position by circling the one number that best reflects your opinion on the 5 point scale.)

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Religion and spirituality should be examined as general aspects of human culture and experience.	1	2	3	4	5
2	Diverse religious behaviors and beliefs should be compared and contrasted.	1	2	3	4	5
3	Content should avoid both a sectarian and antireligious bias.	1	2	3	4	5
4	Dialogue should be explicit about value issues and should respect value differences	1	2	3	4	5
5	Both the potential benefit and harm of religious beliefs and practices should be examined.	1	2	3	4	5
6	Content should emphasize the relevance of having a working knowledge about religion and spirituality for effective practice with clients.	1	2	3	4	5
7	Students should be encouraged to critically explore their own biases about religion and spirituality.	1	2	3	4	5

4. In your training as a social worker, how often were religious or spiritual content or issues presented and discussed ?

a. Never
b. Rarely
c. Sometimes
d. Often

5. How satisfied have you been with your social work education and training in terms of attention paid to religious and spiritual issues ?

a. Very Dissatisfied
b. Somewhat Dissatisfied
c. Neutral
d. Somewhat Satisfied
e. Satisfied

6. If religious or spiritual issues were presented and discussed in your training as a social worker, in what specific courses was this material included ?

a. Casework Practice
b. Policy
c. Research
d. Social Justice
e. Other

For other, please specify

_____

_____

7. Are there any specific areas for which you think content on religious or spiritual issues is particularly relevant in your training as a social worker ?

a. Special client populations
b. Client Problems or life stages
c. Service settings
d. All of the Above
e. Other

Please specify for "other"

_____

_____

D. Please indicate which of the following aspects you think would be relevant, in terms of developing a course, on spirituality and social work. Please circle yes, to indicate it should be included and no, to indicate it should not be included.

CONTENT ISSUES FOR A COURSE ON SOCIAL WORK			
1	The Historical Religious or Spiritual roots of the Social Work Profession.	Yes	No
2	Recognizing and Respecting Spiritual Diversity. Comparison of Religious Traditions.	Yes	No
3	Interface of Religious, Spiritual and Social Work Values.	Yes	No
4	Dealing with Religious and or Spiritual Issues in Practice.	Yes	No
5	Students Personal, Spiritual and Professional Growth.	Yes	No
6	Developmental Theories of Spiritual and Religious Growth.	Yes	No
7	Functional and Dysfunctional Religious and or Spiritual Beliefs and Behaviour Patterns.	Yes	No
8	Collaboration and networking with Religious and Spiritual Organizations.	Yes	No
9	Religious Perspectives on Policy Issues.	Yes	No
10	Spiritually Based Interventions or Religiously Oriented Therapeutic Interventions.	Yes	No
11	Transpersonal Theory (study of spirituality, transpersonal experiences, altered states of consciousness)	Yes	No
12	Transpersonal experiences (for example mystical, psychic, near death experiences, dreams, intuitive knowledge).	Yes	No
13	Diagnostic Skills to Distinguish Between Genuine Religious/Transpersonal Experiences and Psychopathology.	Yes	No
14	Transpersonal Healers and a Comparison of same between different cultures.	Yes	No
15	Culture / Religion Specific Experiences not within the realm of Psychopathology ie. culture specific syndromes such as trances, possession.	Yes	No
16	Ethical issues : Consideration of Religiously Based Ethical Dilemmas eg. right to abortion.	Yes	No

17. Any other suggestions about content for curriculum development in this area :

_____

_____

_____

E. The final section includes questions on demographic and background variables, including questions related to your own personal beliefs and experiences with religion and spirituality . Please circle the appropriate letter.

1. What is your present age?

a. 19 - 25
b. 26 - 35
c. 36 - 45
d. 46 +

2 What is your gender ?

a. Male
b. Female

3. What is your race / ethnic group ?

a. African
b. Coloured
c. White
d Indian

4. What is your current religious affiliation or spiritual orientation ?

a. Hindu
b. Muslim
c. Catholic
d. Christian
e. Jewish
f. Buddhist
g. African traditional religion
h. Other

Please specify for other.

_____

5. Have you attended any workshops or seminars in the past 4 years that dealt with some aspect of religion and spirituality ?

a. Yes
b. No

If yes, what was the major focus of these events ?

_____

6. How frequently do you currently participate in religious services ?

a. Daily
b. Once a week
c. 2 - 3 times a month
d. Once a month
e. 5 - 6 times a year
f. Once a year
g. Not At all

8. Indicate your present relationship to an organized religion or spiritual group.Please circle the letter in relation to the appropriate choice made.

a. Active Participation, high level of involvement
b. Regular participation, some involvement
c. Identification with religion or spiritual group, very limited or no involvement
d. No identification, participation or involvement with religious or spiritual group
e. Disdain and negative reaction to religion or spiritual tradition

9. Listed below are six types of ideological positions that people take in relation to religious or spiritual beliefs. After you have read all six, please place an X next to the statement that comes closest to your own ideological position.

A _____ There is a personal God or transcendent existence and power whose purpose will ultimately be worked out in history.

B. _____ There is a transcendent aspect of human experience which some persons call God, but who is not immanently involved in the events of the world and human history.

C. _____ There is a transcendent or divine dimension which is unique and specific to the human self.

D. _____ There is a transcendent or divine dimension found in all manifestations of nature.

E. _____ Notions of God or the transcendent are illusionary products of human imagination; however they are irrelevant to the real world.

10. Please use the space below to make any additional comments you would like about the topic of religion or spirituality, especially as it relates to social work practice and your education and training as a social worker. These remarks will be read and taken into account.

_____

_____

_____

Thank you for your time and effort in completing this questionnaire !

Appendix 4

_____

_____

_____

5 August 2001

Dear Sir / Madam

Guidelines for Curriculum Development: Religion, Spirituality and Social Work

I am currently studying towards a PhD in Social Work, at the University of Natal. The title of my dissertation is: The Role of Religion and Spirituality in Social Work Practice and Education: Guidelines for Curriculum Development at South African Schools of Social Work.

Last year I wrote to the Heads of all the Schools of Social Work, requesting assistance with the distribution of questionnaires to student social workers. One of the objectives of the study was to obtain student's views on the content that needed to be considered in the development of a course on religion, spirituality and social work. The data received in relation to this is detailed in Table 2 (Appendix 1). Students were also asked to consider whether they would like a course in this area to be introduced as a required course or as an elective. The results received in respect of this are contained in Table 1.

Through the process of developmental research, the methodology used to guide my study, guidelines for the said course were designed. Attached please find a copy of these guidelines. As one of the other objectives of the study is to evaluate the guidelines, I would be grateful if you could peruse through the course and complete the attached evaluation questionnaire. The thoughts and suggestions of other members of staff would also be welcome. Once the process of evaluation has been completed, the suggestions indicated will be taken into consideration and the guidelines adapted if necessary.

Kindly fax the completed questionnaire to me on the following number 031 – 2086008, preferably by the end of August so that I can make the necessary changes to it. For further information or

assistance with regard to the completion of the questionnaire you may contact me telephonically (031) 2086008.

Participation in the evaluation is totally voluntary. However your co – operation and assistance in this process will help a great deal to further curriculum development in this area.

Sincerely
R.Bhagwan

EVALUATION SHEET

1. Kindly indicate, with a tick in the column next to each unit whether you consider the content outlined in each unit, to be most useful, useful or least useful.

Module	*Most Useful*	*Useful*	*Least Useful*
1. Introduction and Course Overview.			
2.The Historic Religious Roots of the profession; The debate surrounding religion and spirituality in social work.			
3. Definitions; Characteristics and Guiding Principles of a Spiritually Sensitive Relationship.			
4. Religious and Spiritual Diversity.			
5. Models of Spirituality.			
6. Developmental Theories.			
7. Spiritual Assessment.			
8. Dysfunctional Aspects of Religion.			
9. A Model of Therapeutic Intervention			
10.Spiritually Based Intervention Techniques			
11. Transpersonal Social Work			
12.Community Work, Policy and Administration.			
13 .Research.			

2. Please indicate the strengths and limitations of each unit as per the attached guidelines. Also indicate any other suggestions you may have for improvement of the unit concerned. Also indicate any other aspects that you think may need to be included or considered in each unit.

1. Introduction and Course Overview

*Strengths :*_____

_____

Limitations : _____

_____

Suggestions for Improvement :

_____

_____

2. *The Historic Roots of the Profession and the Debate Surrounding Religion and Spirituality in Social Work Education and Practice*

Strengths : _____

_____

Limitations : : _____

_____

Suggestions for Improvement

_____

_____

3. *Definitions; Characteristics and Guiding Principles of A Spiritually Sensitive Relationship*

Strengths : : _____

_____

Limitations : : _____

_____

Suggestions for Improvement :

_____

_____

4. *Religious and Spiritual Diversity*

Strengths : _____

_____

Limitations : _____

_____

Suggestions for Improvement :

_____

_____

5. Models of Spirituality

*Strengths :*_____

_____

*Limitations : :*_____

_____

Suggestions for Improvement :

_____

_____

6. Developmental Theories.

*Strengths :*_____

_____

Limitations :

_____

Suggestions for Improvement :

_____

_____

7. Spiritual Assessment.

*Strengths :*_____

_____

*Limitations : :*_____

_____

Suggestions for Improvement :

_____

_____

8. Dysfunctional Aspects of Religion

*Strengths :*_____

_____

*Limitations : :*_____

_____

Suggestions for improvement :

_____

_____

9. A Model Of Therapeutic Intervention

*Strengths :*_____

_____

*Limitations :*_____

_____

Suggestions for Improvement :

_____

_____

10. Spiritually Based Intervention Techniques

*Strengths :*_____

_____

*Limitations :*_____

_____

Suggestions for Improvement :

_____

_____

11. Transpersonal Social Work

*Strengths :*_____

_____

*Limitations :*_____

_____

Suggestions for Improvement :

_____

_____

12. Community Work, Policy and Administration

*Strengths: :*_____

_____

*Limitations : :*_____

_____

Suggestions for Improvement :

_____

_____

13 Research

*Strengths :*_____

_____

*Limitations : :*_____

_____

Suggestions For Improvement :

_____

_____

3. Are there any other units that you think need to be included in the suggested guidelines ? If yes please specify :

---

4. Please indicate your level of satisfaction with the sample of test / assignment questions and the sample of class discussion exercises outlined, with a tick in the appropriate column.

Level of Satisfaction	*Test / Assignment Questions*	*Class Discussion Exercises*
Very Satisfied		
Satisfied		
Not Satisfied		

5. Any other comments / suggestions / improvements with regard to the overall guidelines provided :

Thank you for having taken the time to complete this questionnaire.