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Attitudes toward Religion and Spirituality in Social Work Practice

Submitted by David M. Allick
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MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master’s thesis nor a dissertation.

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Abstract

What are the attitudes that social workers have toward religion and spirituality and how does it affect their practice? What affect does religion and spirituality have on clients in therapy and how big of an impact is it making in their lives? How much education are social workers receiving in their undergraduate and graduate curriculum? These questions and a few others are all addressed in this research. In this qualitative study the researcher interviewed seven Licensed Independent Clinical social workers (LICSWs) with at least seven years of experience, serving in diverse areas of social work. Social workers attitudes toward religion and spirituality do affect the way they practice. Those social workers who are more educated are also more comfortable when dealing with clients who are practicing some type of religion and or spirituality. Clients are being positively affected by workers ability to engage in religious and spiritual conversations in area such as but not limited to depression and end of life issues.
Introduction

Defining religion and spirituality can be difficult because some see them as the same thing while others see them as separate entities. For the purposes of this study, religion will be defined as an external social construct of spirituality; it is a set of institutionalized beliefs, behaviors, and rituals practiced by a larger group or community with similar beliefs (Carrol, 1998). Some examples of religions are Christianity, Islam, Judaism, Hinduism and Buddhism. Casico (1998) & Gilbert (2000), state that religion and religiosity are defined by a person’s involvement in a particular denomination or place of worship. With religion being defined by social construct and practice, spirituality on the other hand is defined as being more personal and internalized (Carroll, 1998). Spirituality is specific to the person, self-defined and deals with how that individual interacts with and experiences their “God” or ultimate reality (Hodge 2003). Spirituality is a fundamental belief about how people view humanity, how a person finds meaning, and a moral framework of how one should relate to others (Larsen, 2010). Spirituality can be shaped in a person life in many ways by gender, ethnicity, age, religious or spiritual background and socioeconomic standing (Larsen, 2010). Religion and spirituality play such important roles in our lives and it is vital for social workers to understand how it affects their clients and how it can be used to help them in their personal growth and progress in their mental health.

The foundation of social work theory and its practice is deeply rooted in religion and spirituality (Day, 2009). Miley, O’Melia, and DuBois (2011) indicate that social workers are interested in working with the person as a whole; the mental, emotional, spiritual, and the systems that affect their lives. Even though social work historically
placed significant value on religion and spirituality, social workers struggled to find a place in the professional world. As social workers moved toward a more professional approach, they began distancing themselves from religion and spirituality, by adopting more secular approaches (Kaplan & Dziegielewski, 1999). Kaplan & Dziegielewski (1999) suggests that this happened in order to fit in with the science-based professions of psychology and psychiatry; which state that spiritual beliefs are not by nature empirical. She goes on to say that this is a significant problem since one of the cornerstones of social work is that it recognizes the whole person and the influences in their lives; spirituality being a major component (Kaplan & Dziegielewski, 1999). Although social work had started distancing itself from spirituality and religion, the world has not. With the constant, rapid change and increasing unrest in the world today many people are seeking religion and spirituality to help them understand the meaning of life and how to explain what is going on around them. A number of polls have consistently reported that between 92% and 97% of Americans say that they believe in God, or a higher power, and 87% report that religion is either very or fairly important in life (Gallup, Linds, 1999).

Spirituality is on the rise in the United States and even though it was once a predominantly Judeo-Christian society, many new nationalities and people groups have settled here, with more coming daily, which has impacted the standard beliefs and practices. These newcomers will bring with them their religions and spiritual practices and the United States will become far more diverse than it is currently. Sheridan (2003), states that Christianity, Judaism, and Islam have been the dominating religions with the highest number of followers in the US. However, there are approximately 35 million Hispanics and African Americans, 10 million Asians, and 2 million indigenous peoples such as Native
Americans, Alaskans and Native Hawaiians – each group with its own religion, spiritual ideas and practices. This is not to say all these people groups have the same religion and spiritual practices. It is only to say, the United States is the first country in the history to be a major microcosm in the world regarding race, ethnicity, and religion (Hutchison, 2003). Eck (2001) agrees that America has become the most diverse country in the world in terms of religion and spirituality. Since the United States is such a diverse nation and with religion on the rise, it seems inevitable that social workers will be working with people of faith, whether it is one of the three major religions or any one of the other religions.

**Literature Review**

**Social Workers Views of Religion and Spirituality**

There are social workers today who believe that religion and spirituality have no place in social work and believe that they are completely separate domains (Larson, 2010). Canda & Furman (1999) say that some social workers are uneasy in combining social work with religion and spirituality because of the risk of practitioners trying to proselytize their clients as well as the potential for the violation of some client rights. Stewart (2006) states that if religion and spirituality are involved in therapy that complications will arise such as federal funding for religious-based social services. These are valid points for the protection of rights of the client against discrimination and separation of church and state, but by leaving religion and spirituality entirely out of social work practice we may also be inadvertently practicing another form of discrimination against those who are actively involved in their faith. Many social workers and practitioners feel that religion and spirituality are too important to leave out, and since the US population is growing in
religious/spiritual interest and diversity it seems imperative to view spirituality as an integral part of holistic practice. Canda & Furman (1999) state that those who advocate for religious and spiritual inclusion in social work believe that by not including these concepts, a practitioner could potentially leave out an important part of the client’s biopsychosocial self. This proposed research investigated the effects of therapist attitudes toward religion and spirituality in their practice with clients. Religion and spirituality is a large component in the lives of many people around the world, and so what clinicians think and how they act toward religion and spirituality will ultimately affect how they practice.

Relevance to Social Work

Many social workers find religion and spirituality to be a fundamental part of their client’s lives and see these aspects as completely appropriate to address in therapy (Coholic, 2003) and many clinicians are already practicing with religious and spiritual intervention but without feeling properly equipped. In response, the Counsel of Social Work Education (CSWE) has begun to introduce spiritual and religious practice into their accreditation standards (Counsel of Social Work Education, 2001). The Council of Social Work Education (2001) maintains that social workers need to be able to work with clients with understanding and without discrimination regarding religious and spiritual practices. This is a good starting point, but since religion and spirituality are such major parts of people’s lives it should also be commonplace in holistic clinical social work and not just get lip service to its importance. Doing clinical work with understanding and without discrimination requires more than being respectful of individuality; it also requires sincere introspection (Larsen, 2010). By understanding one’s own religion and spirituality, a clinician can be better equipped to aid clients in this area. People are very diverse and
social workers who are taking time to reflect on their own lives will be better prepared for dealing with this diverse clientele.

As stated, many social workers are already using religious and spiritual interventions; the problem is some are feeling unprepared. Gilbert (2000) states that there was confusion and a misunderstanding between client and clinician as to the role of religion and spirituality in the area of mental health, but more interestingly some social workers felt like they were pathologizing their client’s spiritual beliefs and practices because of their lack of education. One example of this could be when a client says that they have heard God’s voice audibly; this could be a hallucination or it could be that God is truly communicating to this person. Coholic (2003) says that many social workers felt very strongly about their religious and spiritual ties and that they guide their values and even led them to social work practice, but at the same time they were afraid to bring this topic up in a social work setting for fear of being ostracized. Many of those opposed to religion and spirituality in social work practice are afraid of mixing church and state and imposing on or oppressing minority beliefs (Canda and Furman, 1999); this is especially true in publicly funded positions. This point is well taken, but social workers need to be competent clinicians who are cognizant of their religious/spiritual views and biases in order to understand themselves as well as diverse cultures in order to develop and operate with relevant interventions (Hodges, Baughman and Cumings, 2006; Larsen, 2010). By ignoring the problem and not training social workers in the area of religious and spiritual interventions many new clinicians will also go into uncharted waters by themselves and make mistakes, which can lead to negatively affecting clients.
Social Work Ethics and Values

Ethical decisions are made on a daily basis in social work practice; social workers are called on to make difficult choices based on what they think are best. Social workers are constantly told about the use of self in practice and because of this the social workers’ ethics and values will affect everything they do in working with clients. They are supposed to have a moral and ethical compass that can at least meet the standards of the National Association of Social Work (NASW) Code of Ethics. However, the NASW Code of Ethics does not give clear guidance when it comes to religious/spiritual matters. NASW (2010) states that social workers should not take advantage of professional relationships to further religious interests; social workers should avoid unwarranted negative criticism of others’ religion and social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of religion. With this minimal guidance social workers are and will be forced to make decisions based on their own moral code and their own values. A social worker’s personal code will come from their personal experiences; what they were taught and their religious/spiritual exposure, or lack thereof, and upbringing. Canda and Furman (1999) state that because each social worker’s personal values are so meaningful and strong they will be more likely to impact their professional decisions over the code of ethics. Therefore, a social worker may already be operating by his/her own underlying religious and spiritual principals, so then social work as a whole needs to help practitioners to navigate between their own beliefs and the NASW code of ethics for difficult decisions they will be making.

Values are interwoven throughout social work practice from assessment to diagnosis, diagnosis to evaluation and ultimately to intervention; they all require value
judgments (Larsen, 2010); and with the NASW Code of Ethics’ lack of clarity in guidelines regarding religion and spirituality, it is difficult for the social worker to know what to do. Reamer (1998) states that without proper training, personal religious and spiritual boundaries may be crossed and beliefs inappropriately brought up in social work practice. For example, introducing religious content as an intervention is not unethical, on the other hand, praying with clients and reading passages from sacred texts may be inappropriate if it was not discussed with the client first (Reamer, 1998). However the client does have the right to determine where they want the session to go and they can tell the therapist what they are comfortable with such as prayer and sacred text reading. This is one of many difficult questions that social workers are faced with daily. Coholic (2003) found that respondents felt that spirituality helps people reach their full potential and it is very important to incorporate religious and spiritual practice into training other clinicians to adequately meet the needs of their clients. Coholic (2003) suggests further that respondents found it important for students to be challenged to have a clear understanding of their own beliefs and motivations in order to deal with biases they carry before they start their practice. It is apparent that social workers will be working with individuals who may want to include their religious or spiritual practices to find answers to their personal problems (Hodge 2003). For example, many programs have religious undertones or are based on spiritual principals such as Alcoholics Anonymous (AA) and other 12 step programs. Religion and spirituality are a vital part of many lives and plays a significant role in how many deal with life’s ups and downs. Therefore, more attention should be paid to religion and spirituality in order to better prepare social workers and meet client’s needs. 

**Spirituality, Religion and Interventions**
Religious and spiritual interventions have been found to positively affect people’s lives to repair mental health problems when used alone or combined with other interventions. Elderly people who claim to have higher levels of religious beliefs and activities were noted to have improved psychological health than those with lower religious activities and beliefs (Morse & Wisocki, 1987). Abramowitz (1993) states that significant therapeutic value was found with mentally impaired Jewish elders who had prayer in a daily program. In another study Moberg (2005), found that when working with the elderly, pastoral interventions that focused upon issues regarding the meaning of life, introduction of a spiritual component to treatment greatly improved the quality of life and relieved most distress for people suffering from depression or dementia. More research reveals that interviews with women aged 65 to 98 have more time and felt freer to explore their prayer life than younger women; aging had allowed their prayers to become simpler, spontaneous, intimate, more meaningful, and personal and open with God as a valued companion (Melia, 2001). Not only do the elderly benefit from religious and spiritual activities, the caregivers who take part in religious activities were 75% more likely to have better relationships with the care recipients, lower levels of depression, and less intra-psychic strain than others who did not; because of this it seems recommendable to incorporate aspects of faith into caregiving research (Chang, Noonan, and Tennstedt, 1998).

In a study on runaway youth, Nancy Williams interviewed 19 former runaway youths and analyzed their experience with spirituality in coping with adversity. Many respondents felt that God was instrumental in helping them achieve a new, healthier course for their life (Williams, 2004). Spirituality was also helpful in establishing resilience for many of these young people. Williams (2004) found that many youth said that God was
instrumental in enabling them to make it through crises such as deciding whether or not to have an abortion, getting clean from drugs and alcohol, and reconciling with their estranged families. In addition, many young people discover spirituality in order to make life seem worth living when suicide seems favorable. Williams (2004) said that about half the respondents believed that a Higher Power enabled them to emerge out of the depths of their traumatic circumstances to see that life is worth living. As stated above research states that religion and spirituality are good interventions to use with the elderly and with homeless youth, and other studies suggest that it is helpful with one of the biggest problems in the United States, which is depression (Williams, 2004, Chang, Noonan & Tennstedt, 1998).

Depression is an escalating problem in the US today; it is an emotional set back greater than what might be warranted by any objective reason (Webster, 1993). Religion and spirituality are an important and beneficial part of the lives of those that social workers are working with on a daily basis. The importance of spirituality and religion was shown by a Gallup poll in 1989 cited in Sheridan et al. (2003) where they found 81% of Americans who felt depressed turned to prayer, meditation, or the bible for relief and 94% of those people found that those practices helped to relieve any depression they experienced. In addition to these studies, there are others that have documented the beneficial impact of religious and spiritual involvement has had in the mental, emotional, physical and relational well-being of its practitioners both clients and therapists (Anthony, 1993; Giblin, 1996; Koenig, 1994). Since many people in the world feel that religion and spirituality are such an important part of daily life as well as growth and healing, it seems that it would behoove social workers to incorporate it into their healing practices and programs. One great, recent example of the importance of incorporating religion and spirituality as a source of comfort.
and consolation following great difficulties and traumas would be the aftermath of September 11, 2001; people became more involved with their religions and spiritual practices (Goodstein, 2001).

Most of the literature discusses how important and how diverse the religious and spiritual practices are in the United States; Melton (1993) states that there are over 900 religions in the US, along with a strong thread of nonreligious spirituality. Canda and Furman (2010) state that there has been a growing interest in spirituality taking place in social work, counseling and service-oriented professions over the last 15 years, but surprisingly Kaplan & Dziegielewski (1999) discovered that while social workers find religion and spiritual issues as important in their clients’ lives they also did not feel prepared to address these issues in direct practice and felt like more education in this area was needed in their social work degree plans. This is a good starting point, but we need to make more of an emphasis on the incorporation of religion and spirituality, because other research seems to indicate that mental health professionals tend to be less religious than the clients they serve (Bergin & Jensen, 1990). Social workers cannot view clients properly without addressing the whole person; there are many important influences in client’s lives and the neglect of any of them can be detrimental in providing quality services.

The Importance of this study

As stated earlier religion and spirituality are continuing to grow in the United States and social workers need to be able to respond to the needs of their clients. By looking at how social workers view religion and spirituality, we can see whether clients are going to be able to receive what they need spiritually, which is part of a bio-psycho-social self.
Research question

What are social workers’ feelings and attitudes toward religion and spirituality and how does it affect their practice with clients?

Conceptual Frame Work

Social workers today work with many diverse individuals and families in various environments; neighborhoods, cities, states, and even internationally – these are all important components since they are systems in some form or fashion. Systems theory helps explain how complex each individual client is when he or she walks through the door; it gives a framework to see the client as a part of a greater whole that affects them. Since the individual can be considered a system, this theory will help explain why religion and spirituality play such a significant role in people’s lives and ultimately in their therapeutic relationships with social workers. Whether the social worker is working with an element of a process, an individual, or the international populations they must be able to comprehend, support, and change any behaviors that are causing social injustice (Miley et al., 2011). Sometimes when working with an individual client, a social worker will find that they are working with the client as well as the systems that they are involved in. Miley et.al (2001) states, “A system is an organized whole made up of components that interact in a way distinct from their interaction with other entities and which endures over some period of time” (pg. 35). Another way to say that is a social system is where interdependent people interact (Miley et al., 2001). All social systems are known as holons; meaning that each system is part of a larger system; being comprised of many smaller systems (Miley et al., 2001). An example of a holon would be a family. The family is a social system that is
one part of a neighborhood (another system) which is one part of a city (an even larger system), but they all affect one another.

To explain systems further, two other concepts should be explained; subsystems and environments. In continuing with our family example, parents and children make up subsystems of the family system and each individual is a system unto themselves. The environment provides context and influences of the social systems that function within it (Miley et al., 2001). In our case the neighborhood is one example of the environment that a family system operates in. A family’s beliefs, practices, and actions have an effect on the neighborhood as a whole, while being simultaneously influenced by the location of the neighborhood; the ethnicity, religious practice, and socioeconomic standing of the neighborhood have an effect on the family unit.

Individuals are systems in and of themselves and they are constantly being influenced by the larger systems, subsystems and by the environments they are in. And although the individuals are influenced by these larger systems, they also influence those same systems. One of the subsystems of an individual is the spiritual component of their lives and one could even argue that it is one of the most important subsystems in a person’s life because it is the very place that their meaning and sense of purpose is discovered and morals and values are developed. An individual is a system by themselves; they are constantly being affected by the systems that operate above them such as a religion. Their religion (doctrine or hierarchy) tells them that certain things are required for them to do and are usually very beneficial things such as helping the poor, doing acts of kindness for neighbors and visiting the sick. For this reason it would be beneficial for social workers to discuss religion and its impact on their client’s lives when coping with life’s stresses and
other environmental barriers. If someone is struggling with anxiety the social worker might ask what their religious or spiritual guide says about worry and fear. This may benefit the individual because it would help them seek stability with familiar territory, so when they have anxiety in the future they have an additional tool to help them overcome it (Sheridan et al., 2003).

Social workers should be sensitive concerning all the systems that impact their clients and be able to educate themselves regarding religion and spirituality. Familiarizing oneself with the particular religion and/or spiritual beliefs of a client can aid in their growth and overall development significantly. When belonging to systems of spirituality or religion a social worker can help their client to become aware of other benefits that they might not otherwise see such as social support, structure, meditation, relaxation and character building. Finally, I believe that social workers should be able to view and appreciate all the systems that are affecting their clients. Understanding the layers of each individual’s system and the impact that religion and spirituality have on a person can be a benefit to the client as well as to the social worker. The social worker can gain more confidence as a clinician in helping people navigate through life’s challenges better and the client can gain a sense of meaning and purpose in learning to overcome anything that comes across their path.

Methods

In this section the researcher described the research project. The researcher began by gathering participants for the study, and then the researcher started the collection of data by interviewing participants. Finally, the researcher discussed plans for analyzing the data and for reporting and presenting the findings.
Researcher’s Personal Lens

As I reviewed the research, my intention was to be objective; however, I’m certain that I brought some bias to the study. I was raised Baptist and my family was highly involved in the church, but it was not until college that I began a personal relationship with God and became an active participant in the church. As I learned about my Christian faith, I came to the conclusion that I was headed toward Judaism which was more in line with my beliefs and understanding of Scripture, so I decided to start learning about Judaism and have continued in my studies until now. Religion and spirituality have been the most significant and influential part of my life over the past 14 years; it makes me feel like there is no separation between me individually and my faith. I have met many people of various faiths who cannot separate themselves from their religious practices/spiritual beliefs, so I feel strongly that therapy without a religious component would be leaving out an important part of people’s lives and their path to growth and healing.

Respondents

The researcher gathered data concerning social workers and their daily work with clients from a population of seven social workers. The participants were selected by using a snowball sampling; this approach was used because people who use religion and spirituality in their practice are likely to know others who do the same (Monette, 2011). The researcher sought out Licensed Independent Clinical social workers (LICSWs) with at least seven years’ experience and who have worked with a wide variety of clients. The researcher found these respondents by recruiting from professional and personal contacts that have been made through graduate school and internships. Before the interviews the
respondents were given an approved University of St. Thomas/St. Catherine University Institutional Review Board (IRB) consent form to ensure respondent protection.

The consent form discusses steps taken to protect the respondents from harm, such as confidentiality and anonymity (see Appendix A). In addition, the questions are nonthreatening; the respondents have the freedom not to answer any question they do not feel comfortable with. The consent form that will be given to the respondents will be de-identified, and the data will be destroyed following its use for the research assignment. For this research assignment, The University of St Thomas IRB committee approved the consent form.

**Data Collection**

After selecting respondents to interview, the interviewer conducted interviews; they lasted approximately 20-45 minutes and were recorded for transcription purposes. The researcher posed nine questions that were prepared prior to the interview and were approved by St. Thomas IRB for content quality. The interview questions began simple and gained complexity as they progressed; most of the nine questions are open-ended and there is one warm up question to understand why the individual went into the profession of social work and how long they have been practicing. The following questions deal with the participant’s theoretical view and their personal and professional experiences with religion and spirituality (See Appendix B). The complete interviews were recorded and transcribed for data analysis purposes. Confidentiality was ensured by recordings and transcriptions being placed behind a password protected computer and in a locked filing cabinet in the researcher’s home office. Upon completion of the analysis the data will be deleted from the researcher’s computer and the transcriptions will be shredded. The researcher conducted the
interviews in private offices and conference rooms where respondents were not distracted by their surroundings.

**Analysis Technique**

The researcher used the inductive Grounded Theory; this theory is a research methodology that allows the theory to emerge from the data (Monette et al., 2011). More easily said, the theory allows the researcher to use the data to find codes and themes throughout the transcript to explain the findings. When using Grounded Theory there is a constant interaction between data collection, data analysis and developing theory; in this model the three are done simultaneously with the researcher bouncing back and forth among them (Monette et al., 2011). Theory development occurs in the midst of data collection instead of being created after the data is collected. The advantage to his method is that it gives a more valid representation of certain phenomena, because they are developed directly from the phenomena (Monette et al., 2011).

The researcher started with specific words (codes) and moved on to more general sentences (themes) (Berg, 2008). Content analysis was used to analyze the data. Content analysis is an analysis method that entails going through the data in a step by step fashion, interpreting the material, and identifying themes, biases and meaning (Berg, 2008). Then the researcher thoroughly examined the transcripts to find final codes and themes. Berg (2008) defines open coding as when the researcher examines the data line by line for similarities and then differences, which is what the researcher used for this data. As codes became more frequent, finding three or more with similarities became a theme and each theme consisted of at least two direct quotes.
There are a few limitations to this method of analysis such as the time consuming, tiring, and laborious process of reading and rereading transcripts. Some argue that it is an entirely inductive process, and others argue that it is not reliable if it is subjective because the researcher is the one who develops the codes and themes. However, the strengths of this method are that the researcher became extremely familiar with the data. The researcher let the data speak for itself by developing the codes and themes “grounded” in the data. The analysis has been completed and the researcher reported the information by writing a report and giving a presentation of the findings.

**Findings**

In the findings section, the researcher displayed the different themes and direct quotes that support the themes that emerge from the data. The first theme found was religious background, which discusses why respondents got in to the social work profession and respondent’s upbringing and current state of faith. The second theme is social work education in religion and spirituality, which demonstrates how much education respondents received. The third theme is integration of religion and spirituality into practice, which discusses how comfortable respondents and their clients are in discussing faith or spirituality along with intervention and memorable experiences they have had while in practice. The fourth and final theme explores the benefits and detriments of religion and spirituality in social work practice. The data comes from seven interviews completed by LICSWs who have served a diverse clientele in a variety of settings over seven years of social work experience. The combined experience of these seven social workers was 160 years. Two of the respondents worked in a correctional setting, two respondents worked for counties in the Twin Cities, one worked with an agency that focuses on clients with ALS,
one had their own private practice, and one worked in the oncology department at a hospital. Table one gives the reader a table to reference while reading the research that may be helpful when thinking about the types of respondents giving information.

**Table 1. Demographics of Respondents**

<table>
<thead>
<tr>
<th>Field of Practice</th>
<th>Years as a social worker</th>
<th>Spiritual Education</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrections</td>
<td>36</td>
<td>2-4 years</td>
<td>M</td>
</tr>
<tr>
<td>Corrections</td>
<td>11</td>
<td>0</td>
<td>F</td>
</tr>
<tr>
<td>Private Practice</td>
<td>30</td>
<td>4 years +</td>
<td>F</td>
</tr>
<tr>
<td>County SW</td>
<td>8</td>
<td>0</td>
<td>F</td>
</tr>
<tr>
<td>ALS</td>
<td>20</td>
<td>2 years</td>
<td>F</td>
</tr>
<tr>
<td>Oncology</td>
<td>42</td>
<td>0</td>
<td>F</td>
</tr>
<tr>
<td>County SW</td>
<td>14</td>
<td>0</td>
<td>F</td>
</tr>
</tbody>
</table>

**Religious and Spiritual Background and Career Field Choice**

The first theme emerged from respondents addressing their religious and spiritual backgrounds and why they chose social work for their profession. The next three quotes from the respondents are examples of why respondents chose this career field.

“What got me in the profession was during high school I had the opportunity to teach reading to underprivileged kids.”
“I like having those relationships with people and I wanted to do something that was meaningful and for me helping to serve a greater good is meaningful work and I’m so glad because it turned out to be very meaningful.”

“When I started out in my undergraduate program I got to do an internship working in a domestic violence program with offenders; adult men was the group that I worked with.”

This theme indicated that there were a variety of reasons as to why respondents chose this career field; the most common was service opportunities, these are activities that forced respondents to look beyond themselves and help someone who was in greater need. The theme that was consistent throughout the research was that all of the respondents wanted to help others; some came to that conclusion because of service they performed when they were younger and others because they were influenced by parents or other adults in their lives, but they all wanted to create a better environment for people to live in. This explains why the respondent chose this line of work and the next subgroup will speak about respondent’s religious background.

The theme continues with the question, “What is your experience or your journey with religion and spirituality?” This theme explains how respondents were raised in terms of religious and spiritual upbringing, along with where they are currently in their spiritual journey. All seven respondents were brought up in some religious tradition. The next seven quotes from the respondents are examples of this theme.

“All these things came together at the same time, in that I’m a…what they would call a “cradle to grave” Roman Catholic; I was born and raised Roman Catholic. Our family was regular churchgoers, so we went to church every Sunday and worshipped as a family.”
“I went to Catholic school, I went to parochial school from kindergarten through 6th grade and I was not a very good Catholic.”

“I’m a kid who was raised in the church, Lutheran Church, and I grew up in a church in Los Angeles.”

“I grew up going to church in missionary churches and Nazarene churches, which are pretty conservative churches, in Ohio like small town kind of Ohio.”

“…well, I grew up Catholic and my father was Catholic, my mother was Methodist; not really practicing though so Catholicism sort of won out in my family growing up.”

“I was raised Episcopalian and sort of traditionally kept on with that through my early adulthood.”

“I would say I’ve always been a highly spiritual person. I was raised Catholic and into my early 20s pretty actively practiced that faith….”

Although each respondent’s journey had its own unique trials and tribulations, all of them began with a similarity in that they were all raised in some type of religious upbringing. Some social workers had positive experiences with that upbringing and others did not. Four of the seven where brought up in Catholic homes, one Lutheran, one Episcopalian and one Nazarene. Despite being raised with a certain religion many respondents had questions about their faith as they got older, which lead most to a crisis of faith or further exploration of spirituality. The next three quotes from the respondent are examples of these crises or exploration.

“However, I had a faith-crisis; we didn’t read the Bible, Catholics didn’t read the Bible for a variety of reasons but I won’t go into that.”
“So, I kind of grew up in the church that way but I would definitely say in high school a certain point in high school I really started to question whether I was buying into what our church was teaching; really kind of had a crisis of faith sort of thing where I kind of realized that I didn’t buy it.”

“I would say that once I graduated and kind of became an adult I decided I didn’t really care for that anymore and have sort of been on a spiritual quest probably ever since then.”

Five of the seven social workers described either exploring other faiths or having a crisis of faith with the religion they were brought up with. Two respondents maintained the faith they were brought up with, despite their looking into other religions or having a faith crisis. Many other respondents’ exploration of other faiths or faith crises led to the end of practicing any organized religion but happy in their new found spirituality. There were multiple reasons for people becoming disenfranchised with their religious tradition. One respondent had started questioning religion from childhood, this respondent always sought answers and explanations about faith but was chastised for doing so, which led to leaving organized religion completely. Another respondent stopped attending formal religious services after high school, due to the lack of deeper meaning and connection to the faith. Other respondents spoke to the rigid nature of organized religion and for that reason did not want to be a part of something that limited people’s expression of who they are as well as the ability to appreciate others with opposing views and beliefs. The next three quotes from the respondent are examples of this.

“And from there a part of me, because of some of my experiences growing up with Catholicism, left a bad taste in my mouth about religion and I have a tendency to easily reject religion, especially organized religion.”
“It really wasn’t for me and after that I didn’t really have any organized religion that I was drawn to...so I haven’t really felt a need to go to church or a desire to go that much.”

“Have not gone to church in any regular way since my daughter was 5; so a long time ago.” (over 30 years)

Whether respondents left the church and started a new spiritual journey or whether they stayed with the faith of their upbringing, the data had such a variety of experiences with each individual’s spiritual journey and the researcher wanted to try and capture some of the unique ways in which they chose to continue on in their religious/spiritual journeys. Respondents had various reasons behind spiritual searches; some did it for children, some for their own quest, and others because of their individual encounters with God. The highlight of this theme is how the respondents internalized their journeys and made it meaningful for their lives or the lives of those closest to them. The next theme addresses how much formal education was received by respondents regarding their ability to identify and meet their client’s religious and spiritual needs.

**Social Work Education in Religion and Spirituality**

The second theme that that emerged in the data was how little education social workers received in their social work training pertaining to religion and spirituality in therapy. This theme identified from the data resulted from the question, “What is your experience with education in religion and spirituality as a therapist?” The next three quotes from the respondent are examples of this theme.

“I don’t remember taking any specific classes about how religion impacts my practice and I don’t know that it’s because they weren’t offered but I didn’t choose them; they may have been offered.”
“Not in relation to being a therapist. I went to college at St. Thomas for my undergrad so you had to have a number of theology or religion classes which I actually think were really helpful in that frame of learning how to challenge…”

“I don’t think in any of my social work studies, undergraduate or graduate, there was any kind of religious training or courses.”

“…. I don’t think I took anything related to religion or spirituality.”

The data showed that none of seven respondents had any formal training about religion or spirituality in therapy with clients in a social work environment. Three of the seven respondents attended private schools that had mandatory religion classes. Three of the seven respondents had some formal training in seminary or seminary-type classes. Two of those three received that training after becoming a social worker and one of them received it right before going in to social work. Four of the seven said that the topic of religion and spirituality did come up and were talked about in their social work classes, however it was infrequent. This theme developed as a result of very little education provided to social workers on how to identify and meet the religious and spiritual aspect of their client’s lives and to feel confident in working through any issues they may have in relation to religion and/or spirituality. The next theme deals with the how social workers are integrating religion and/or spirituality with their clients.

Integration of Religion and Spirituality into Practice

The third theme that was identified pertains to the level of comfort each social worker had in discussing religion and spirituality with their clients, the level of comfort clients had in speaking with their therapist, what interventions where being used by
respondents and some memorable experiences they have had. The next four quotes from the respondent are examples of the social workers comfort in talking with clients about spirituality.

“Really comfortable, I always tell them I’ve been trained in Lutheran theology, you know, protestant mainstream so that people come because I’m a MSW and a pastor…”

“Completely, and equally comfortable, maybe even more comfortable, if their faith is something that I know not very much or nothing about because I don’t have to worry if I’m up to speed or am I understanding this. I mean it’s easy to admit; I don’t know much about this, ‘Can you teach me, can you tell me, can you explain that?’

“I think it’s one of those topics that I sort of see as a little bit of a land mine for myself, because I’m really conscious of not wanting to even share what my own views are with people.”

“I’m probably not very comfortable doing it.”

The response was split; four of the respondents felt extremely comfortable in speaking about religious and spiritual topics with clients while three of the seven felt somewhat comfortable or uncomfortable. The main reasons respondents gave for being comfortable were: feeling educated and secure in their own faith ideals and beliefs. Three of these four did have some religious education during undergraduate or post graduate classes. The main reasons that respondents gave for being uncomfortable were their lack of education and being unsure about their own faith. Next, the researcher found that clients seemed to be more comfortable in discourse about religion and spirituality than their therapists. The next three quotes from the respondents are examples of this.
“Compared to other therapists, because I’m well-known as a pastor in this area, a Lutheran pastor, and Lutherans are really big here, I get…the bulk of my people come from pastors saying, ‘I know a therapist and she’s also a Lutheran pastor’ so they know that.”

“I think most people are really comfortable and I think a lot of people assume that people believe what they believe…when I run group, the clients will say to each other, ‘Pray on it, it’s in God’s hands,’ those kinds of things and it seems to me that most people in the room kind of nod in agreement or verbalize agreement with that and there’s a lot, I think, of people who verbalizing that it’s a source of strength for them and kind of encouraging other people to use that as a source of strength and so I think most of the clients I see are very comfortable doing that.”

“I think they’re probably more comfortable than I am. I work with people who are dying and so when somebody is dying I think they tend to be more apt to be thinking about, you know obviously they’re thinking about their mortality; they’re thinking about religion and spirituality is much more apt to come into play.”

Four of seven social workers felt that their clients were comfortable in discussing religious and spiritual topics, whereas two of seven said that it varied and only one respondent said that their clients were not comfortable speaking about the topic at all. One of the respondents stated that the clients are probably more comfortable than they were in talking about spirituality, and even though clients may be more apt to discuss religion and spirituality than social workers, the therapists are daily engaging and guiding clients in their personal growth, educated in spirituality or not. The next part of this theme was what religious and spiritual interventions respondents were using with clients. The next four quotes are examples of their use.
“...one-on-one I can talk to them about who they think God is or who they think or what is love, what is mercy, what is justice? Those kinds of things are good avenues in terms of looking at spirituality, most of the clients I have now know that I have a biblically-based belief system.”

“...primarily it comes down to be specific to the release plan to the community resources; people, places, so maybe churches or support groups or that sort of thing that fits with their religious beliefs or spiritual beliefs.”

“I would say that as far as interventions go, like I said before if somebody identifies a spiritual piece then I will maybe go down a path with them sort of talking about how to get involved in a church or what kind of religious interests they have and how that could be a support or a resource in their lives.”

“It’s a model called Care Connection and it’s a pretty tried-and-true kind of model that walks people through how to kind of recruit people who are in their lives and then organize and mobilize them to help them as a family.”

The intervention that was most frequently used was simply having a conversation or “holding space” as one respondent put it where they sat silently to just be with the client while they processed their feelings and emotions. Clients are coming in wanting to talk about these topics and social workers, whether comfortable or not, are engaging in the conversation. Five out of seven respondents expressed having discussions with clients about faith and mental health and three out of seven respondents said they are using two additional interventions on a regular basis; referrals and support groups. Many social workers are referring to other internal professionals in their agencies such as chaplains and external professionals such as clergy, whereas others are using religious and spiritual discussion to remind clients about the networks of support they have at their disposal.
While engaging in spiritual work respondents have had a variety of memorable experiences. The next four quotes from the respondents are examples of this.

“I had woman from Haiti who was into Voodoo and really needed “exorcism” of sorts and I had a Catholic priest who was a friend of mine, who was unofficially an exorcist, come to my office in my private practice and we prayed with this woman and worked through the demonic experiences that she was having.”

“I just had the most wonderful dream,’ the dream was she said he was a little embarrassed because, ‘It was kind of like a movie but I was walking through a fields of wild flowers and I heard a child calling me, ‘Wait, wait, wait!’ and I turned around and a little girl who looked about 5, with long, blonde hair came running through the fields and jumped into my arms and then we began walking together. He died a day or two later and when she was in the funeral home, making the arrangements for him, in the room next to his there was a 5 year-old with long, blonde hair who had died a minute and half after he had died, whose family had been making their preparations for her.”

“I think I would frame it not so much as a specific experience but where people know that what we’re talking about is truth and they kind of cry they can feel that its truth, more like that, that happens regularly.”

“…she basically ran into her lay pastor kind of on the street sort of thing and they reconnected. …woman was just very warm and very welcoming and you know, ‘It’s wonderful to see you, where have you been, please come back, we’d love to see you, we’d love to have you,’ and she’s at a point right now where she’s really looking to increase her positive supports.”

The research divided this data into two categories; the explainable and unexplainable. Three respondents spoke about explainable experiences that left a mark in
their lives, one respondent talked about everyday conversations they had with clients when both people are praying together and “feeling the spirit” where both are experiencing a “truth” in that moment. Another respondent spoke of a story when a client’s daughter attempted suicide and had conversations with unlikely people with whom she believed God might have sent, because she found support and encouragement in these encounters. After this experience this client said, “I don’t believe in God, but I believe in the hand of God.” Then there were more unexplainable experiences; one respondent spoke about having a clergy member come into multiple sessions and aiding in an intense prayer session similar to an exorcism. Another respondent spoke about a woman, who had lost her husband earlier in the day, where her husband had left a glass of water in the middle of the dining room table. She was mourning and asking for a sign that he was okay when suddenly that glass shattered moments after the request with no apparent cause. Lastly, one respondent reported no memorable experience when thinking about clients and the topic of religion and spirituality in therapy. The last theme that emerged from the data was about the benefits and detriments of religion and spirituality.

**Benefits and Detriments of Religion and Spirituality in Social Work Practice**

The fourth theme identified in the data resulted from the question, “Have you seen religion and spirituality as a benefit or a detriment to your client’s mental health? Could you provide some examples?” Respondents replied that religion and spirituality had potential to be both a benefit and detriment to their clients’ lives. The next four quotes from the respondent are examples of the detrimental effects of religion and spirituality in clients lives.
“There’s a handful of people who I’ve seen that could be hurt by it and I think that the people that I’ve seen hurt by it it’s more from families where there was a lot of rigidity around like, ‘You have to do this’ or ‘You have to do that’ and kind of getting into guilt and shame issues.”

“The detrimental part, I’ve most certainly had patients who were really anguish primarily because they had abandoned whatever it was that they were brought up with and maybe in addition to they had behaved in ways, they had “sinned” in ways that were going to get them in big trouble.”

“I suppose there have been a few times when maybe a history of being kind of in a religious family has been stifling to someone where religion has been used as a way to say to someone, ‘You don’t measure up…you’re not…kind of like you’re a sinner and you don’t fit in here,’ people can sort of be ostracized in their families. Even if it’s just my clients who are gay or lesbian, that doesn’t work with their families beliefs that can be kind of detrimental if the religious system people are coming out of is pretty narrow if they’re outside of it.”

“… I see sometimes that religion and faith life does lead people towards, ‘There’s something here for me,’ and when you work with people who have none, you start to see the despair like there’s nothing in front of them.”

Six of seven respondents saw religion and spirituality as negative in some of their clients’ lives some of the time. It has been a detriment for those clients that felt inadequate in many or all areas of life and that they should be punished or may be going to hell after death. Also, many respondents saw that it was detrimental for clients from families which were rigid in their faith; not allowing any deviation from the standard such as choosing alternative lifestyles and then using it as a form of punishment in ending that family tie. Lastly, respondents agreed that when hyper-spirituality takes place and the client no longer
sees a need to work toward progress in practical areas, but insist that God will do it all eventually; these are the detriments to religion and spirituality. The last part of this theme deals with how religion and spirituality are beneficial to a client’s mental health. The next four quotes from the respondents are examples of this.

“I’ve seen people in very desperate situations come through very, very tough things...abusive, whether it’s sexual abuse or physical abuse or divorce or what have you...alcoholism...and come to a place to really be receiving encouragement and really come to a place where they could relax and have peace of mind because they embraced some type of spiritual journey in the process of therapy.”

“Yeah, I think for most people that I see, it’s a benefit because it’s a source of strength for people and can be a reason to live, a reason to feel like something might get better even if it’s like suicide is a sin so I won’t kill myself, I mean, I’m all for that; let’s use that.”

“Hands down, what I’ve seen is, at least for the senior population, its people who exercise and people who have some sort of faith are those who thrive. In the current population that I work with people are diagnosed at all ages; they can exercise, they can be marathon runners and it’s not going to help if they have ALS.”

“Overall I see it as a benefit for people. I think there’s a number of people who I work with who regularly go to church and that’s a really important part of their routine in their self-care and their social network.”

Seven of seven said they saw religion and spirituality as a benefit to their client’s lives using multiple examples such as support through hard times for the client and the client’s surviving family in times of death. Giving clients hope and meaning for life. It is helpful in overcoming addiction, anxiety and depression. Religion and spirituality was also
seen a major plus in seniors lives and those who are close to death because of illness. The researcher has discussed the findings and will now elaborate in the discussion section.

Discussion

My goal in this study was to examine social workers’ attitudes toward religion and spirituality in therapy and if their attitudes affect their practice in any way. One thing the first theme addressed was why respondents chose this career field. Just as social work was rooted in religion and spirituality so I also believed that there would be a trace of those two aspects as to why someone would choose this career field (Day, 2009). The data did show this to be true. Most respondents chose this career field because they wanted to serve other people and make the world a better place. Larsen (2010) stated that spirituality is a fundamental belief about how people view humanity, how a person finds meaning, and a moral framework of how one should relate to others. All the respondents found meaning to life through service to others. Religion on the other hand was not discussed at all as a reason for people choosing this career field which was different than what some prior research says. Coholic (2003) states that some social workers choose their career field based on their religious beliefs. I believe this could be because people internalize a lot of the tradition and morals from religion through there upbringing but do not mention them as conscious reasons for decisions. I could also see this as an area for future research. I would like to see if there is an association between people who choose service oriented professions and a religious upbringing.

This first theme discussed what respondent’s attitudes were toward religion and spirituality and how those attitudes may have been developed through their background and
spiritual journey. The data revealed that all seven respondents came from religious backgrounds. I believe there may be positive correlation between religious values that are taught at a young age and materialize in a career later in life. More research would need to be done to see if there truly is a relationship. Coholic (2003) suggests further that it is important for people to be challenged to have a clear understanding of their own beliefs and motivations in order to deal with biases they carry before they start their own practice. This is something that happened more organically through most people’s spiritual journeys; with five of the seven going through an exploration of other faiths or a crisis of faith in their lives that led them to where they are. Eventually five of the seven respondents left the organized religion of their youth finding greater meaning in less rigid, freer spirituality.

Prior to conducting the interviews, I believed that social workers would have a poor view of religion and a more positive view of spirituality just as Canda & Furman (1999) stated that social workers are uneasy combining social work and religion due to risk of infringing on clients’ rights. My research concurs with Canda and Furman’s findings with the difference being that this data showed that social workers were uncomfortable with religion because of its rigidity or lack of acceptance and inclusion of differing opinions. I also thought that because of respondents’ distaste for organized religion that they would also neglect it in their client’s lives. The data showed that although some respondents did have distaste for organized religion they actively engaged clients who had religion in their lives. Another finding that might need more clarity is the difference between crisis of faith and being disenfranchised with religion. Most all had a crisis of faith; two of the respondents’ crisis of faith made their faith stronger and they continued in their same religious tradition. The other five respondents’ crisis led to a disenfranchised approach to organized religion. The
discussion of spiritual journeys led to the subject of formal training or education in religion and spirituality.

The second theme that the data revealed was about social work education in religion and spirituality. This theme was based on how much education social workers received throughout their college careers, and beyond, related to religion and spirituality in social work practice. The data in this study was consistent with prior research that social workers felt less confident and needing more education when it comes to dealing with religion and spirituality. Kaplan & Dziegielewski (1999) discovered that while social workers find religion and spiritual issues as important in their client’s lives they also did not feel prepared to address these issues in direct practice and felt like more education in this area was needed in their social work degree plans. For example, zero of the seven respondents said they received any social work education or training in college pertaining to religion or spirituality. After discovering that the respondents felt uneducated concerning religion and spirituality, I looked for its effect on the social worker’s comfort level in talking about this topic. Those who felt better educated also were more likely to feel comfortable when speaking to clients and those who felt less educated also felt less comfortable. This research confirmed what prior studies have shown; that social workers feel uneducated in addressing spiritual and religious topics with clients (Gilbert, 2000). This revealed a relationship between a therapist’s education and their comfort level when engaging client is religious and spiritual conversation. This research confirmed what prior studies have shown; that social workers feel uneducated in addressing spiritual and religious topics with clients. Prior studies have also shown that clinicians who received more extensive education and encouragement to explore their own spiritual lives were also more likely to actively engage
their client in spiritual discussions and interventions (Vick-Johnson, 2010). Social workers need to be able to address their client’s needs by being prepared, by being educated, and in exploring their own spirituality beforehand, so they can be more comfortable when guiding clients in this sensitive area of their lives. The Council on Social Work Education (2001) states that social workers need to have the ability to work with clients to meet their religious and spiritual needs and without being comfortable discussing these core issues clients may be stifled in working toward better mental health. As stated above therapists feel less comfortable talking to their client about religious and spiritual matters because of the lack of education, yet there is no requirement at most if not all social work programs to take a class on religion and spirituality in the graduate course load. Worse yet, some schools don’t even offer classes for social work and religious and spiritual integration. The literature review gave many examples of why therapists need to be comfortable with this sensitive topic but the main reason is because of its healing power with our clients suffering from different mental health disorders (Abramowitz 1993, Canda & Furman 1999, Coholic, 2003, Larson, 2010, Melia, 2001, Moberg 2005, Williams 2004). Schools of social work that do not provide classes on religion and spirituality need to start offering classes for students to develop and schools that do have classes in place need to make this class mandatory rather than just an elective to choose from.

The data went on to show that clients have an easier time discussing religious and spiritual topics than their therapists. Four of the seven respondents believed that their clients were comfortable; two reported that it varies between clients, and only one said their clients were uncomfortable, which could indicate that many clients are more comfortable speaking about religious and spiritual topics than their social workers. Eck (2001) stated
that the United States is arguably the most religious and most religiously diverse nation, and social workers are likely to encounter clients who want to address religious and spiritual needs and concerns. Prior research shows that this is a problem if clients are growing in religion and spirituality when social workers are less comfortable speaking about these topics. Because of their lack of social work education in religion and spirituality communication between therapist and client was confused or misunderstood and clients mental health was hindered (Gilbert, 2000).

In the third theme, despite the fact of whether respondents reported feeling comfortable or not, they were still providing and integrating religion and spirituality in their practice. (Coholic, 2003) and many clinicians are already practicing with religious and spiritual intervention but without feeling properly equipped. Integration of religion and spirituality into practice was the fourth theme. Social workers were using many different interventions to provide mental health services to clients. Wink & Dillon (2003) found that those who are spiritual seekers have greater involvement in personal growth activities, creative activities, and knowledge-building activities. This was also proven true in the data from this study. Respondents used churches and other spiritual groups as support and outreach for clients who were isolating. When clients stop isolating and start integrating their lives with others, clients significantly enhance their mental health status; by making referrals, social workers are connecting people with many resources and networks. Blando (2006) says that in addressing spirituality and religion with clients, may have therapeutic value because it helps therapists to support their clients in connecting to others, moving outside of themselves, and contributing to a greater good. Prior research says that elderly
clients have improved quality of life, felt relief from depression with spiritual intervention (Moberg, 2005).

The current research agrees that religious and spiritual interventions were valuable to respondent’s elderly clients. The next question asked was, “What are a few of the most memorable experiences you have had working with clients in a religious or spiritual context?” This revealed some fascinating stories of how social workers are helping clients to deal with real spiritual issues and how sometimes the unexplainable comes in to the lives of social workers. I asked these questions to see what type of experiences social workers were having with their clients concerning this area of the human experience. The therapists who spoke of unexplainable experiences also spoke earlier in the interview of being comfortable with speaking about religion and spirituality which could be evidence that therapists who are comfortable with their own ideas about religion and spirituality tend to either see or have more unexplainable experiences with clients in this area. This could be another area for future research; is there a relationship between therapists who are comfortable with their own spirituality and unexplainable experiences with clients? The one respondent who did not have or remember a memorable experience went on to state a great personal insight, that it might be because she did not see religion and spirituality as a vital component to healing or change. This is a clear picture of how a social workers attitude affects their practice. This theme addressed how religion and spirituality are being used in social work practice and the next theme discusses whether it is a benefit or detriment to client’s mental health.

The fourth and final theme is divided into two subgroups separated because respondents, as a majority, said religion and spirituality had the potential to be both a
benefit and a detriment depending on the situation. The theme benefits and detriments of religion and spirituality in social work practice address both sides of respondent’s experiences. Religion and spirituality were seen as detrimental when they were used to discriminate or penalize someone for not fitting in. One example used was homosexual couples and how their religious families did not treat them well because they did not fit the religious mold. This is the rigidity that some that drove some respondent’s away from organized religion. In social work we work with a lot of isolated people who could benefit from the support of religious guidance and group activities; but if it is only going to act as a further detriment we might need to look to other more spiritual outlets. Another example of detrimental religion and spirituality being a negative thing is when an individual is close to death and feels like they are going to hell for the bad things they have done in life or for not staying on the path that they were taught as children. This is another reason therapist were concerned with organized religion that has little flexibility in terms of not meeting a set standard. The last example is when people don’t take responsibility for their own actions but take a more hyper spiritual stance and say that it is all in God’s hands.

The data also had very positive things to say about religion and spirituality in the respondents’ clients’ lives. This is also in support of the research that states people who have some religious or spiritual practice benefit from it; Blando (2006) states that clients with psychiatric diagnoses reported that religion was a great source of comfort and strength by delivering resources to cope with stress, increase social supports, and finding a feeling of completeness. The data showed that respondents overwhelmingly saw faith as beneficial for client support when isolating, internal strength when dealing with difficult times, comfort when facing death or illness and giving people a reason to live. Prior research and
this study show that religion and spirituality is helpful in most social workers client’s mental health. So why is there such a mixed response from the social workers as a whole? I believe that there is such a mixed response when it comes to religion and spirituality because so many people have been hurt by other peoples’ understanding of God. For example, many of the respondents in this study who left more structured religion in order to have a more flexible understanding of God. If social workers have a negative bias against religion because of their own past experiences they may be less likely to refer a client who needs that social support of an organized religion and that could prevent the clients mental healing. The profession and this study have seen that religion and spirituality have a great benefit to those who practice it. Social workers seem to have a positive view of a more open spirituality but are more guarded when it comes to structured and rigid organized faith groups.

Future Research

Future social work research in this area would be greatly beneficial to therapists in addressing the value of religion and spirituality for specific individuals and groups. It was stated in prior research and by two respondents that are working with the elderly and those dying from illness, that faith was a main contributing factor to increased mental health. This shows a need for spiritual interventions with the elderly and those suffering from deadly diseases. Social work education dealing specifically with religion and spirituality needs to be addressed, due to the growing number of people needing to discuss spiritual issues. Prior research and this study shows a large deficiency in the formal education received by social workers getting their degrees. It is vital that social workers receive an education on how to discuss and help guide their clients in the area of religion and spirituality. I suggest that
more classes be made available and that at minimum one class be mandated as a part of the social work curriculum in undergraduate and graduate courses. This research showed that there was a link between individuals who are educated, and/or feel comfortable with their own spirituality, are more comfortable talking about this topic than their clients. One other area I would like to see addressed in futures studies is, how much education in religious and spiritually was given in the past verses the present; seeing that all my respondents’ had at least seven years of practice and most had much more.

**Strengths and Limitations of Study**

Some of the strengths and weaknesses of the study will be addressed in this section. I would like to have had more interviewees in this research because this data would be difficult to generalize to a larger population, due to only having seven participants. Another reason I would like to see this research done on a broader scale is because the implications are far reaching. I would have also liked to have had more diversity in the population, only having one male and no racial minorities represented was another limitation. Religion has played a major role in my life and in many of those close to me, because of this I may have brought in personal bias about the strengths of religion. It may have been helpful to have a second researcher validate codes and theme; this may have been helpful to have a second perspective. Strengths of the study are that the interviewees had a great deal of experience and were able to draw from a wealth of knowledge and firsthand involvement working with a variety of different clients.
Conclusion

Doing this research has been a great experience for me in many ways. I got to sit down and speak with social workers who have been addressing the religious and spiritual nature of social work and injustice for over 160 combined years. Prior to doing this research I thought religion and spirituality were important parts of social work and fighting injustice. After this research I find it to be an absolutely necessity to proper social work. Morality, meaning in life, finding identity, accessing support, how you will raise children, and end of life issues; no matter what stage of life a client is in therapists need to be able to address these monumental issues. How can they do this if they are not educated in the programs that are supposed to be preparing them for service to a clientele who want to talk about their faith? Our graduate level schools of social work need to listen to our client’s demands and our social workers pleas to give education dealing with religion and spirituality. These classes need to be offered at every school and mandated in order to start serving clients. In these classes social workers will spend time addressing their own religious and spiritual needs biases and shadows. By doing so they will understand themselves and be better prepared to meet the multicultural, multidimensional needs of our clients and this could fill the world with greater hope, greater meaning, a stronger identity, and many positive changes that could leave the world a better place for our children to live in.
References


Eck, D. L. (2001). *A new religious America: How a "Christian country" has become the world's most religiously diverse nation*. San Francisco,


Appendix A

CONSENT FORM

Please read this form and ask any questions you may have before agreeing to participate in the study. Please keep a copy of this form for your records.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>David Allick</th>
<th>IRB Tracking Number</th>
<th>290135-1</th>
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**General Information**
Statement about the study:
This study is being conducted to determine social workers' attitudes toward religion and spirituality and how they affect their practice.

You are invited to participate in this research. You were selected as a possible participant for this study because:
You are a social worker with at least seven years of work experience.

Study is being conducted by:
Research Advisor (if applicable): David Allick
Department Affiliation: Katherine Hill
Social Work

**Background Information**
The purpose of the study is:
To determine what attitudes social workers have toward religion and spirituality and how they affect their practice. The results should also show how much training social workers are receiving in religious and spiritual therapy. Lastly, the study will also discuss the religious or spiritual journey that the social worker has experienced as an individual as well as some of their most memorable clients.

**Procedures**
If you agree to be in the study, you will be asked to do the following:
State specifically what the subjects will be doing, including if they will be performing any tasks. Include any information about assignment to study groups, length of time for participation, frequency of procedures, audio taping, etc.

Your interview will be tape recorded and will last between 30 to 60 minutes.

**Risks and Benefits of being in the study**
The risks involved for participating in the study are:
None

The direct benefits you will receive from participating in the study are:
None

**Compensation**
Details of compensation (if and when disbursement will occur and conditions of compensation) include:

Revised: 7/6/2011
Note: In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment and follow-up care as needed. Payment for any such treatment must be provided by you or your third party payer if any (such as health insurance, Medicare, etc.).

N/A

Confidentiality
The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. The types of records, who will have access to records and when they will be destroyed as a result of this study include:

The people who will have access to the information will be the researcher, research advisor, and the transcriber. The types of records with your information on them will be a consent form, audio recordings and transcripts. All records with your information will be destroyed on May 14, 2012, but until then they will be kept in a locked filing cabinet in the researchers home.

Voluntary Nature of the Study
Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the data collection specified in the study.
You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s).

Should you decide to withdraw, data collected about you will be used in the study

Contacts and Questions
You may contact any of the resources listed below with questions or concerns about the study.

| Researcher Name | David Allik |
| Researcher Email | all0167@stthomas.edu |
| Researcher Phone | 210 639 9570 |
| Research Advisor Name | Katherine Hill |
| Research Advisor Email | kmhill1@stthomas.edu |
| Research Advisor Phone | 651.962.5800 |
| UST IRB Office | 651.962.5341 |

Statement of Consent
I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.

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<th>Signature of Study Participant</th>
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Print Name of Study Participant

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Print Name of Parent or Guardian

Revised: 7/6/2011
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<tr>
<td>Print Name of Researcher</td>
<td>David Allick</td>
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*Electronic signature certify that:

The signature agrees that he or she is aware of the policies on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.

- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unanticipated or otherwise significant adverse events in the course of the study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.
Appendix B

Question for interview:

1. How long have you been a therapist and what got you into the profession?
   a. Was it something that happened to you that motivated you?
   b. Where you affected by therapy earlier in life?
2. What is the main theoretical approach you practice and why?
3. What is your experience or your journey with religion and spirituality?
4. What is your experience with education in religious and spirituality as a therapist?
5. How comfortable are you talking about religion and spirituality with clients?
6. How comfortable are your clients talking about religion and spirituality with you?
7. What are you doing with religion and spirituality in your practice?
   a. Intervention?
8. What are a few of the most memorable experiences you have had working with clients in a religious or spiritual context?
9. Have you seen religion and spirituality as a benefit or a detriment to your clients mental health and provide some examples?
Appendix C

Field notes

Sept 8, 2011, we had our first class and my topic was going to be working with inmates at Stillwater prison in Bayport with life sentences. I was told they would have their own IRB and I should check on that to see if the research could be approved. I did check on Sept 9 and was told it was unlikely.

Sept 15, 2011, was our second class and I still did not have a topic but was also busy with other school reading and had not thought about it too much but during class everyone was kind of surprised that I was the only one without a topic. After class I decided to pray about it and as I did I asked God what he would want me to do research on that would be meaningful and something I would like. Minutes later I got the answer about attitudes of social workers toward religion and spirituality and how it affects their practice.

Sept 25, 2011, I began my lit review reading through articles for the social work abstract that is a part of the university of St Thomas library. I did searches like religion and Social work, spirituality and social work, religion and depression, religion and spirituality, social work, religion and spirituality, and a few others and they gave me quite a bit of materials to read and compare. I also did Google searches because there is a lot of information and peer reviewed articles online now. I got a few articles this way as well.

Oct 31, 2011, started writing my introduction for my lit review and continued doing reading and comparing different studies I had read.

Nov 15, 2011, I finished my proposal and submitted it to my Advisor and my two committee members and set a committee meeting for the 29th.

Nov 29, 2011, conducted a committee meeting at 730-900 p.m. at the Summit Classroom Building (SCB) with my advisor and committee members. Everyone got along well and the meeting was very successful. They biggest area of help that I received was in the questions area. I went from having 15 questions that were not really getting at what I wanted; to after their help about 9 questions that look to be much better for my research question.

Dec 11, 2011, finished my revisions from the meeting and will let my Advisor have one more look before I send it to the IRB for review later in the week.

Jan 25-Mar 5, 2012, Set up and conducted interviews from late January 25th through March 5th. I started out using contacts from two of my professors’ but that only got me two interviews. Then I talk to another social worker at my internship and she put me in contact with a few of her friends that accounted for at three other interviews and lastly I was given one other contact from another student who heard me talking about my project.
May 3, 2012, Had second committee meeting and the majority of corrections were grammatical but a few content things were challenged or changed. Also I was challenged to write a little more in the discussion section.

May 6-8, 2012, Finished corrections and additions to research and started doing the little things like table of contents.

May 8, Finished paper and submitted to chair for one last look before submittal.

May 10, 2012, Submitted Project. 😊