

**SPIRITUALLY SENSITIVE SOCIAL WORK:
CAN ITS DEVELOPMENT AND PRACTICE
BE LEFT TO PROVIDENCE?**

EVELYN GERLINDE LAYTON, MTTEVE001

**A dissertation submitted in fulfilment of the requirements for the
award of the degree of Master of Social Science (Social Work)**

Faculty of the Humanities

University of Cape Town

2005

COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from work, or works, of other people has been attributed, and has been cited and referenced.

Signature: 

Date: 23/9/05

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

understanding of the secular but spiritually sensitive social worker informs their consciousness, care and caution when engaging in spiritually responsive practice.

Despite the many challenges it raises, the rewards that accompany spiritually sensitive social work reinforce its valued contribution to professional practice and client wellness.

Ultimately, the data collected suggest the reasons both for, and against, the development and practice of spiritually sensitive social work being left to the social workers' personal, informal and subjective interests. It proposes that the development and expression of spiritually sensitive social work can reasonably be left to providence when it is practised with respect, flexibility, reflexivity and prudence. Conversely, it is best not left to chance development when it has the potential to do harm in the absence of required knowledge, skills or awareness. Final recommendations propose that spiritually sensitive social work is included in the social work curriculum; and is further researched. Spiritually sensitive practitioners and students are recommended to familiarise themselves with the growing body of literature in this field; and to explore both clients' and agencies' interests in holistic intervention.

ACKNOWLEDGEMENTS

My thanks to the Scholarships Committee of the University of Cape Town for their financial assistance.

Appreciation is also extended to my supervisor, Dr Connie O'Brien, of the Department for Social Development at the University of Cape Town. Dr O'Brien's suggestion of including social work *clients* into the study added an interesting component to the research, one deserving further attention.

Thanks also to Dr Owen Crankshaw for previewing the survey questionnaire prior to its piloting; and to Dr Judy Tobler for editing assistance. I am also grateful to the staff of the University's Inter-Library Loans department for so reliably and speedily securing books and articles from all around the country.

Then I am forever indebted to the twenty social workers who so generously shared with me their perceptions and experiences of spiritually sensitive social work. They have shown how, in the absence of formal training, it is possible to respond confidently and competently to clients' soul-felt concerns.

Finally, I am also grateful to the six clients who indicated *their* interest in exploring their spiritual dimension during intervention. They have raised the thought that we social workers need not be so tentative in offering our clients the potential for holistic discovery and wellness.

CONTENTS

	Page
Abstract	ii
Acknowledgements	iv
Appendices	vii
Tables	viii
Charts	ix
1. INTRODUCTION	1
1.1 The motivation for this study	1
1.2 The research topic	3
1.3 The research objectives and questions	3
1.4 Clarification of concepts	5
1.4.1 The concepts pertaining to human spirituality	6
1.4.2 The concepts pertaining to the social worker respondents	7
1.5 The researcher's underlying assumptions	9
1.6 The usefulness of this research	12
1.7 Ethical considerations	13
1.8 Research report structure	16
2. LITERATURE REVIEW	17
2.1 The separation of the religious and spiritual dimensions from secular social work	18
2.2 The move towards spiritual sensitivity in social work practice and education	20
2.3 Understanding human spirituality	24
2.4 The contribution of existential psychology theory to spiritually sensitive intervention	30
2.5 The contribution of transpersonal psychology theory to spiritually sensitive intervention	32
2.6 The contribution of pastoral and spiritual counselling theory to spiritually sensitive intervention	35
2.7 Spiritually sensitive social work	37

2.8	Assessment of religious, spiritual and existential wellness	41
2.9	The techniques of spiritually sensitive intervention	46
2.10	The challenges facing the spiritually sensitive practitioner	50
2.11	The rewards of spiritually sensitive social work	57
3.	METHODOLOGY	60
3.1	The research objectives, questions and assumptions	60
3.2	The qualitative and quantitative paradigm	62
3.3	Methodology	64
3.3.1	Sample population	64
3.3.2	Sampling criteria	65
3.3.3	Size of the two samples	66
3.3.4	Sampling method employed	68
3.3.5	Data collection strategy	70
3.3.6	Data collection tools and considerations	71
3.3.7	Data analysis strategy	75
3.4	Limitations of the methodology	79
3.4.1	Limitations of the design and scope of the study	79
3.4.2	Limitations of the sampling strategy	79
3.4.3	Limitations of the data collection tools	80
3.4.4	Limitations of the data analysis	83
3.4.5	Limitations of the researcher	83
4.	DATA PRESENTATION AND DISCUSSION	84
4.1	Theme 1. Conceptualising “spiritually sensitive” social work	88
4.1.1	The social workers’ descriptions of their spiritually responsive approach	89
4.1.2	How spiritually sensitive social work is seen to differ from traditional, secular social work	94
4.1.3	Spiritually sensitive social work: a way of being	97
4.2	Theme 2. Becoming equipped for spiritually sensitive social work	99
4.2.1	The influence of motivation	99
4.2.2	The contribution of the social workers’ academic training	103

4.2.3	The resources known, and believed, to aid one's development for spiritually sensitive social work	106
4.3	Theme 3. Assessment and intervention in spiritually sensitive social work	110
4.3.1	Assessing clients' spiritual distress	111
4.3.2	Psycho-spiritual intervention: methods, frequency, confidence and initiation	114
4.3.3	The theories and models that enhance spiritually sensitive social work	122
4.3.4	The presence and role of intuition as an influence on assessment and intervention	124
4.3.5	Preparing for spiritually sensitive client work	127
4.3.6	The ethics informing spiritually sensitive social work practice	128
4.3.7	The clients' interest in spiritually sensitive intervention	132
4.4	Theme 4. The lived realities of spiritually sensitive social workers	135
4.4.1	The opportunities for spiritually sensitive practice	135
4.4.2	The challenges experienced in spiritually sensitive practice	139
4.4.3	The rewards experienced in spiritually sensitive practice	144
5.	CONCLUSIONS AND RECOMMENDATIONS	149
5.1	Conclusions suggesting spiritually sensitive social work can be left to chance development and practice	150
5.2	Conclusions suggesting spiritually sensitive social work ought not to be left to chance development and practice	154
5.3	Recommendations around the development and practice of spiritually sensitive social work	156
	REFERENCES	160
	APPENDICES	
1.	Interview schedule for social worker respondents	173
2.	Social worker questionnaire	174
3.	Client questionnaire (including covering letter)	187

4. List of assessment instruments shown to social workers during interview	192
5. Subjects reported to enhance spiritually sensitive social work	194
6. Resources that equip spiritually sensitive social workers	195
7. Desired resources for further development of spiritually sensitive practice	198
8. List of therapeutic models shown to social workers during interview	199
9. Models reported to directly enhance spiritually sensitive social work	200
10. Results of the social worker questionnaire (parts 1 and 2)	202
11. Results of the social worker questionnaire (part 3)	208
12. Results of the client questionnaire	226
13. Sample interview transcript	230

TABLES

1. Summary of research objectives, questions and assumptions	61
2. Number of social worker respondents identified and interviewed	67
3. Number of clients involved at each stage of the sampling process	67
4. Summary of research objectives and questions, researcher assumptions and data themes	85
5. Profile of the social worker respondents	87
6. Social worker respondents' choice of descriptive label for their social work approach	92
7. The subjects taken by the majority of social worker respondents that enhanced their psycho-spiritual knowledge and practice	108
8. The subjects taken by the minority of social worker respondents that enhanced their psycho-spiritual knowledge and practice	108
9. The indicators of spiritual distress	112
10. The interventions used most frequently by the majority of social workers	114
11. The least used interventions	118
12. The interventions that evoke the greatest uncertainty	119
13. The most often used models believed to directly enhance spiritually sensitive practice	123
14. The interventions of least interest to the clients	133

CHARTS

1. Degree of confidence and competence reported by the social workers	117
2. Degree of frequency of spiritually sensitive intervention	118
3. Clients' enthusiasm for psycho-spiritual intervention	132
4. The work areas in which spiritual sensitivity is applied	135

CHAPTER 1.

INTRODUCTION

Research is defined as “... a scientific enquiry into a relevant problem that provides an answer contributing to an increase in the body of generalisable knowledge about the particular profession ...” (De Vos, Schurink & Strydom, 1998:20). This research report reflects the genesis, process and outcome of an enquiry into **spiritually sensitive social work**.

This chapter introduces the reader to the research study. The following topics are covered:

- 1.1 The motivation for this study
- 1.2 The research topic
- 1.3 The research objectives and questions
- 1.4 Clarification of concepts
- 1.5 The researcher’s underlying assumptions
- 1.6 The usefulness of this research
- 1.7 Ethical considerations
- 1.8 Research report structure

1.1 THE MOTIVATION FOR THIS STUDY

As a social worker I have noticed that clients often raise concerns of a religious, spiritual or existential nature. They talk of experiences, ask questions and seek growth that suggests the human spirit or soul seeks as much validation as the heart, mind and body. My work thus asks me to be responsive to the total lived experiences of people who are striving to strengthen their intra-, inter- and trans-personal understanding and wholeness.

For example, working with traumatised clients has shown that certain life situations provoke profound questions. Rape survivors, for example, might question God’s

presence or absence during their rape ordeal; ask what they had done to “deserve” such a trauma; and wrestle with why God had “allowed” it. One’s notion of a loving, caring, protective God can be deeply challenged by life’s experiences. On the other hand, working with the aged and the terminally ill naturally involves the client in some “life-review” work. The client’s search for meaning to a life already lived; preparations for the next passage ahead; and appreciation for the meaning, purpose and sacredness of life all contribute a richness and depth to the therapeutic alliance and to the value the client and I derive from our time together. Even my group work and community work has reiterated people’s spiritual awareness and nature. To illustrate, clients and colleagues, children and adults alike, may spontaneously choose prayer as opening and closing rituals to our working-time together.

Through this I have learned that the human search for meaning is not always easy to articulate; that one’s heartfelt questions are at times unanswered and unanswerable; that a client’s ego defense mechanisms can both protect and impair spiritual well-being; and that some of the interventions to aid mind-body-spirit wellness can bring their own unique risks and rewards.

These very practical experiences have raised salient considerations around psycho-*spiritual* intervention in social work practice. I have wondered why my social work education failed to acknowledge the spiritual dimension of the human experience. I have pondered if my peers face similar concerns from their clients, and how they respond to this. What has motivated and equipped them for spiritually responsive practice? What difficulties and rewards emerge from intervention that takes into account clients’ spiritual, religious and existential dimensions? What practice settings offer the greatest scope for holistic intervention? In effect, what do I need to be aware of, and prepared for, if I am to become a holistically responsive social worker, one who is also able to honour the *soul*-felt concerns and needs of clients.

From these experiences and questions, my search for new knowledge grew. Thus began this research endeavour.

1.2 THE RESEARCH TOPIC

The research topic refers to the “overall area of investigation” (De Vos & Fouche, 1998:95), in this case: **an exploration of spiritually sensitive social work.**

The **area of investigation** is concerned with exploring how, in the absence of formal training in psycho-spiritual intervention, a sample of South African social workers has nonetheless developed practice knowledge and skills responsive to their clients’ spiritual, religious and existential dimensions. Such exploration seeks the responses of two groups of people: social workers who work with spiritual sensitivity, and a small sampling of their clients.

This exploration will ultimately answer the question posed by the research title: **Spiritually sensitive social work: can its development and practice be left to providence?** And the concluding chapter of this dissertation will highlight why a “yes” *and* “no” response to the question is warranted.

Undertaking such an exploration demands concrete objectives and questions.

1.3 THE RESEARCH OBJECTIVES AND QUESTIONS

Objectives explain the “end[s] toward which effort or ambition is directed” (De Vos, Schurink & Strydom, 1998:7). With an exploratory research goal, four objectives were identified, each raising key questions to be answered.

Objective 1:

To explore the social workers’ understanding of spiritually sensitive social work.

Given that “spiritually sensitive social work” is a lesser known concept in the South African social work arena, it was necessary to establish:

- How do the social worker respondents conceptualise their own spiritually responsive approach to client work?

- How does the spiritually sensitive social work they practice differ from the traditional, secular social work they were taught?

Objective 2:

To investigate what has equipped these social workers for spiritually sensitive practice.

The questions here were:

- What is it that has motivated and advanced their development as spiritually responsive practitioners?
- What role did their social work training play in equipping them to address client spirituality and spiritually sensitive assessment and intervention?
- What do they believe is still needed in their development as holistic practitioners?

Objective 3:

To explore the social workers' methods of psycho-spiritual assessment and intervention.

The following questions were pertinent:

- How are assessments made of clients' religious, spiritual or existential wellness?
- What intervention techniques are being used, and welcomed by clients, to promote psycho-social-spiritual well-being? How frequently? How comfortably and confidently? How proactively?
- What therapeutic models are enhancing their spiritually sensitive practice? How?

Objective 4:

To investigate the lived realities of spiritually sensitive social workers.

The questions here were:

- Do the social workers experience endorsement for their spiritually sensitive practice? Where? How? From whom?
- What challenges and rewards arise from spiritually sensitive intervention?

Given that some of the terms used in these objectives and questions may “communicate vague, unspecified meanings” (De Vos, 1998:41), a clarification of concepts is helpful.

1.4 CLARIFICATION OF CONCEPTS

Clarifying the central concepts establishes agreed meanings that promote better understanding of the research topic, as well as more concrete observation and measurement of the data to be collected (Babbie & Mouton, 2001). The concepts to be made clear are divided into two groups. The first group defines the constructs around spirituality, and the second clarifies qualities of the social worker respondents.

Social workers who are sensitive to their clients’ religious, spiritual or existential concerns and wellness, are responsive to:

- human spirituality, the sacred, the spiritual dimension and the soul;
- existentialism and a person’s existential nature;
- religion and religious faith; and
- the difference between religion and spirituality.

1.4.1 The concepts pertaining to human spirituality

Spirituality refers to “the human capacity to respond to the sacred in the search for meaning in life” (Mount, Lawlor & Cassell, 2002:305). **The sacred** is that which is perceived of as holy, or supremely esteemed, because it is associated with perceptions of an Ultimate Reality (Ibid.). **The spiritual dimension** of a person refers to a facet of awareness and experience that one is also “living as a soul and not [only] as a personality” (Crawford, 1990:201). **The soul**, also termed the spirit, the higher self or superconscious, is believed to be the continuous, divine principle that connects the individual to the unitive All-That-Is (Crawford, 1990; Mount, Lawlor & Cassell, 2002; Sparks, 2001).

Existentialism is a philosophy on life that “focuses on personal experience and responsibility” (Ogden, 2000:62). It posits that an over-arching divine power is absent or distant from the individual and the human world. Thus the human search for meaning and purpose is a personal experience and journey. **A person’s existential nature** refers then to the subjective meaning-making dimension that enables people to hold the tension of life’s uncertainties and make sense of some of life’s mysteries.

Religion is a “system of teachings and practices concerning the living of one’s faith”, often undertaken in community with others of like-belief (Mount, Lawlor & Cassell, 2002:305). **Religious faith** is the “trust, or belief without need for proof” that one’s beliefs and practices are reliable, and can be used to interpret and guide the human endeavour (Ibid.)

The terms “religion” and “spirituality” are sometimes used interchangeably but there is a **difference between them**. Religion is one *form* of spiritual expression (Connelly & Light, 2003), as spiritual needs are “considered broader than religious needs” (Ross, 1997:37). Their commonality is their joint “striving for a ‘higher’ consciousness or meaning” (Derezotes & Evans, cited in Henery, 2003:1109). In this research study, the term “spirituality” is used to refer to religious, spiritual *and* existential belief and practice as all three dimensions aim for greater consciousness.

The second group of concepts concern the **social worker respondents** interviewed in this study. Because this research is an exploration of their subjective understanding, motivation, development and experiences as spiritually responsive social workers, clarification of the following terms is appropriate:

- spiritual sensitivity;
- spiritually sensitive social work;
- traditional, secular social work;
- perception;
- motivation and acquired motivation;
- development;
- spiritually sensitive assessment and intervention; and
- lived realities, challenges and rewards.

1.4.2 The concepts pertaining to the social worker respondents

Spiritual sensitivity embraces a combination of *awareness* and a *manner of response*. Firstly, it includes awareness of people's holistic nature. Esoteric writers speak of an inter-related and inter-dependent physical body, mental body, emotional body, etheric body and soul body that together make up the individual (Crawford, 1990). Secondly, such awareness is carried over into one's manner of response to oneself, others and life in general. Spiritual sensitivity is empathic to the multi-dimensional nature of people and life. When applied to social work practice, then sensitivity to the client's spiritual dimension is regarded to be as important as sensitivity to the physical, psychological and social dimensions of overall well-being.

Spiritually sensitive social work can be defined as intentional and reflexive client practice that respects the many diverse ways in which people explore, express and celebrate meaning, purpose, connectedness, resilience, transformation and transcendence within the joys and struggles of their human experience. It understands that clients' ways of expressing their personal and transpersonal nature may be religious, non-religious, theistic, atheistic, pantheistic, animistic or spiritual in belief

and practice. Spiritually sensitive social work adopts a bio-psycho-social-*spiritual* approach to client work and relationships.

In contrast, for purposes of this study, and based on the researcher's own social work education, **traditional, secular social work** can be regarded as the bio-psycho-social approach to client assessment and intervention. Emphasis is given to restoring physical, psychological and social-environmental well-being in the client. The spiritual dimension is omitted from consideration or attention.

Exploring the social workers' understanding of their own form of spiritually sensitive practice investigates their perceptions. **Perception** is defined as the processes "through which we give meaning to the information our senses receive from the environment" (Louw & Plug, 1997:121). It requires selection, organisation and interpretation of sensory data that influences a person's beliefs, attitudes, values and behaviours.

The social worker respondents in this study are asked about their motivation to practice a spiritual responsiveness to their clients. **Motivation** refers to "the organized patterning of an individual's personal goals, emotions, and personal agency beliefs" (Ford, 1992:78) that "... initiates, sustains and directs thinking and behaviour" (Edwards, 1997:425). Whilst some motivations are instinctual, **acquired motivation** stems from a sequence of lived events that reinforce one's interest in maintaining the beliefs and practices that inspire it (Wuthnow, 1995). This suggests that the social worker who is motivated to practise spiritually sensitive intervention, has likely experienced a sequence of personally meaningful events, relationships or outcomes that have, in turn, reinforced her interest in sustaining a spiritual responsiveness in her work with others.

Establishing what has equipped the respondents for spiritually sensitive practice requires recognition of both formalised education *and* the lay knowledge and skills that are acquired in any reflexive experience. In this study, the **development** of spiritually responsive client practice is regarded as the process and outcome of various resources, both formal and informal, that have had an accumulative effect on the social workers' current understanding and abilities.

Being able to determine a client's implicit or explicit concerns and well-being refers to the assessment process. In social work, an initial assessment of the client informs the social worker's subsequent intervention strategy and methods. Assessment and intervention aim at identifying and responding effectively to the client's needs, in order to bring about the change the client is (in)directly seeking (Hepworth, Rooney & Larsen, 1997). **Spiritually sensitive assessment and intervention** takes into account the client's religious, spiritual and existential dimensions of wellness or tension, and aims to bring about a renewed sense of wholeness at this level also.

Lastly, the **lived realities** of the social workers interviewed are explored in this study. These lived realities refer to the actual experiences that unfold in psycho-social-*spiritual* social work. **Challenges** can be seen as the (un)expected difficulties, opportunities and growth areas that confront the social worker and/or the client during intervention. The **rewards** of holistic practice pertain to the subjective satisfactions the worker and/or client perceive during, or as a result of, spiritually sensitive intervention.

The following section elaborates on the researcher's underlying assumptions about the topic, the respondents and the data to be gathered.

1.5 THE RESEARCHER'S UNDERLYING ASSUMPTIONS

The researcher's experiences, preliminary reading, research topic and questions raised certain hypotheses. These are assumptions and predictions about relationships already observed or anticipated between the variables contained in a study (Babbie & Mouton, 2001). The twelve assumptions presented are linked to the research objectives.

Objective 1: To explore the social worker respondents' understanding of spiritually sensitive social work. The assumptions are that:

1. The social workers will likely define their form of spiritually sensitive social work in light of their own *personal* spiritual, religious or existential meanings.
2. They will see **distinct differences** between their form of social work practice and that taught to them in the secular tradition.

Objective 2: To investigate what has equipped these social workers for spiritually sensitive practice. Assumptions here are that:

3. **Personal awareness, experience and appreciation of their own spiritual dimension** will be a key factor motivating and equipping them to be responsive to their clients' spiritual needs and well-being.
4. In the absence of education in spiritually sensitive social work, the respondent social workers will be expected to have **found or devised their own ways of responding to clients' holistic needs.**
5. The social workers will likely appreciate that spiritual wellness is a journey, not a destination, and will thus **identify further resources** expected to enhance their spiritually responsive practice.

Objective 3: To explore the social workers' methods of psycho-spiritual assessment and intervention. Hypotheses here are that:

6. Client **assessments will likely be made using the traditional, secular techniques taught to social workers** (viz. a psycho-social history, genogram, ecogram, timeline, mental state examination (MSE), and/or the diagnostic criteria of the DSM-IV). Some additional standardised assessment tools,

specific to religious, spiritual and existential wellness, may also be known and employed.

7. Based on their *own* familiarity with questions and practices of a religious, spiritual or existential nature, **a range of intervention tools and techniques will likely be employed** in holistic social work practice.
8. The practitioners' clients **will be expected to show receptivity to psycho-spiritual exploration of their presenting and underlying issues**, in line with their stage of faith development.
9. Because spiritually sensitive social work is not currently taught in South African universities, the social workers will either be **drawing on theories beyond those taught to them, or working without knowledge of theories that could enhance their spiritually sensitive practice.**

Objective 4: To investigate the lived realities of spiritually sensitive social workers. Expectations here are that:

10. Spiritually sensitive social workers will more likely be **working in settings compatible with their motivation and interest.**
11. The challenges and rewards arising from spiritually sensitive practice will likely confirm those **challenges** already identified in the existing literature-body. Added challenges will be likely to centre around issues of confidence, competence and pro-active use of the tools of spiritual assessment and intervention.
12. Lastly, in the absence of training around spiritually sensitive social work, **not all the challenges faced will be fully recognised nor successfully overcome.**

These assumptions will be discussed with the data findings in chapter 4 (pp.84-148).

1.6 THE USEFULNESS OF THIS RESEARCH

This research offers a number of benefits.

Firstly, **on a personal level**, the researcher hopes this study will enhance her prospects of becoming a more holistically minded, well-rounded practitioner; one better informed as to the realities and possibilities of spiritually sensitive social work practice.

Secondly, it gives useful information to social work educators, theorists and practitioners **around current client practice, as well as direction for future practitioner development.**

Thirdly, it **indicates the contexts and motivations that prompt, permit, require and/or endorse spiritually oriented intervention.** This shows the environments supporting spiritually sensitive social work.

Fourthly, by exploring how spiritually sensitive social workers have equipped themselves for this added practice orientation, it **confirms the role played by their formal social work education as well as their informal or acquired experience, understanding and lay knowledge.**

Fifthly, the clients' responses shed light on clients' receptivity to spiritually sensitive intervention and provide an indication of what clients do and don't welcome when working with their religious, spiritual or existential concerns. This gives useful **information as to whether workers can confidently initiate religious, spiritual or existential exploration with the client** or whether they should rather wait for clients' explicit willingness and readiness to enter this very personal domain. The clients' feedback presents a particularly interesting component to the study, as the researcher has found no evidence of research done on clients' attitudes to spiritually sensitive social work practice. Although the number of client respondents was too small for statistical analysis, their contribution is evidence of a willingness to contribute to research endeavours aimed at promoting social work practice.

Finally, it ultimately answers the topic question: **“Spiritually sensitive social work: can its development and practice be left to providence?”** It shows how, in the absence of formal training around psycho-spiritual assessment and intervention, spiritually sensitive practitioners have resourcefully resolved this gap. It also highlights the risks that emerge.

All in all, this study is useful to the educator with an interest in enhancing social work training; to the theorist writing on social work practice and ethics; to the social worker who has interest in her current and future skills, knowledge and development; and last but not least, it is crucial to the clients’ needs to be treated holistically.

1.7 ETHICAL CONSIDERATIONS

Strydom (1998:24) defines ethics as the “moral principles ... [that become] widely accepted, and which offer rules and behavioural expectations about the most correct conduct towards ... respondents ...”. Ethical research practice is concerned with:

- respondents’ informed consent;
- the potential for harm to respondents or other institutions;
- respect for privacy, anonymity or confidentiality;
- the researcher’s competence and ethical responsibilities;
- collaboration with others;
- the release and publication of findings; and
- the restoration of subjects.

Each ethical responsibility is considered in turn.

First, **informed consent and voluntary participation** were secured through immediate and open communication to all potential social worker respondents of the researcher’s background and goals, the criteria for respondent inclusion, the research procedures and requirements, and the expected use and publication of findings. Where requested, initial telephonic communication was followed up with written explanation,

to allow time for reflection before replying. Subjects were invited to assess their own suitability for, and interest in, participation. Voluntary participation was also extended to the social workers' clients. Here again, written and verbal communication included information about the researcher, research purpose and procedure.

All respondents were free to say "no" to participation, as some social workers and clients indeed did. All were also free to withdraw from the study at any time, as one social worker and five social work clients did. Respondents were not offered any material incentive to participate in the research. Rather, it was their interest in the topic that motivated their contribution.

Second, **the risk of harm to participants or other institutions** was also considered. The interview and questionnaires were not designed to extract any sensitive or potentially distressing information from the respondents. The risks to clients were minimised by only inviting clients into the study who were deemed to be ready, interested and suitable for inclusion. Nonetheless, it is recognised that some social worker respondents could disagree with the findings presented, or feel unfairly represented in the selection of quotes extracted from their interviews. To prevent such harm, where critique is made of respondents' statements, the researcher has omitted any details that could identify the respondent or his/her agency. The researcher's selection of verbatim quotes has also been considered in the context of the respondents' *overall* disclosure. This, it is hoped, will reduce the risk of respondents feeling they have been quoted out-of-context.

Institutionally, South African schools of social work may feel challenged by the findings, as the conclusions point to the risks associated with omissions in social workers' training and educational curricula. This effect is inevitable given that "spiritually sensitive social work" has only recently been gaining strength of interest, internationally and locally. All universities worldwide are regularly confronted with the gaps between the education they offer, and the realities experienced by their graduates, the graduates' employers, clients and society. Nonetheless, this study remains valuable to the researcher's university (as well as the other schools of social work in South Africa), as it encourages educator reflexivity and healthy debate around

a topic of growing interest to social work educators, theorists, practitioners and students alike.

Third, **respect for privacy and confidentiality** was offered to all respondents, both social workers and their clients. The social workers were permitted to state how they wished to be identified in the data. The identity of other people and organisations named by the respondents has also been carefully screened to ensure privacy where the respondent requested this. The identity of the social work clients was not required. Those clients who volunteered their names and contact details were assumed to have done so in order to receive written acknowledgement from the researcher for their contribution to the study.

Fourth, the **researcher's own competence** in research, with five studies already completed between 1996 and 2004, reduced the risk of unprofessional behaviour. Positive regard for all respondents' points of view and actions was valued and ethical decision-making was promoted through a written agreement between the university and researcher that addressed the ethical choices and actions subsumed by this study.

Fifth, **issues of collaboration** were covered by a written agreement between the researcher and supervisor. All collegial assistance has been acknowledged in the covering pages of this dissertation.

Sixth, the **expected utilisation, release and publication of findings** was communicated to all respondents. All social workers interviewed were offered a copy of the research findings, and all eagerly accepted.

Seventh, the **restoration of respondents** on conclusion of the research interview was considered. The interviewees were permitted to express as much or as little information as they chose. Any sign of reluctance or resistance was interpreted as a boundary preferred by that respondent. Furthermore, immediate reflection, paraphrasing and clarification of the interviewees' feelings and meanings facilitated the listening and validation process, and reduced the need for post-interview debriefing.

These considerations indicate the effort taken to ensure morally respectful research practice and process.

1.8 RESEARCH REPORT STRUCTURE

To bring this chapter to conclusion, an outline is given of the report structure that follows.

- Chapter 2. Literature review
- Chapter 3. Methodology
- Chapter 4. Data presentation and discussion
- Chapter 5. Conclusions and recommendations
- References
- Appendices

This introductory chapter has explained the genesis of this study, and clarified the research topic and concepts it entails. It has also indicated the expected benefits of, and ethical considerations behind, the study. A summarised table of the research objectives, questions and hypotheses is shown in chapter 3, table 1 (pp.61-62).

The following chapter elaborates on the literature reviewed in this study.

CHAPTER 2.

LITERATURE REVIEW

This exploratory research of “spiritually sensitive social work” warranted a broad-based literature study, as psycho-spiritual intervention requires multi-disciplinary knowledge and skills. The review therefore encompassed an investigation of human spirituality and the diverse theories that have contributed to psycho-spiritual awareness and intervention practices.

The topics covered by the literature review are presented in the following sequence:

- 2.1 The separation of the religious and spiritual dimensions from secular social work
- 2.2 The move towards spiritual sensitivity in social work practice and education
- 2.3 Understanding human spirituality
- 2.4 The contribution of existential psychology theory to spiritually sensitive intervention
- 2.5 The contribution of transpersonal psychology theory to spiritually sensitive intervention
- 2.6 The contribution of pastoral and spiritual counselling theory to spiritually sensitive intervention
- 2.7 Spiritually sensitive social work
- 2.8 Assessment of religious, spiritual and existential wellness
- 2.9 The techniques of spiritually sensitive intervention
- 2.10 The challenges facing the spiritually sensitive practitioner
- 2.11 The rewards of spiritually sensitive social work
- 2.12 Summary

Taken together, this built a picture of the nature of spiritually sensitive practice: its conceptualisation and development, as well as its realities and opportunities.

One of the first considerations was to establish why human spirituality has been largely ignored in social work education for many decades, especially given the fact

that the pioneers of the social work profession had themselves been grounded in religious tradition and values (Bullis, 1996; Constable, 1983; Stroup, 1962); and they were determined to take a non-mechanistic (Brower, 1984), ecological perspective of people and their environments (Canda, 1988a). This question is answered in the following section.

2.1 THE SEPARATION OF THE RELIGIOUS AND SPIRITUAL DIMENSIONS FROM SECULAR SOCIAL WORK

For the social work student and practitioner, the knowledge and skills necessary for understanding and responding to a **client's bio-psycho-social needs** are already well defined. The evolution and growth of social work theories – from fourteen in the mid-1970s to twenty-seven by the mid-1990s – confirms it is a dynamic field, continually defining new ways of understanding and responding to people-within-their-environments (Turner, 1996).

The spiritual component of social work practice has been less clearly understood (Bullis, 1996; Grey, 1994; Marty, 1980), even though social work practitioners have been aware of its value-based challenges for at least five decades (Spencer, 1957). Some authors and educators on social work theory and practice, such as Hepworth, Rooney and Larsen (1997), make no mention of human spirituality, although they do acknowledge religious institutions as a potential support. The separation of spiritual awareness from secular practice has several suggested causative factors.

Firstly, the empirical sciences have tended to eschew concepts and issues of “soul” or “spirit” (Cowley, 1996). Between the 1920s and 1940s the search for scientific theories and methods led to the rejection of people’s spiritual or religious roots (Brower, 1984). **Spiritual knowledge came to be regarded as subjective, unscientific and unmeasurable** (Brower, 1984) and human spirituality was overlooked, dismissed or relegated to the domain of the religious chaplain or pastoral counsellor (White, 2000).

Secondly, whilst the medical and social work fields share a similar vocabulary around clinical issues, **the language of spirituality is “often an obstacle to communication”** (Mount, Lawlor & Cassell, 2002:303). It can be difficult to find words that adequately describe subjective, inner or transcendent experiences that are beyond definition or rational explanation (Goleman, Smith & Dass, 1985; White, 2000).

Thirdly, whilst it is easy to define *religious* practices and beliefs, “spiritual needs ... cannot be contained in what might commonly be classified as religious needs” (Grey, 1994:215-6). Not only are there differences between religion and spirituality (Bullis, 1996; Venter, 1989; White, 2000) but there is also greater difficulty in measuring *spirituality* (White, 2000). Thus, while clients’ religious needs, being less abstract, may be more easily identified and acknowledged, their **spiritual needs may go unnoticed.**

Fourthly, several **professional factors** have “increasingly pushed social workers to abandon the moral and religious roots of their profession” (Cowley, 1996:668). Practitioners fear being regarded as unprofessional if they associate themselves with things of a spiritual or religious nature (Cowley, 1996). There is distaste for the damaging effects of religion (Marty, 1980) where religion is often equated with inflexible dogmatism and manipulative agendas that contradict social work’s core values of equality, respect for diversity and clients’ rights to self-determination (Praglin, 2004). In addition, there are the demands of professional competition (Bullis, 1996), and the recognition that secular agencies often have better access to social resources than faith-based agencies (Marty, 1980). Human spirituality thus became a marginalised topic in social work practice, literature and education.

Yet the past decade has seen an increasing awareness and reportage asserting that the spiritual dimension of the human experience warrants inclusion in social work education and practice (Brower, 1984; Bullis, 1996; Canda, 1988a; Cascio, 1998; Coholic, 2003; Dudley & Helfgott, 1990; Marty, 1980; Sheridan, Bullis, Adcock, Berlin & Miller, 1992; Sherwood, 1998). As the following section explains, this move towards spiritually sensitive practice has predominantly been driven, at grassroots level, by clients’ pressing needs, and social workers’ own spiritual motivation to respond. It also highlights how education has responded to this move.

2.2 THE MOVE TOWARDS SPIRITUAL SENSITIVITY IN SOCIAL WORK PRACTICE AND EDUCATION

Brower's historical study of the move away from, and back towards, spiritually sensitive practice traces **the turning point for the social work profession** to circa 1970, as a response to the urgent needs and demands of ethnic, racial and oppressed minority groups (Brower, 1984). The religious and cultural beliefs of marginalised client groups were recognised as significant factors warranting attention in client assessment and intervention processes (Praglin, 2004). This is because people's religious and cultural "stories" influence their ways of understanding, explaining, enduring and overcoming life's setbacks and advances.

Sensitivity to clients' religious, spiritual and cultural beliefs, experiences and needs was also matched by an empathic response among helping practitioners. In 1984, research of ten social workers and psychologists who were practising a spiritually sensitive approach to client intervention indicated that all were motivated to do so through awareness of their own, or their clients', spiritual nature (Brower, 1984). A 1999 study of just over 2 000 social workers revealed added motivations, namely "a sense of a [religious, cultural or spiritual] mandate to serve, a personal desire to promote social justice, and a quest for personal fulfilment" (Canda & Furman, 1999:9). Social worker practitioners were voicing increasing cognisance of, and responsiveness towards, their own and others' impulse for holistic well-being.

The recognition that **religion and spirituality have a significant role and function in people's lives** is empirically supported. Koenig, McCullough and Larson (cited in Hodge, 2004a:36), note that over 1000 studies have shown that spirituality is not only associated with increased adaptation to life's challenges, but also with enhanced "self esteem, social support, life satisfaction ..., hope and optimism, ... purpose and meaning, in conjunction with decreased levels of anxiety, loneliness and suicide". Spirituality is an important contributor to quality of life (Baker, 2003), is helpful at times of transition and enables the perception that life can be "richer and fuller" as one continues to age (Foley, Wagner & Waskel, 1998:86). Spiritual wholeness is as sought after as psychological well-being (Praglin, 2004).

The move towards spiritually sensitive practice has sparked increasing interest and debate in educational circles. Coholic (2003) summarises the rationale for including discourse on human spirituality into social worker curricula as follows:

- spirituality is a recognised resource promoting human actualisation;
- clients' *and* students' spirituality deserves understanding;
- students' choice of social work can be spiritually motivated;
- clients' interests are served when their practitioners have both awareness of, and skills in, psycho-spiritual intervention; and lastly,
- some agencies, client groups, and fields of specialisation require understanding of spirituality.

Despite this rationale, **education's response has been slow and hesitant.** This is illustrated by a 1992 study of 328 pastoral counsellors, social workers and psychologists that revealed that 79% of respondents stated that religious/spiritual issues were not, or hardly, addressed during their education and training (Sheridan et al, 1992). A similar finding of 73% was confirmed seven years later in Canda and Furman's 1999 research of just over 2 000 American social workers (cited in Canda, Nakashima & Furman, 2004:30).

Educators' hesitant inclusion of spiritual awareness and intervention skills has contrasted with **students' interests and needs.** A 1999 study, of 208 social work students, confirmed their strong *support* for, and *use* of, spiritually oriented interventions in client practice despite their limited education on religion and spirituality (Sheridan & Hemert, 1999). This finding raised concern about possible harm to clients by under- or ill-equipped practitioners (Ibid.). More recently, Coholic's 2003 study of social work students' and educators, confirmed that spirituality remains largely ignored in social work education (Coholic, 2003). This study showed that dialogue on spirituality was occurring mostly within the *student* peer-group, with *clients* during students' field placements, or in *personal* discussions with lecturers. This has raised apprehension that students are being left to find their own answers to spiritually oriented concerns (Coholic, 2003).

Several reasons have been presented for the **absence of discourse on spirituality in social work education**. Canda and Furman attribute it to educators' lack of familiarity with the growing interest in, and literature on, spirituality in social work, as well as lack of specialised knowledge and skills (cited in Coholic, 2003). Ressler and Hodge contend an anti-religious bias among educators (Ibid.). Nonetheless, spirituality in social work education and practice is a burgeoning topic.

More and more tertiary institutions, in Canada, America, Britain, Australia and New Zealand, are offering **courses in subjects related to spiritual sensitivity**. For example, a web search shows American universities in ten states now offering workshops, lectures and courses pertaining to spirituality in social work practice. There are, furthermore, websites dedicated to sharing and promoting information on Spirituality and Social Work, listing the societies, councils and conferences on this topic (<http://www.socwel.ku.edu/canda/spiritual/spiritua.htm>).

Here in **South Africa the topic is still in its infancy**. Several authors have endorsed multi-cultural and multi-faith awareness and competence in the newly democratised South Africa. Sikhitha (1996:61) reiterates the risks taken by the social worker who is "culturally neutral and colour blind" and ignorant of any "major element in the client's self definition and social reality". Sewpaul (1997) discusses the central tenets of Hindu philosophy so that the social worker will be better informed on the worldview held by the Hindu client. Both these authors remind us that multi-cultural awareness is beneficial to both client and social worker: an invitation to honour people's collective "synergy, diversity and connectedness" (Sewpaul, 1997:144). Other authors (Kingham, 1998; Mupedziswa, 1996) note how Christianity has advanced social welfare services in South Africa. Then, focusing on the training environment, Kasiram and Partab (2001) explain how postgraduate theology students and social work students at one tertiary institution have demonstrated successful multi-disciplinary partnership as they jointly advanced their skills in family therapy. Sacco (1996) writes of the spiritual motivations, experiences and resources social work students bring into the learning environment that enhance their relationships, their growth, their compassion and their optimism as fledging practitioners. Most recently, Bhagwan (2002:257), in her doctoral thesis, undertaken nationally among final-year South

African social work students, establishes that 80% expressed support for a course on religion and spirituality in social work. She also proposes a comprehensive course design on this topic.

This encouraging evolution of spiritually sensitive practice awareness looks set to continue. Tractman points to the fact that in 1993, US state-funding was allocated to research projects in several alternative therapies, including “... guided imagery, yoga, massage, ... touch and energy healing, t'ai chi, Ayur Veda, and the effects of prayer” (cited in Bullis, 1996:149). This shift away from the medical, materialistic model towards a holistic one is significant. Whilst the complementary and alternative health fields have long recognised the role of spirituality in personal wellness (Moss, 2002), this awareness is now being more widely embraced. Here in South Africa, the use of traditional healers, such as *sangomas* (shamanic diviners and healers) and *inyanga* (herbalists), has long been part of African cultural practice. Several journals target the holistically minded person: *Odyssey*, *Renaissance* and *Vibrations* magazines. These raise awareness of people's spiritual and cultural idioms of expression, and promote the many models and practices that support mind-body-spirit wellness.

This growing interest in spirituality in social work practice is a timeous response to clients' lived realities. Clients' **spiritual concerns and hopes are multiple and varied** (Bullis, 1996). Spiritual distress can be sparked by grief, depression, alienation, terminal illness, traumas, life-changing experiences and social ills. It was the Austrian psychiatrist, Viktor Frankl, who noted that “man is not destroyed by suffering, he is destroyed by suffering without meaning” (cited in Grey, 1994:216). It is often experiences of anguish that prompt existential questioning and heart-felt searching for renewed meaning and purpose to the human endeavour.

The **inherent need to unravel life's uncertainties** and find answers and meaning to life's questions, paradoxes and experiences **appears universal** (Brower, 1984; Young-Eisendrath & Miller, 2000; Grey, 1994). It takes us into the spiritual and religious dimensions of the human experience, for it provides opportunity for deep personal, and indeed *transpersonal*, reflection on the significance and function of life, and death, and the many uncertainties life contains (Krill, 1996). People's striving for personal meaning should never be seen as a “failure of nerve, ... of premature senility,

or a lapse into neurosis ...” but rather a natural drive (Becvar, 1997:179). This is because people’s setbacks, losses and challenges have the potential to be constructively converted into spiritual insights, comforts and gains.

Given that spiritual issues are closely interwoven with the personal, environmental and developmental challenges that people inevitably face in the course of their lives, when such issues are raised within a helping environment, it means that **even secular practitioners need to be able to show sensitivity to a client’s spiritual concerns, needs and interests** (Dudley & Helfgott, 1990). Without this ability, secular practitioners risk maintaining the secular-spiritual divide. It is helpful to remember that both spiritual practitioners and social workers share a common interest: individual and social renewal. And as clients increasingly and more confidently raise spiritual concerns with secular practitioners, so do these practitioners need to strive for “thoughtful, deliberate and authentic responses” (Bullis, 1996:9).

The need for professional preparation and competence in effective response to clients’ religious, spiritual or existential concerns demands that “social workers seeking spiritual competence need to acquire more than a layperson’s acquaintance with spirituality” (Bullis, 1996:126). The following section presents an understanding of human spirituality, including its expression through religion, as well as existential humanism. Comment on the development of spiritual awareness and growth is also given. Lastly, the healthy and shadow sides of spirituality are also highlighted.

2.3 UNDERSTANDING HUMAN SPIRITUALITY

Many features of human spirituality are **irreducible and ineffable**: “beyond description, expression, or intellectual analysis” (Canda & Furman, 1999:40). Although science can measure psychophysiological responses to spiritual experiences, it cannot explain human belief in, or confirm reality of, a universal truth or higher power (Moss, 2002). Nonetheless, a language and knowledge has emerged with sufficient common agreement.

Spirituality is regarded as a universal (Ross, 1997), here-and-now (Venter, 1989), **innate capacity** (Cowley, 1996) to search for esteemed meaning to life. It often includes the belief in a vital, eternal energy or life force. In European culture, the terms “soul” or “spirit” (often used synonymously) constitute the “immortal aspect of the individual” or “the vital principle in humans ... that brings together both the immanent and the transcendent” (Mount, Lawlor & Cassell, 2002:305). Other cultures refer to this life energy as *pneuma* (Greek), *mana* (Polynesian), *chi* (Chinese), *prana* (Hindu), or *elimi* (African): all denoting breath, air, life, and connoting notions of will, courage, vigour, and inspiration (Baker, 2003; Brower, 1984). The soul or spirit is seen as the dynamic link between the “surface and the unfathomable and meaning-rich depths of who we are” (Kearney, cited in White, 2000:482). To Peck (1997:132) the soul is not only “God-created [and] God-nurtured [but also] unique [and] developable” through the collaborative endeavour of both Creator and created.

Spirituality has both vertical and horizontal dimensions (Ross, 1997). The vertical reaches for the transcendental, and is expressed, for example, in “our will to meaning, ... our creativity, our imagination, our intuition, our faith, [and] our vision of what we can become” (Fabry, cited in Cowley, 1996:671). The horizontal dimension is expressed in our intra- and inter-personal relationships and service for the greater good, seen for example in our “capacity to love beyond the physiopsychological, our capacity to listen to our conscience beyond the dictates of the ego, ... our ability to reach out to people we love and causes in which we believe” (Ibid.)

The spiritual endeavour promotes the highest level of self-actualisation (Moss, 2002). People’s instinctive “spiritual needs and a longing for transcendent experiences” (Maslow, cited in Vaughan, 1991:105) speaks of the natural urge to explore and experience a reality beyond one’s daily, mundane self in a search for the sublime and profound (Ellor, Netting & Thibault, 1999). Thus, spirituality is a valued personal quality (Canda & Furman, 1999); a way of life (Brower, 1984) that includes both inward and outward motion (Venter, 1989). It is an important resource: a “power within that gives meaning, purpose and fulfilment, the will to live, and ... faith in self, others and in a power beyond self” (Renetzky, cited in White, 2000:482). It is also highly individualistic, comprising “uniquely personal experiences and sensations” (Henery, 2003:1108) and “particular beliefs and behaviours” (Canda & Furman,

1999:45) that may, or may not, be evidenced in a religious affiliation (Venter, 1989:11). It is evidenced in people's drives, development, experiences and actions (Canda & Furman, 1999).

Thus six different **components of human spirituality** become evident. Spirituality embraces:

- a *perception* of an essential life principle;
- a *search* for esteemed connection, purpose, meaning and wholeness;
- an *experience* of meaningful relationship (intra-, inter- and trans-personally);
- a valued *quality* driving one's development, choices, actions and reactions;
- an *expression* of certain beliefs and practices; and
- an important *resource* that *provides* significant, even profound, awareness, belief meaning and experience.

The dynamic, expansive, inspiring and empowering nature of the spiritual element is described as:

... the central artery which permeates, energises and enlivens the other dimensions of humankind – namely, the physical, social and psychological – and around which all values, thoughts, decisions, behaviours, experiences and ultimate concerns revolve. (Stoll, cited in Ross, 1997:38)

The highly subjective nature of spiritual belief and expression means that no single, unified understanding should be assumed. The ways in which women discover, experience and celebrate the sacred within their everyday, lived realities is regarded as distinct from the masculine understanding and experience, given the impact of centuries-long patriarchal structures and ideologies (Hickson & Phelps, 1998). Zohar and Marshall (2000), writing on spiritual intelligence, remind us that there are many pathways to finding one's deepest truth, inspiration and integrity. All are valid, and a person may traverse several during their lifetime. Each path will have a unique focus, suited to the individual's personality and motivation. Each path will also have its unique tasks and practices to promote a journey through life that is undertaken whole-heartedly, meaningfully, reverentially and consciously.

Religious belief and practice is regarded as one form of spiritual expression. Although the terms religion and spirituality are sometimes used interchangeably (Augustine & Kalish, 1975; Van Hook, Hugen & Aguilar, 2001), spirituality is distinguished from theology and religion (Bullis, 1996; Brower, 1984; Cowley, 1996; Venter, 1989). Mount, Lawlor and Cassell (2002:305) define religion as:

a system of teachings and practices concerning the living of one's faith, generally in an experience of community with others who honour the same beliefs.

Carl Jung's definition, while de-emphasising the institutional dimension of religion (Frame, 2003), acknowledges that **religion encompasses man's loved or feared conceptions** of "powers", spirits, demons, gods, laws, ideas, ideals ... found in his world [to be] powerful, dangerous, ... beautiful and meaningful" (cited in Eisendrath & Miller, 2000:3). Jung recognised that religion can play a helpful role in the tasks of individuation, integration of the (un)conscious, and psychological adjustment (Frame, 2003).

The **commonality between religious and spiritual expression** is its "striving for a 'higher' consciousness or meaning" (Derezotes & Evans, cited in Henery, 2003:1109). Similarly, both religion and spirituality evoke meaningful and esteemed thoughts, feelings, perceptions, behaviours, values and attitudes. Where religion may provide the rituals and metaphors for spiritual experience, transcendent and transformative experiences are not dependent on religious practice (Mount, Lawlor & Cassell, 2002).

It is also important to recognise that **the search for meaning need not involve a vertical dimension or a sacred power or being.** For the existential humanist, esteemed awareness and meaning derives from one's *personal* value system, experience and responsibility in, and towards, life (Ogden, 2000; Mount, Lawlor & Cassell, 2002; Ross, 1997). The existential orientation derives from the notion that an ultimate higher being cannot be rationally understood and is indeed absent from the human world; thus people bravely make their *own* way and meaning "in what [seems] an irrational world" (Ogden, 2000:62).

A **humanistic model of spirituality**, developed by Elkins, Hedstrom, Hughes, Leaf and Saunders (cited in Hickson & Phelps, 1998:46-47), posits that the humanist:

- sees the conscious self expanding naturally into the unconscious and higher conscious dimensions;
- experiences a sense of purpose and responsibility around their existence/life;
- regards all life as sacred;
- esteems the spiritual over the material;
- advocates social justice and altruistic service;
- values the realisation of that which is positive potential;
- empathises with the difficulties of being human; and
- experiences fulfilment in their spirituality.

From this description, it is apparent that **the humanist-existential path is as much a spiritual path as the religious one is**. For this reason, the researcher's use of the term spirituality embraces its religious, spiritual, humanist and existential forms.

Human consciousness, faith, and spirituality is posited to develop in stages (Chopra, 2000; Fowler, 1981; Frame, 2003; Sperry, 2001; Wilber, 1999). Fowler (1981:303) maintains that humans are "gifted at birth – with readiness to develop in faith".

Applying one of the simpler models, as advanced by Peck (1997), faith can be seen to develop in four stages. In stage one, where people may be secular or religious, their "belief system is profoundly superficial" (Ibid. p.124). At stage two, beliefs take on a non-reflexive fundamentalism. In stage three, people emphasise rationality, morality, science and humanity; and have a scepticism of that which cannot be proven. At stage four, rationality remains appreciated, but is not elevated above all else. People "are comfortable with the mystery of the sacred"; they feel a sense of connection to something beyond themselves even though "they cannot fully define it" and regard themselves as being on a journey (Ibid.).

Common to all people, regardless of their religious, humanist or spiritual beliefs, or the stage they are at in their faith development, is the perception that "their particular outlook is superior" (Peck, 1997:126). Not only can this hamper interpersonal tolerance, but also hinder an interest in movement to, or through, subsequent stages.

Also noteworthy is this theory's inference that the humanist, existentialist, positivist beliefs (stage three) are preferable to both superficial and fundamental belief systems (stages one and two). Buddhist tradition too supports the notion that the "inquiring mind that is curious and filled with doubt" is regarded as "an elevated state of mind", because it is open to experiential knowledge, rather than being merely "content with dogma and blind faith" (Borysenko, 2000:32). Nonetheless, the temptation to regard later stages as superior must be countered; **each stage is merely different** (Frame, 2003).

Finally, the recognition that **spirituality can be perceived, experienced and expressed in healthy and unhealthy ways** is also important to understanding human spirituality. The link between spiritual and psychological well-being is already documented (Baker, 2003; Moss, 2002; Vaughan, 1991). Those whose spiritual expression is meaningful and well integrated into their human experience are observed to enjoy good psychological health (Vaughan, 1991). On the other hand, an absence of spiritual or religious belief and practice is associated with higher incidence of depression and sense of alienation (Seligman, cited in Hodges, 2002:109-110).

Vaughan (1991:116-8) elaborates on the **signs of healthy spirituality**:

- a capacity for releasing the past;
- facing one's fears;
- the expression of forgiveness, love and compassion;
- self-valuing, self-responsibility, self-awareness, self-acceptance and self-commitment;
- respect for the diversity of spiritual/religious practice and belief;
- appreciation for community;
- inner peace and freedom; and
- a sense of harmony with others and with the natural world.

The shadow side of religion and spirituality is seen in the following examples (Clinebell, cited in Brower, 1984:122; Coholic, 2003; Vaughan, 1991; Welwood, 1984):

- attempts to evade reality through magical solutions, wishful thinking or passive dependency;
- religiosity or spirituality that is motivated by guilt or fear;
- the surrendering and submission to another authority in order to avoid responsibility for one's *own* thoughts, feelings or actions;
- dichotomous and self-righteous thinking that divides and devalues people into believers/non-believers, right/wrong, special/ordinary;
- spiritual narcissism: an over-absorption in one's own personal content and processes;
- uncritical acceptance of imposed, inflexible, incongruent or unconsidered religious or spiritual beliefs, norms and values; and
- distorted, misunderstood or conflictual spiritual or religious beliefs, roles, ethics, realities or perspectives.

The ability to create an authentic, growth-enhancing and life-enhancing spirituality becomes important. This requires willingness and effort; intentional and diligent practice; guidance or teachings from respected authorities and “the growth of consciousness and interior transformations” (Wilber, 1999:10). Having the skills to engage clients in reflexive dialogue around their beliefs, values, choices and behaviours is helpful for expanding client awareness (Coholic, 2003). Furthermore, because “social workers must be trained across many different disciplines” (Bullis, 1996:33), it is helpful to see the contribution of existential psychological theory to spiritually sensitive practice.

2.4 THE CONTRIBUTION OF EXISTENTIAL PSYCHOLOGY THEORY TO SPIRITUALLY SENSITIVE INTERVENTION

Existentialism has its roots in the disillusionment and resistance that emerged in Europe in the late nineteenth century. Critics of political tyranny, of religious institutions, of dehumanising social norms and labour practices, prompted philosophers, such as Camus and Sartre, as well as writers and theologians, such as Dostoevsky, Kierkegaard and Buber, to turn their attention away from “ultimate reality

or metaphysics” to “the immediacy of human experience” (Canda & Furman, 1999:157). More recently, events in the Western world between the 1940s and 1970s,¹ prompted psychologists and psychotherapists, such as May and Frankl, to develop a humanistic and experiential orientation that “dared to suggest that a person didn’t need to be sick in order to get better” and shifted therapy away from pathology to *health* (Cowley, 1993), away from cure to *growth* (Cowley, 1996).

Existentialism’s underlying premise is that “a person discovers her uniqueness in the way she relates to her own objective experience of life.” (Krill, 1996:251). By turning *inwards*, rather than relying on socially constructed explanations and norms, the individual commits to her own deepest truth within the totality of her experience.

Existentialist and pioneer of logo-therapy, Viktor Frankl, asserted that “if there is a purpose in life at all, there must be a purpose in [living,] suffering and dying” (Frankl, 1964:xi). Frankl’s own experiences as a concentration camp inmate during World War II led him to observe that it is often people’s most difficult experiences that “give [them] the opportunity to grow spiritually beyond [themselves]” (Ibid. p.72). Those who are able to connect to their inner world, their independence of mind and their spiritual freedom, are able to endure and survive extreme hardship. Through spontaneous, or intentional effort, **it is possible to transcend hopelessness and despair**. This can be done, for example, through the memory of loved ones; through humour; through experiences of art, music or natural beauty; through courage; through moral behaviour; through recognition of seeming luck or chance; through transitory moments of pleasure; through service; through solitude; through commitment to decision(s) even in the face of uncertainty; through identifying and using the opportunities present even in difficult circumstances; and most importantly, through a choice of attitude (Frankl, 1964).

The goals of humanist intervention aim at helping clients to:

- discover and embrace the very concrete, real, specific and subjective meaning(s) to their life experience;
- to determine what it is that life asks of them;

¹ Humanitarian crises and social events such as World War II, the Vietnam War, economic uncertainty, increasing crime rates, the widening generation gap (Krill, 1996).

- to accept responsibility for the unique tasks life offers each person; and
- to recognise and fulfil that which is potential (Frankl, 1964).

In so doing, life, and even suffering, assumes value and purpose. The emphasis during intervention is on facilitating the client's freedom of choice and action, a here-and-now orientation, a normalising of human suffering, and encouraging the client's unique and authentic individuality to emerge (Krill, 1996:256-8).

Existentialism's therapeutic theories and approaches include: reality therapy, gestalt therapy, psychodrama, client-centred therapy, provocative therapy (Krill, 1996), solution-focused brief therapy, and experiential learning (Canda & Furman, 1999). Because existentialism "claims no technique system of its own", it advocates eclectic intervention based on the client's uniqueness and subjective goals (Krill, 1996).² Highly important are the empathic skills, genuineness, spontaneity and reflexivity of the practitioner who, through her own experiences of suffering, appreciates the client's freedom to author his/her own lifeworld. Carl Rogers' person-centred approach emphasises the importance of the therapeutic alliance based on "unconditional positive regard" in which clients can trust that all states, statements and actions will be received without judgement (Frame, 2003:167).

Also contributing to spiritually sensitive practice are the transpersonal psychological theories and approaches.

2.5 THE CONTRIBUTION OF TRANSPERSONAL PSYCHOLOGY THEORY TO SPIRITUALLY SENSITIVE INTERVENTION

Transpersonal psychology, pioneered by the psychologist, Abraham Maslow, was founded on the desire "to expand psychology to transcend the limits of the observable and measurable" and led to interest in people's deepest potential and spiritual wellness (Grof, cited in Cowley, 1996:667). Responding to the continuing spiritual vacuum in

² Prime contributors to existential therapy include Gordon Allport, Viktor Frankl, Karen Horney, Carl Jung, Rollo May, Abraham Maslow, Frederick Perls and Carl Rogers. Authors who have emphasised existential social work include Margery Frohberg, Donald Krill, Gerald Rubin, Robert Sinsheimer, John Stretch, Jessie Taft and David Weiss (Krill, 1996).

people's lives, Maslow asserted that people yearn to transcend their sense of separation and aloneness; to look beyond human needs, beyond self-identity and self-actualisation. In essence, **people want to find a sense of belonging and centeredness in the trans-human**. Thus, to attend to the agonies of the individual soul or spirit, as well as the spiritual void in secular society, practitioners need to "get involved in the process of soul making" (Bettleheim, cited in Cowley, 1996:668).

A host of authors³ have contributed to spiritually oriented transpersonal intervention since the late 1960s (listed in Cowley, 1993; Cowley, 1996; Cowley & Derezotes, 1993). **Transpersonal psychology complements the evolution of theories on human development**, taking into account the nature, assumptions and methods of both Western orthodox religions as well as the Eastern philosophies, such as Buddhism, Taoism, Sufism, and Yoga (Tart, 1975), as well as physics, mythology and futures research (Boucouvalas, 1999).

Transpersonal psychology is a spiritual psychology that looks beyond the personality, to the health of the soul and the uniqueness of each soul's journey within the human experience (Zukav, 1990). Bringing to full consciousness the state and yearnings of the soul promotes inner healing and compassion for all human endeavours: past, present and future. This quest for growth beyond the ego has multiple terms, such as "enlightenment, salvation, individuation, gnosis, liberation, awakening" (Tart, 1975:69), self-actualisation and self-transcendence (Cowley, 1993).

The aim of the transpersonal approach is "spiritual health, a sense of integration or wholeness, peace of mind, and/or a sense of connection to a larger whole that gives life purpose and meaning" (Cowley, 1996:680). Recognition is given to clients' ultimate values and trans-rational experiences: out-of-body experiences, past-life perceptions, time travel, telepathy, extra-sensory perception, clairvoyance, near-death experiences and transpersonal encounters with non-physical entities (Moody, cited in Frame, 2003:4), as well as possession states, shamanic states, kundalini (cosmic energy)

³ Theorists such as Assagioli (1965); Boorstein (1986); Brown (1988); Derezotes (1995); Ferrucci (1982); Grof & Grof (1987, 1989); Hendricks & Weinhold (1982); Houston (1988); Khan (1982); Lovinger (1984); May (1988); Mindell (1982); Nelson (1994); Rogers (1980); Small (1982); Smith (1995); Tart (1975); Vaughn (1991); Weinhold (1989); Welwood (1986); Wilber, Engler & Brown (1986); Whitmore (1991)

awakening, and communications with or from spirit guides (Sperry, 2001). Such experiences promote ego transcendence and unitive consciousness (Cowley, 1996).

Given that Western religions and worldviews have accepted a very narrow range of human possibilities (Goleman, Smith & Dass, 1985), spiritual phenomena can represent “spiritual emergencies” for the novice (Sperry, 2001:82) and are often kept secret for fear of being judged as psychosis. Here in South Africa, culture-bound syndromes among African communities, such as *amafufunyana* (spirit possession) and *intwasa* (shamanic initiation) (Louw & Edwards, 1997), reiterate **the need for both multi-cultural sensitivity and the ability to diagnose psychosis from spiritual experience.**

The transpersonal approach fully endorses the principles of social work. It aims at empowering people, building awareness, expanding potential, enhancing self-responsibility and social consciousness (Cowley, 1996). Furthermore, in keeping with modern social work practice, transpersonal practice adopts an eco-systemic, and social constructivist paradigm, and will address the client’s “environmental concerns, symptom relief, [ego] structure building, behavioural change, relationship issues, maltreatment, addiction, personal growth, and so forth” (Cowley, 1996:680). It recognises that attention to clients’ most basic *and* most lofty needs and interests is critical (Boorstein, 1986).

Then, because “social workers are theologians whether they like it or not ... [a]nytime clinicians are placed in a position to understand or to discuss a client’s religious or spiritual experience, they are doing the work of a theologian” (Bullis, 1996:33). Thus, an understanding of the nature and goals of the religious and spiritual counselling field is also helpful to the spiritually sensitive social worker. The following section identifies the different aims of pastoral and spiritual counselling, as well as spiritual direction. Attention is also given to the role of the social worker in the faith-based setting.

A prime challenge facing the religious or spiritual counsellor is how to move effectively within a client's perspective when such perspective differs from that of the counsellor's, or is outside their understanding (Rajakumar, 1997). Helping a person to explore their beliefs; to assess the needs, hopes, resources and conflicts inherent therein; and then to find and use the growth opportunities present, demands a deep sensitivity, understanding and flexibility in the practitioner.

In the following section, spiritually sensitive social work is explored in more detail. First, the factors facilitating spiritual care giving are identified. Then attention moves to the spiritually sensitive practitioner: her motives, awareness, skills, manner and need for reflexive practice.

2.7 SPIRITUALLY SENSITIVE SOCIAL WORK

The literature reviewed thus far makes it clear that spiritually sensitive social work respects the diverse ways in which people explore, express and celebrate meaning, purpose, connectedness, resilience, transformation and transcendence within the joys and struggles of everyday life. These ways may be religious, non-religious, theistic, atheistic, polytheistic, pantheistic, animistic or spiritual in belief and practice.

For spiritually sensitive intervention to take place, four components are believed necessary (Frank & Frank, cited in Bullis, 1996:135):

- an empathic and confiding relationship between practitioner and client;
- an environment conducive to healing and wholeness;
- a plausible explanation for the client's symptoms; and
- restorative processes that both practitioner and client believe and participate in.

Ross (1997:40-41) notes that **the spiritually sensitive practitioner will facilitate spiritual care giving through several attitudes:** compassion to her own, and others', spiritual dimension; awareness of her own life experience and search for meaning; her willingness to give of herself (for example through deep, intentional listening); an inquisitive demeanour; and a perception that spiritual care giving is part of her role.

The notion that **spiritual sensitivity and responsiveness to others derives from, and is enhanced by, awareness and experience of one's own spiritual dimension** is endorsed by others (McDonough, undated; Ross, 1997; Sheridan et al, 1992). Ross's research findings (1997:41) showed that her respondents appeared "able to personally respond to spiritual needs which they had themselves encountered". Wehr (2000:47) notes that "often the most effective healers ... are those with the greatest awareness of their own woundedness" and vulnerability; and who have consciously worked at addressing this. The obligation to engage with, and work through, their *own* experiences of suffering and alienation so as "to help clients effectively and to model the process successfully for the client", is reiterated by Canda (1988a:34).

Awareness of our spiritual dimension invites us to be attuned to the truth of our own motives, especially the subtle, implicit or sub-conscious incentives driving our actions (Goleman, Smith & Dass, 1985). Some may begin from the premise (or ideal) that "love is the source and sustainer of caring and is the spiritual foundation of helping" (Ochs, cited in Faver, 2004:248). Others may be motivated by a desire to see clients explore the deepest truth of who, how and where they currently are, and that requires creating a therapeutic environment conducive to clients' sense of safety, and willingness to be, and stay, open to that investigation (Goleman, Smith & Dass, 1985).

Whatever one's inspiration and intention, a degree of **"spiritual competency"** is required, namely understanding one's own, as well as the client's, spiritual perspective; and skill in responding appropriately (Sue, Arredondo & McDavis, cited in Hodge, 2004:39). Societies' pluralistic nature demands awareness of cultural, ethnic and religious diversities among client populations. Several authors elaborate on the beliefs, values and practices associated with diverse religious and non-sectarian orientations, including their implications for social work intervention (Canda, 1988a; Canda & Furman, 1999; Sheridan et al, 1992; Van Hook, Hugen & Aguilar, 2001). Familiarity with, and respect for, a client's spiritual traditions uphold the client's dignity and right to choose his or her own beliefs and practices (Gilbert, cited in Praglin, 2004:79) and recognises the dangers of exposing or imposing the social worker's own values (Frame, 2003). This is a reminder that ethical practice is paramount (Bullis, 1996).

Creating a safe therapeutic environment between client and practitioner requires key skills. **The ability of the practitioner to quickly, sensitively and impartially enter into the worldview of the client is a central skill** requiring deep, intentional listening and meaningful engagement with the richness and textures of the client's "story" (Moore, 1992). This constructivist, narrative approach is endorsed by others (Becvar, 1997; Hickson & Phelps, 1998; Northcut, 2000). The hurried and harried practitioner will unlikely have the time or patience for this. But Moore reminds us that caring for another's soul is neither a project in problem solving, nor a striving to free clients from the difficulties of being human. Rather, we "care for the soul by honouring its expressions, by giving it time and opportunity to reveal itself, and by [promoting] ... the depth, interiority, and quality in which it flourishes" (Moore, 1992:304).

When the worker's spiritual sensitivity engages the client's deepest self, an intimate, even sacred, therapeutic relationship emerges. Because clients "need to be mirrored in order to be whole, [they] can enter [themselves] fully, [their] humanity as well as [their] divinity, only when another human being [comes] into deep and holy relationship with [them]" (Borysenko, 2000:208). **The practitioner's use of self, in other words her presence and manner, are crucial contributors to a spiritually sensitive relationship and process.** Mount, Lawlor and Cassell (2002:305), note that:

Spiritual care refers to an interaction that has a capacity to "heal"
'The way care is given can reach the most hidden places and give space for unexpected development.'⁴ The quality of presence the caregiver brings may transform the simplest act into spiritual care, whether or not that was the intended outcome.

Such personal and relational qualities are recognised as even more important than professional knowledge and skills (Frame, 2003) and professional training (Sperry, 2001). It is helpful if the worker regards her/himself as a facilitator of awareness: a "servant/co-voyager, ... guide, midwife [or] evocateur" in this process (Cowley, 1996:692).

⁴ Mount, Lawlor & Cassell (2002:305) attribute this inner quote to Saunders, in Kearney (1996:14).

White's (2000) inquiry into spiritually sensitive palliative nursing supports this view that **spiritual care giving is as much about our manner of *being with* clients as doing things *for* clients.** Borysenko (2000:272) echoes this in her assertion that techniques can help "but not nearly as much as [the worker's] presence as a human being, the wisdom and love she embodies". This art of "being with" the client in ways that manifest "warmth, acceptance as equals, an ability to listen and to create a sense of calm" are also *clients'* stated requirements of a therapeutic relationship (Ribner & Knei-Paz, 2002:386).

The need for on-going practitioner reflexivity remains as critical in spiritually sensitive practice as in secular practice. Canda and Furman (1999:282) assert that "everything that furthers the spiritual fulfilment of people, individually and collectively, is spiritually sensitive *when the practitioner is aware of and intentional about this*" (Italics in original). Such awareness is important because one's personal paradigm inevitably impacts on one's work (Bullis, 1996).

Full reflexivity will also include sensitivity to how human spirituality is impacted by discriminatory social forces: patriarchy, sexism, racism, class difference, economic injustice, the disparate access to resources. Banerjee and Pyles (2004:65-67), writing on spiritually and ethnically sensitive social work practice with poor women of colour, recommend that practitioners:

- examine their own personal lifestyles, race- and class-based attitudes, as well as their consumption patterns so as to "more authentically connect with low-income women who are different from them" (p.65);
- undertake their own individual spiritual work, including an examination of their beliefs about the spirituality of women who differ from them;
- scrutinise the ethos, policies, practices and language of social service agencies to determine how these promote or hamper holistic understanding of clients' spirituality;
- build bridges with the churches supporting women of colour in order to "learn from what is an obviously important resource for some women" (p.66);
- understand the local and national welfare policies affecting women; and
- include African spirituality in the social work curricula.

The reflexive and responsible spiritually sensitive worker will be as committed to her own wholeness, as she is to her clients', for we can only truly promote and support another's journey that we ourselves are willing to take (Becvar, 1997). The worker's valued intervention comes from supporting the client within his/her process of inquiry, even helping *each other* "become more comfortable about not having the answers" to all of life's questions (White, 2000:483).

Then, because "social workers need to be knowledgeable about what constitutes an authentic path to inner transformation, as opposed to shallow pseudomystical psychopathology masquerading under the guise of higher development" (Anthony, Ecker & Wilber, cited in Cowley, 1996:669), the importance of accurate client assessment is highlighted. The following section explains the purpose, process and methods of spiritual assessment. It also highlights the indicators of spiritual distress. Lastly, comment is given to the benefits and complexities of spiritual assessment.

2.8 ASSESSMENT OF RELIGIOUS, SPIRITUAL AND EXISTENTIAL WELLNESS

Accurate assessment is the cornerstone of effective intervention (Hepworth, Rooney & Larson, 1997:194). This dynamic, eclectic and on-going process of data gathering and analysis enables both practitioner and client to determine and understand the client's presenting and underlying concerns, within the context of his environment, resources, values and goals.

The purpose of spiritual assessment is manifold. Canda, Nakashima and Furman, (2004:31) note that it enables the practitioner

- to respond to the totality of the client;
- to determine how the client regards his or her spirituality;
- to discover whether, and how, it is aiding or hindering client recovery; and
- to establish whether, and how, the client's spirituality should receive further attention during intervention.

Because spirituality may be at the core of a client's self-concept (Hodge, 2004), simply asking the client a few questions around their religious or spiritual preferences and practices is insufficient (Ellor, Netting & Thibault, 1999). **Human spirituality is a complex dynamic in a person's life, and determining its integrated influence is not a casual undertaking.** With the inclusion of religious and spiritual issues⁵ in the newest version of the DSM-IV (1994), assessment has been enhanced. In a noticeable move away from pathology (Cascio, 1998), spiritual and religious problems are now distinguished from mental disorders of delusion, avoidance, neurosis or evidence of ego immaturity (Stenfels, cited in Bullis, 1996:16). Lukoff, Turner & Lu (cited in Bullis, 1996:16) offer these definitions:

Psychoreligious problems are experiences that a person finds troubling or distressing and that involve the beliefs and practices of an organized church or religious institution.

And

Psychospiritual problems are experiences that a person finds troubling or distressing and that involve that person's relationship with a transcendent being or force. These problems are not necessarily related to the beliefs and practices of an organized church or religious institution.

Assessing a client's spiritual wellness can be achieved through discernment of the indicators signalling spiritual issues and intentional data gathering. Where Sperry (2001) details the spiritual and religious features of the personality-disordered client, other authors list the general indicators of spiritual distress. These include "demonic possession, preoccupation with one's sinfulness, ecstasy or frenzy, a pattern of denominational shifting, spiritual depression, speaking in tongues in settings where this practice is not valued, sudden conversion, and panic with religious themes" (Frame 2003:95). Religious delusions, obsessions, compulsions, masochisms, crises of faith, irrational immobility or compliance with religious dictates, and over-optimism that all that happens is divinely sanctioned are further signals (Ibid.). Franz (cited in Becvar, 1997:34) adds to this the indications of a "loss of soul" that can appear in apathy, restlessness, joylessness, emptiness and pointlessness. Added to this is clients' distress, helplessness and inability to accept their circumstances (Ross, 1997) as well

⁵ Recorded as "Other conditions that may be a focus of clinical attention", with a V-code V62.89 Religious or Spiritual Problem. (Bullis, 1996:16)

as their failure to sense something or someone meaningful beyond their current anguish (Center to Improve Care of the Dying, undated).

Intentional data gathering is possible through brief or detailed assessment methods. Discovering clients' interest in spiritually sensitive intervention is possible in just four questions, posited by Matthews (cited in Sperry, 2001:111):

- Is religion or spirituality important to the client?
- Is it influencing the client's view or experience of their problem?
- Is the client a member of any religious or spiritual community?
- Would the client welcome attention to this dimension of their well-being?

A **full spiritual assessment** is indicated when clients affirm their spirituality or religion is important; when it is part of the presenting problem; when clients express persistent concerns around purpose or meaning to life; or when guilt and moral values are present (Sperry, 2001).

Many psychometric instruments have been formulated and standardised to measure spiritual well-being, including spiritual orientation, experience, motivation, boundaries, paranormal beliefs, consciousness, holistic lifestyle, personal philosophy, mystical and peak experiences. These measures have been surveyed by MacDonald, LeClair, Holland, Alter, and Friedman (1995) and MacDonald, Friedman & Kuentzel (1999). The "Center to Improve Care of the Dying" (undated), has also surveyed thirty assessment tools measuring attitudes towards quality of life, religion and spirituality.

Qualitative assessment methods are emphasised for their "holistic, open ended, individualistic, ideographic, and process oriented" benefits (Franklin & Jordan, cited in Hodge, 2001:204). These methods include a spiritual genogram, timeline, cosmology, history and/or anthropology of the client (Bullis, 1996; Hodge, 2001; Frame, 2003), or a faith development life review (Fowler, 1981). The genogram and timeline are well-known techniques among secular social workers. Making them spiritually sensitive requires merely a focus on the client's religious, spiritual or existential beliefs, relationships and experiences. On the other hand, a spiritual cosmology depicts the client's macro perspective of the world, his/her understanding of the visible and

invisible universe, the origins and endings of human life, the person's perceived place, identity, function and destination within the cosmos, their conception of the world of spirit(s) (Bullis, 1996). The spiritual anthropology is a meso perspective of the client's views on mind-body-spirit energies, the meaning and purpose of illness and healing, the ways in which wholeness is attained, and the rituals and practices that animate the client's beliefs of their symbol-rich cosmology (Ibid.).

The benefits of spiritual assessment are multiple. Firstly, assessment helps to establish the nature, purpose, function and extent of clients' spiritual awareness, practice and well-being (Bullis, 1996). It indicates whether their spiritual journey has been deliberate or unplanned, solitary or communal, consistent or occasional, dynamic or rigid, life-long or recent. It gives important clues as to clients' conceptions of healing and wholeness. The client who believes in a dynamic, conscious, relational, symbolic universe will recognise and accept that people can shape and modify their lifeworld, their behaviour and their consciousness. They'll appreciate that experiences and symptoms offer growth opportunities, reflecting connections between mind-body-spirit. Such a client is likely to hold a more optimistic orientation, and be open to expanding their consciousness during the intervention process. **Such assessment informs the intervention strategies and techniques most suited to the client's unique perspective** (Brower, 1984; Bullis, 1996).

Secondly, the assessment process is also a **rapport-building opportunity** that enhances therapeutic alliance, promotes compliance with treatment, and raises rates of recovery (Bullis, 1996). Bullis (1996:48) stresses that the *manner* of assessment is especially important as

... the social worker who is interested, or even fascinated, with their clients' spiritual lives ... is sure to deepen and broaden the clients' interests in their own spiritual journeys.

Thirdly, this process of deep enquiry into the client's spiritual life and thought facilitates a more in-depth examination of the "totality of the client's situation" (Bullis, 1996:52). Not only do clients learn that their counsellors are open to religious, spiritual and existential dialogue, but **planned assessment early in the relationship precipitates openings for later follow-up dialogue** (Frame, 2003).

Fourthly, the spiritually sensitive practitioner can enhance clients' perception of mind-body-spirit wellness. Brower's (1984) study of spiritually oriented practitioners indicates that clients may have a limited perception of the nature of their presenting problem. To illustrate, where Brower's respondents noted that only 17% of their clients perceived a connection between their life situation and their spiritual issues, when a *joint assessment* was undertaken between client and practitioner, this perception increased to 69% of the clients (Ibid.)

Despite these benefits, the assessment process remains complex (Brower, 1984; Frame, 2003). What can be problematic is "attempting to judge the quality of [clients'] spirituality or religion based on the objective truth of a certain set of beliefs" (Meissner, cited in Frame, 2003:112). This is because "no single set of norms will be useful in all circumstances" (Bufford, Paloutzian & Ellison, 1991:58). Unless one is able to make normative comparisons with equivalent populations it is perhaps more important to establish clients' own perceptions of well-being, and the impact of their beliefs and practices thereon. Furthermore, because grey areas emerge when distinguishing between spiritual and psychotic experiences, having a multi-disciplinary team of professionals for second opinions or referrals is helpful (Bullis, 1996). Also helpful is seeing a client within both a stressful and non-stressful context or environment, as well as seeking supporting data from a client's significant others (Ibid.). Becvar (1997) highlights the risk of cementing a client's problem-saturated reality through DSM-IV diagnosis. She prefers that clients understand the ramifications of diagnostic labels, and further, that they participate in the assessment process and outcome when a diagnostic label is needed. On the other hand, ignoring a client's spirituality "can undermine clinical rapport and create a rift in the effectiveness of clinical interventions and the therapeutic process" (Bullis, 1996:32). Ross (1997) notes that in the absence of formal assessment, the ability to detect spiritual distress cues appears to be dependent on the spiritual sensitivity and perceptiveness of the practitioner. Thus, where the worker has limited spiritual sensitivity to make an accurate assessment, she or he needs to bring this to the client's attention, so that rapport is established despite the client-worker differences (Bullis, 1996). Furthermore, with some exchange of spiritual or religious viewpoints the client can still feel fully heard, acknowledged and respected, and the worker can assess the need for possible referral to an equipped practitioner.

Once an initial assessment is completed, the strategies and techniques of intervention enter the therapeutic process. In the following section a range of intervention methods are identified, along with some of the considerations around their use. The introduction and timing of intervention techniques is also addressed. Lastly, the place and role of practitioner intuition is considered.

2.9 THE TECHNIQUES OF SPIRITUALLY SENSITIVE INTERVENTION

“Spiritually-derived interventions are finding their way into the practice arena ... as an appropriate part of social work practice” (Sheridan, 2004:21), and **the techniques to raise and explore the client’s mind-body-spirit awareness and well-being are multiple and varied**, often employing terminology specific to the originating theory/theorist.

For example, the techniques of the **transpersonal models** include:

dis-identification, meditation/yoga, visualisation, active imagination, eidetic imagery, metaphor, paradox, imagery/healing of memories, ... affirmations, dream work, seeding, listening to [the] sage within, intuition ..., detached observ[ation], interpreting up [and] down, Socratic dialogue, evocative music, journals/diaries, breathing techniques, shadow work, wisdom circles [and] community building. (Cowley, 1996:693)

The techniques of **existential and humanistic intervention** include:

therapeutic love, visualization, creative imagery, Empty Chair, Top Dog/Bottom Dog, strength bombardment, gestalting, dreams, stream of awareness, positive self-talk, fantasy, experiential/awareness exercises, de-repressing, re-experiencing, confrontation, affective work, being present, choreography, psychodrama, observation, looking for patterns/themes, dereflexion, philosophising. (Cowley, 1996:693)

Various authors offer a **plethora of methods and approaches to support holistic well-being**. For example, Jampolsky (2000) focuses on attitudinal healing with a spiritual emphasis; Nezu and Nezu (2003) write about the spiritual principles of self-esteem; Cameron (1996, 2000) emphasises creative and conscious self-discovery and

expression; Scolastico (1995) elaborates on how to discover one's spirituality; whilst Bloom (1993) introduces the novice seeker to spiritual practice. Bullis (1996) has identified twenty-five different religious and spiritual interventions employed by social workers.⁶ These include practices such as prayer, meditation, touch, and clarifying of spiritual values and background.

To describe one technique in more depth, Keefe (1996:434) defines **meditation** as "an ancient discipline ... arising from diverse cultures ... as a source of spiritual enrichment and personal growth". It involves behaviours aimed, firstly, at focused attention on something (be it a sound, symbol, object, body part, image, prayer, colour), coupled with an awareness and release of the distractions (physical, mental, emotional) that threaten to interfere with one's concentration. Meditation is beneficial for expanding consciousness by "means of discovering [one's] potential" outside of one's social conditioning or innate tendencies, as well as promoting a sense of mastery over ineffective mental processes, for example, faulty reality testing, depressive rumination, anxiety-arousing thoughts (Ibid. p.443).

Not all spiritual intervention techniques find common endorsement. For example, research by Canda and Furman (1999) of over 2 000 social workers in America shows mixed support and opposition around the use of prayer, meditation, visualisation, religious rituals and symbols; the use of sacred texts, as well as the use of touch for healing and helping purposes (Canda, Nakashima & Furman, 2004). To illustrate the dilemmas around prayer, Sperry (2001:108) notes that praying *with* or *for* a client can beneficially raise the client's "comfort and hope...; ... convey ... caring and commitment; ... combat ... isolation and loneliness; and ... enhance trust". Such prayer is endorsed if the client requests this and the prayer honours the client's spiritual perspective (Canda, Nakashima & Furman, 2004); if the client has enough ego strength and boundary awareness to avoid destabilisation; and when prayer will advance agreed treatment goals (Sperry, 2001). Conversely, praying with a client is opposed on the grounds that it can be overly intimate, impinge on intra-psychic stability, disturb objectivity and impartiality, and hamper the therapeutic relationship (Ibid.). It is also considered inappropriate in state-, medically- or publicly-funded programmes; if the prayer is reward-oriented or change-avoidant/resistant; requests

⁶ All 25 interventions (and more) are surveyed in this research.

physical healing; or presumes to know “what is ultimately best for the client’s well-being” (Canda, Nakashima & Furman, 2004:32). Ideally then, the client will do the praying, but if the practitioner is asked to pray “then the prayer should be general, supportive, affirming, and hopeful”, followed by a debriefing (Sperry, 2001:109). Praying *for* clients *without their consent* could constitute a “potential for covert influence over clients” and thus raise ethical concerns (Ibid. p.33). Furthermore, suggesting or initiating prayer should only be made when the practitioner is fully confident the client will welcome it (Connelly & Light, 2003). It is recognised that when clients trust their practitioners for counselling *and* spiritual expertise, the potential for the misuse of power is expanded (Benningfield, 1998) and needs to be protected against.

Knowing when and how to introduce spiritually sensitive techniques is also important. Bullis (1996:121) believes that “it is for the clinician to reasonably determine when and under what circumstances spiritual images and issues will be raised.” Clients’ readiness to engage with religious, spiritual or existential concerns is apparent when they surface these issues themselves, and/or when they accept subtle or indirect reference to them by the practitioner (Frame, 2003). Nonetheless, “clinicians should be equally sensitive and open to the client’s desire not to engage in spiritually oriented clinical discussions” (Bullis, 1996:121). Spiritually sensitive practice is at all times respectful of the client’s willingness, need and capacity; and interventions will “fit the timing of clients’ growth processes and ... needs and goals” (Canda, Nakashima & Furman, 2004:32).

Sheridan’s study of 204 social workers (2004:11-14) reveals four **factors predicting practitioners’ use of spiritually derived techniques:**

- the practitioners own positive attitudes to the place and role of religion and spirituality in social work practice;
- their degree of participation in their *own* religion or spirituality;
- the percentage of clients who introduce spiritual concerns; and
- the percentage for whom religion plays an unfavourable role.

This study showed that social workers are incorporating “religious/spiritual factors as a regular part of their overall assessment of clients” (Sheridan, 2004:21).

The intuitive practitioner is one who regards herself as a competent and creative clinician, as active spiritually, and as a risk-taker who is willing to receive and act on intuitive guidance when interacting with clients (Miller, cited in King & Appleton, 1997:200). Intuition “comes [to one] especially when there is a need from another” and is always accompanied by a sense of immediacy and rightness, although – when expressing it – one must always allow the other person to reject or modify the information you offer (Newfeld, 2003:83).

Lastly, **spiritually sensitive intervention acknowledges that the practitioner’s abilities are naturally limited on matters of a spiritual nature.** Even in the ideal helping environment, “there is no guarantee that patients’ spiritual needs will be fully satisfied” (Ross, 1997:41). This, Ross believes, is because the human spirit/soul (unlike the body) is not governed by natural laws. Spiritual wellness is a transpersonal endeavour and experience, in which the client and worker are both participants *and* observers *and* recipients. Ross (1997:41) thus advocates “putting the patient in the best condition for the spiritual realm to act upon him/her”; a theme endorsed by Cowley (1993).

Knowing how to identify and manage the complexities of spiritual assessment and intervention is just one demand facing the spiritually sensitive social worker. In the following section, other crucial learning areas are identified. These concern the need for multi-faith awareness, practitioner reflexivity, recognising both contra-indications to spiritual intervention as well as spiritually abusive practices. Further growth needs centre around awareness of counter-transference, the timing of spiritual intervention, the use of intuition and commitment to ethical practice. Lastly, the debate around the inclusion of spirituality into the social work curriculum is noted.

2.10 THE CHALLENGES FACING THE PRACTITIONER IN SPIRITUALLY SENSITIVE INTERVENTION

Working in pluralistic societies with diverse populations demands awareness and skill. Being able to respond impartially to multi-cultural and multi-faith clients (and colleagues) who may well hold divergent or competing faith-based values and beliefs

is essential; so too is the simultaneous need to remain faithful to one's own perspective (Canda, 1986). Working with clients' sacred beliefs and authorities requires the utmost sensitivity (Frame, 2003). Sacred authorities, texts, practices, places and injunctions all work to influence clients' values and behaviours. Frame (2003) recommends various responses to these revered and powerful influences, such as openly exploring their impact, using sacred texts as tools for expanded client reflection, and even inviting spiritual authorities to participate in the counselling process.

Social workers need also to be mindful of the ideology and biases inherent not only in their own personal perspective *but also* that of their agency, colleagues and profession (Sheridan, 2001). Ideologies (liberal, conservative, individualistic, collectivist, feminist, patriarchal, theistic or atheistic) influence responses to personal and social issues as diverse as homosexuality, abortion, women's place and role in society, the death penalty, the call to convert believers (Sheridan, 2001), genetic engineering, prenatal determination of foetal gender, artificial life support systems (Canda, 1986), and the wounds left by external oppression and poverty (Banerjee & Pyles, 2004; Hickson & Phelps, 1998). Hodge (2002:408, 2003:431) notes that ideologies risk:

- disparaging people of alternative perspectives and practices;
- restricting services rendered;
- discouraging respect, autonomy and equality;
- enforcing morality;
- labelling negatively; and
- other discriminatory and oppressive practices.

For ethical practice, practitioner awareness is a constant factor (Becvar, 1997; Bullis, 1996; Canda & Furman, 1999; Canda, Nakashima & Furman, 2004; Sheridan et al, 1992). Not only do social workers need to be mindful of their personal ideologies, but they also “need to be aware of the model they use and reflect whether it is really meeting the needs of the client or meeting the needs of the social worker” (Bullis, 1996:28). The reflexive use of any model ensures that the practitioner is not acting mechanistically, or from habit, or by default. The reflexive practitioner will want

her/his awareness to be an instrument for the client's benefit and use (Dass, 1975). Cascio (1998:152) highlights that reflexive awareness will extend to:

- acknowledgement, examination and resolution of one's own unresolved spiritual, religious or existential issues;
- assessment of one's respect for clients' rights (to autonomy, self-determination); and
- awareness of the depth and breadth of one's knowledge and confidence around human spirituality and available spiritual resources.

Ethical practice means that every social worker will not "reduce the client's experiences to their own categories", neither will they "dilute the intensity of the [client's] spiritual experience[s]", nor engage in forecasting outcomes, or seek to extend or curb a client's spiritual experiences (Bullis, 1996:120.) Because "one [person's] spirituality is another's cult", social workers must be aware of their own prejudices, and guard against becoming "agents of spiritual correctness" (Fisher, cited in Bullis, 1996:113). This is because judgemental or derisive responses to a client's religious or spiritual orientation, practices and experiences can prompt therapeutic trauma.

The ability to recognise contra-indications for spiritual intervention is also necessary (Richards & Bergin, cited in Frame, 2003:114, Sperry, 2001). These authors caution against spiritual intervention where and when:

- it is irrelevant, or the client is disinterested;
- the worker's agency does not endorse a spiritual/religious approach;
- the therapeutic relationship is impaired;
- there is a significant divergence of beliefs and values between practitioner and client;
- the counsellor is an un- or under-skilled practitioner who has no, or limited, spiritual awareness or maturity, and lacks multi-cultural and multi-faith understanding;
- the client is psychotic;
- anti-, non-, or immature religious/spiritual sentiment is present(ed);
- the client relies on a deferential problem-solving strategy;

- clients hold negative perceptions of God as remote and punitive; or
- when seeing child clients whose parents/guardians have not given permission for religious or spiritual discussion or intervention.

Some techniques may be contraindicated for certain symptoms and pathologies (Bullis, 1996; Cowley, 1996) whilst others should be used with caution, such as prayer, rituals and meditation (Cascio, cited in Praglin, 2004:79). To illustrate, Epstein and Lieff (1981) and Miller (1993) have reported psychiatric complications arising from meditation practice: de-personalisation, euphoria, dysphoria, anxiety, delusions, paranoia, detachment, hallucinations, and immature ego defense reactions, such as denial and projection. Added to this is the risk of the client magnifying unpleasant images or obsessing on them (Keefe, 1996). Bullis (1996) also advocates caution when working with clients who have had physically, psychologically or spiritually harmful experiences with religious or spiritual practices or institutions, so as not to re-traumatise the client. In addition “social workers should help protect clients from ... overpowering images” that risk confusing, frustrating, or alarming them (Bullis, 1996:121).

The contra-indications raise awareness of what would constitute potentially harmful practitioner behaviour. Writing specifically about spiritually abusive practices, Wehr (2000) notes that practitioners become harmful rather than helpful when their own needs supercede those of the client, or when they misuse the power that accompanies their position. Any time a client is diverted from their own issues, or discouraged from relying on their own integrity or expressing their own deepest truth, the client is harmed spiritually and psychologically. Aspirant or qualified practitioners whose own wounds have been denied, ignored and untended run the risk of becoming “wounding healers” (Wehr, 2000:48). This applies also to the influence of old religious wounds or unresolved spiritual issues (Borysenko, 2000; Praglin, 2004). Further offence is caused when practitioners attempt to convert clients to their own beliefs and values (Frame, 2003), or foster client dependence (overtly or covertly), or coerce clients’ compliance with certain behaviours by inferring that such behaviours are divinely sanctioned (Wehr, 2000). Spiritually abusive practice risks violating the client’s sense of the sacred, and can make all future spiritual help-seeking behaviours stressful.

The potential for transference and counter-transference expands in spiritual social work. Some clients desire to be “save[d] and protect[ed] ... from evil, fear and anxiety” and practitioners can be perceived, or present themselves, as experts or specialists in religious and spiritual matters (Liechty, 2000:251). Clients may engage in negative or neurotic projections: believing the practitioner to be as “punitive, demanding and judgmental” as the client’s image of God (Sperry, 2001:106). Clients may also be “prone to idealization, [and] positive transference” (Goleman, Smith & Dass, 1985:190). This raises challenges for both client *and* worker, especially as notions of a higher power, miracles, divine healing and the like may be endorsed by both parties, and serve as defenses against reality. Wehr (2000) urges practitioners to be especially mindful of their own projections and projective identification onto their clients. Hodge (2004b:258) warns of “religious counter-transference” by the practitioner evidenced in negative stereotypes of particular faiths. Spero (cited in Sperry, 2001:106-7) provides the following recommendations for preventing or managing counter-transference challenges:

- recognising one’s own neurotic need for spiritual or religious beliefs;
- understanding the client’s needs for religion or spirituality;
- identifying the similarities or differences between your needs and beliefs;
- knowing the risks that arise when client’s and practitioner’s beliefs are similar: giving preferential treatment; and inability to identify client defenses;
- examining the causes of any negative feelings felt toward the client; and
- avoiding the temptation to provide one’s own spiritual insights to the client’s problems.

Spiritually sensitive social workers are also challenged by concerns around **the appropriateness of proactively raising the client’s spirituality** (Stoll, 1979), as well as using (or over/under-utilising) spiritually based interventions (Sheridan, 2000). Canda and Furman’s research (1999:73) reveals majority support for the appropriateness of “rais[ing] the topic of spirituality in a non-sectarian manner with clients on every issue” presented in their survey: terminal illness, addictions, relationship difficulties, problems of abuse or violence, natural disasters, mental illness, loss, criminal justice and foster parenting. These same authors also note that

clients with an “extrinsic spiritual propensity” that requires conformity to a particular belief system and group, are more likely to be suspicious of, and averse to, interventions that are mistrusted by the client’s spiritual reference group (Canda & Furman, 1999:275). Conversely, clients with intrinsic spiritual orientations are more likely to be open to interventions that encourage reflection, exploration and experimentation (Ibid.).

Linked to the clients’ receptivity to spiritual intervention is **clients’ preferred choice of spiritual care giver**. A study by Highfield (1992:7) shows that both “nurses and patients ... ranked psychiatrists/psychologists and social workers as low priority choices for spiritual assistance, and some patients also ranked the chaplain as less preferred”. This indicates that referrals to the spiritually sensitive social worker may be limited, not only because clients might prefer an alternate care giver, but also because those making the referral may fail to link social work with spiritual intervention.

A further challenge is maintaining the shift away from “the ‘doing’ side of social work” (Ribner & Knei-Paz, 2002:386). Heavy caseloads and budgetary limitations that are commonplace in state- and publicly-funded agencies are known to be restrictions to social workers’ willingness to invest in more than merely problem solving and resource mediation. Social workers who have the capacity to *be with* a client in an unhurried manner could find their *own* faith tested by the exposure to clients’ suffering (Brower, 1984).

Becvar (1997) notes **the challenge of moving beyond traditional ways of knowing that embrace intuition**, guidance or other practices of New Age spirituality, such as channelling. Communicating and documenting practitioner’s intuitive knowing in client reports is also challenging, as it requires learning how to constructively handle such forms of guidance (King & Appleton, 1997). This is because the non-rational and non-linear approaches are known to meet with suspicion, doubt and even derision, which often forces practitioners to be covert about, and in, their use thereof (Ibid.).

Considerations of ethical practice in spiritually sensitive social work are being addressed by all the major contributors in this field (Becvar, 1997; Bullis, 1996; Canda

& Furman, 1999). Whilst many of these considerations apply equally to secular intervention (such as securing clients' implied or informed consent), several warrant attention here. Firstly, there is the risk of boundary confusion and power differentials. Benningfield (1998:33-4) notes the risks of practitioners being "over-protective and too non-directive"; or so "fascinated and over-invested" in the client's spirituality that non-spiritual concerns are minimised or overlooked. Frame (2003) adds to this the risks associated with dual roles and relationships, say, where the practitioner worships or ministers in the same congregation as the client and will relate to the client in multiple contexts. Secondly, practitioners need to be careful not to usurp or displace clients' sacred authorities (Frame, 2003), but to respect the roles and competencies of the various spiritual care givers (Connelly & Light, 2003). Becvar (1997) adds two further ethical imperatives: to emphasise client healing over client pathology, and to recognise that human constructs within religion and spirituality mean that no one has access to absolute truth. Frame (2003) also notes that clients' curiosity, or anxiety, can prompt them to push for counsellors' self-disclosure of their own spiritual views. While some argue this inhibits and alienates clients, others regard practitioner self-disclosure as an aid to client autonomy, giving them the opportunity to critically compare and evaluate their own values against those of the counsellor (Ibid.)

Finally, the challenges mentioned in this section highlight that **adequate education and training is a necessary consideration at this early stage in the development of spiritually sensitive social workers** (Benningfield, 1998; Canda & Furman, 1999). Canda and Furman (1999) present both the opposing and supporting positions by identifying the weaknesses and strengths of religion/spirituality, its (in)compatibility with the nature of social work, the value conflicts it presents, as well as the logistical difficulties, responsibilities and opportunities. Brower (1984:viii) believes that spiritually sensitive practice should not be considered a distinct model, but rather be seen as an "intrinsic aspect of every phase in the helping process". On the other hand, Coholic's (2003) study of social work students and educators supports the need for empirically-based spiritually sensitive models, theories and practices so that practitioners can be fully accountable for their professional practice. Although the appropriateness of including spirituality in social work curricula is still being debated, there appears now to be a shift away from *whether* to include it, to *how to* include it (Sheridan, 2004). Spiritual intervention techniques also require empirical testing for

(dis)advantages, and these too need to be effectively taught and integrated for ethical and effective practice (Sollod, 2004).

This section has shown how, **with the right training, supervision and reflexivity the social worker will be alert to the challenges of spiritually sensitive intervention**, and know when and how to prevent or overcome them. In the following, and final, section of this literature review, the benefits of spiritually sensitive practice are discussed.

2.11 THE REWARDS OF SPIRITUALLY SENSITIVE SOCIAL WORK

Real health goes beyond just the relief of symptoms, to include the client's renewal, transformation, wholeness *and* "a sense of the sacred ... in their lives" (Bullis, 1996:25). Where traditional, secular social work may limit itself to the client's physical, emotional, mental or social functioning, **psycho-spiritual intervention promotes the client's holistic well-being**. Spiritually sensitive social work:

addresses the deepest, most profound components of the person. A spiritual model of social work practice does not speak of curing, but of transformation ... the wholesale shifting of consciousness ... with corresponding transformations in ... behaviour [also]. (Bullis, 1996:33)

Clients are helped to access their deepest truths, to ground themselves in reality, to make meaning of their human experiences, to consider the consequences of their spiritual expression, and to determine new goals in light of this deeper understanding. Peck (1997:146) describes the benefits of a psycho-spiritual therapeutic process as giving the "soul ... free[dom] to blossom" so that the client can "become an even more exceptional human being". Moore (1992:305) echoes Peck's sentiment in his assertion that: "care of the soul results in an individual 'I' [that one] never would have planned for or maybe even wanted ... [but which] let[s one's] full genius emerge."

Canda (1988b:245) points out that **the social worker's own spirituality influences their motivation, manner of helping and methods**, in addition to helping them "attune themselves and respond to clients' implicit and explicit spiritual issues ... with

sensitivity and affirmation". Continuous worker reflexivity enables the practitioner to remain faithful to his/her own beliefs and expression whilst simultaneously honouring the client's deep yearning for acceptance, love, wholeness, freedom, understanding and self-transcendence (Wehr, 2000).

An appreciation of the spiritual dimension of humanity not only respects the inherent value and dignity of every individual, but also the "wholeness and value of all life" (White, 2000). For the client, his/her ability to "pull together multiple meanings with a tolerance for ambiguity and paradox" is the invitation and reward of psycho-social-spiritual engagement (Young-Eisendrath & Miller, 2000:3). The outcome of such engagement is the development of a mature yet "sceptical" spirituality: experienced as a realistic and grounded acceptance of one's whole self, whilst sustaining a willingness to be amazed, interested and engaged in "an adventure – a mystery – of understanding an Otherness that can never be wholly grasped" (Ibid. p.6).

Each intervention tool can offer its own rewards. For example, the results of meditation include enhanced capacity for "relaxation, desensitization, ... concentration of attention, inner-directedness, intentional present-centredness, enhanced discrimination, self-awareness, and augmented perceptual modes" (Keefe, 1996:437). A spiritually oriented technique can thus answer clients' physical, emotional and mental needs, in addition to their spiritual interests.

The spiritually sensitive practitioner is noted to be able to respond to almost all of their clients' spiritual needs (Brower, 1984), and to be less concerned with the imposition of diagnostic categories on their clients, and more concerned with exploration of the *meanings* their clients give their circumstances (Canda, 1986). Spiritually sensitive practitioners intervene with added competency. The move away from pathology (the medical model) to holistic meaning-making (a developmental model) supports clients in their restitution processes; helps them become more fully human: in touch with their feelings, meaning and purpose; and also encourages *new* growth and learning (Canda & Furman, 1999:225).

Spiritually sensitive practitioners appreciate the benefits that come from continuous attention to their own holistic well-being (Constable, 1983; Layton & Collins, 2004; Spencer, 1957). They will benefit from the sense of peace, comfort, strength, hope and inspiration that can be derived from spiritual beliefs and practices, that in turn help to ameliorate some of the challenges faced in social work practice. They will both seek, and sense, divine guidance and presence in life, personally and professionally, and intentionally seek out the benefits that derive from spiritual practice, such as meditation (Brenner & Homonoff, 2004) or spiritual retreats (Layton & Collins, 2004). Spiritual sensitivity is thus a valued and valuable resource in professional social work practice, directly benefiting the practitioner's care-giving manner, understanding and abilities.

This literature review has encompassed an investigation of human spirituality and the diverse theories that have contributed to psycho-spiritual awareness and intervention practices.

The following chapter explains the methodology employed in this research study.

CHAPTER 3.

METHODOLOGY

This chapter elaborates on the research methodology used in this study, and follows this sequence and structure:

- 3.1 The research objectives, questions and assumptions
- 3.2 The qualitative and quantitative paradigm
- 3.3 Methodology
 - 3.3.1 Sample population
 - 3.3.2 Sampling criteria
 - 3.3.3 Size of the two samples
 - 3.3.4 Sampling method employed
 - 3.3.5 Data collection strategy
 - 3.3.6 Data collection tools and considerations
 - 3.3.7 Data analysis strategy
- 3.4 Limitations of the methodology
 - 3.4.1 Limitations of the design and scope of the study
 - 3.4.2 Limitations of the sampling strategy
 - 3.4.3 Limitations of the data collection tools
 - 3.4.4 Limitations of the data analysis
 - 3.4.5 Limitations of the researcher

3.1 THE RESEARCH OBJECTIVES, QUESTIONS AND ASSUMPTIONS

The research objectives, questions and assumptions discussed in chapter 1 (pp.3-5; 9-11) are summarised in table 1 overleaf. This reminds the reader that the study is an **exploration of “spiritually sensitive social work” as it is understood and experienced by a sample of South African social workers and their clients.** The paucity of *locally* produced knowledge, literature and research on spiritually sensitive practice justified an exploratory study. An unexplored phenomenon needs to be investigated and understood before establishing what exactly it is that can, and needs

to be, measured (Brower, 1984). An exploration thus facilitated investigation of a topic that is still largely unfamiliar in the South African social work arena.

Table 1 Summary of research objectives, questions and assumptions

OBJECTIVE	RESEARCH QUESTIONS	RESEARCHER'S ASSUMPTIONS
Objective 1: To explore the respondents' understanding of spiritually sensitive social work.	How do the social worker respondents conceptualise their own spiritually responsive approach to client work?	The social workers will likely define their form of spiritually sensitive social workers in light of their own personal spiritual, religious, or existential meanings.
	How does their spiritually sensitive social work practice differ from the traditional, secular social work they were taught?	They will see distinct differences between their form of social work practice and that taught to them in the secular tradition.
Objective 2: To investigate what has equipped these social workers for spiritually sensitive practice.	What is it that has motivated and advanced their development as spiritually responsive practitioners?	<i>Personal</i> awareness, experience and appreciation of their <i>own</i> spiritual dimension will be a key factor motivating/equipping them to be responsive to their clients' spiritual needs and well-being.
	What role did their social work training play in equipping them to address client spirituality and spiritually sensitive assessment and intervention?	In the absence of education in spiritually sensitive social work, the respondent social workers are expected to have found or devised their own ways of responding to clients' holistic needs.
	What do they believe is still needed in their development as holistic practitioners?	The social workers will likely appreciate that spiritual wellness is a journey, not a destination; and will thus identify further resources expected to enhance their spiritually responsive practice.
Objective 3: To explore the social workers' methods of psycho-spiritual assessment and intervention.	How are assessments made of clients' religious, spiritual or existential wellness?	Client assessments will likely be made using the traditional techniques taught to social workers. Some additional standardised assessment tools may also be known and employed.
	What intervention techniques are being used by the social workers, and welcomed by clients, to promote psycho-social-spiritual well-being? How frequently, comfortably, confidently and proactively?	A range of intervention tools and techniques will likely be employed, based on personal familiarity. The practitioners' clients are expected to show receptivity to psycho-spiritual exploration of their presenting and underlying issues, in line with their stage of faith development.
	What therapeutic models are enhancing their spiritually sensitive practice? How?	The social workers will be either drawing on theories beyond those taught to them, or working without knowledge of theories that could enhance their spiritually sensitive practice.

OBJECTIVE	RESEARCH QUESTIONS	RESEARCHER'S ASSUMPTIONS
Objective 4: To investigate the lived realities of spiritually sensitive social workers.	Do the social workers experience endorsement for their spiritually sensitive practice? Where? How? From whom? What challenges and rewards arise from spiritually sensitive intervention?	Spiritually sensitive social workers will more likely be working in settings compatible with their motivation and interest. The challenges and rewards arising will likely confirm those already identified in the existing literature. Added challenges are likely to centre on issues of confidence, competence and proactive use of the tools of spiritual assessment and intervention. In the absence of training around spiritually sensitive social work, not all the challenges faced will be fully recognised nor successfully overcome.

A discussion of the qualitative and quantitative paradigms employed in the study follows.

3.2 THE QUALITATIVE AND QUANTITATIVE PARADIGM

This research uses elements of both qualitative and quantitative approaches.

The **qualitative paradigm** takes an anti-positivist stance. It “discard[s] the notion of an external, objective reality ... [and] aim[s] to understand reality by discovering the meanings that people in a specific setting attach to it” (Schurink, 1998:242). The fundamental belief in this paradigm is that human behaviour can be understood and explained, but not forecast. The researcher is accepted to be a subjective observer and interpreter of the respondent’s world because of her direct interaction with the respondent (Ibid.)

The qualitative dimension of this particular study has allowed for gathering both the perceptions and experiences of social workers applying a spiritual sensitivity to their work. Their rich, subjective meanings have been central to this study and its findings. It has also gained insight into the attitudes of social workers’ clients, to determine their receptivity to spiritually sensitive processes and methods.

The **quantitative paradigm**, on the other hand, “emulates the physical sciences in that questions or hypotheses are stated and subjected to empirical testing to verify them” (Schurink, 1998:242). Here, the researcher attempts to adopt an **impartial detachment** from the object of investigation, and applies a more objective meaning to the data collected (Ibid.).

The quantitative dimension of this specific study has allowed for the gathering of numerical information, through coded questionnaires given to both respondent groups: the social workers and their clients. Even though the narrow scope and sample size of the study means that the results are not generalisable to the wider social work population, the quantitative data enabled the collection of information significant to the overall picture constructed by this study.

Although a mixed methodology “adds complexity to a design ... [it offers] the advantages of both the qualitative and the quantitative paradigms” (De Vos, 1998:361). In this study the added advantages are:

- the alternation between inductive and deductive reasoning: where, on the one hand, insights and understanding develop from themes and patterns within the data, and on the other hand, the data will test the researcher’s preconceived assumptions;
- the combination of both emic and etic meaning-making: where the research respondents subjectively establish the meaning of spiritually sensitive social work that the researcher seeks to understand, as well as the researcher’s own determination of the meanings that can be derived from the overall data, using a more objectively informed understanding;
- the presentation of verbatim quotes and exact numbers; and
- the discovery of themes that are captured only once the data is being (or has been) collected.

The next section explains sampling and data collection strategies and methods.

3.3 METHODOLOGY

In this section, the sample population, sampling criteria, sampling strategy and sample size are explained. Then discussion is given to the data collection tools and approach, as well as the data analysis strategy.

3.3.1 Sample population

The **research population** refers to “individuals in the universe who possess specific characteristics” pertinent to the study (Arkava & Lane, cited in Strydom & De Vos, 1998:191). The population in this study comprised two sources: on the one hand, qualified social workers who apply a spiritual sensitivity in their client practice, and on the other hand, the clients who receive such practice.

The **sample** of a study population refers to a “small portion of the total set of objects, events or persons which together comprise the subject of study” (Seaberg, cited in Strydom & De Vos, 1998:191). In this case, due to cost and resource constraints, the study was narrowed to the researcher’s own geographic area of Cape Town and not more than one-day’s travel therein. Furthermore, the largely secular nature of applied social work, and the lack of training and education in spiritually sensitive social work in South Africa, suggested a small pool of potential respondents in the researcher’s region. These factors, coupled with the exploratory nature of the study, pointed to a non-probability sample.

Non-probability sampling refers to the methods whereby a “sample [is] selected in some fashion other than [those] suggested by probability theory” (Babbie & Mouton, 2001:644). In this study, purposive, convenience, and snowball sampling techniques were applied. **Purposive sampling** meant that the researcher used her own judgement in determining which attributes needed to be represented in her social worker respondent sample (Strydom & De Vos, 1998). This sampling criterion is explained in section 3.3.2 (pp.65-66). **Convenience sampling** guided the researcher to select respondents who were the “nearest and most easily available” (Ibid. p.198), provided they also satisfied the attributes required. Lastly, **snowball sampling** allowed the

researcher to secure the names and contact details of further potential social worker respondents through the recommendation and referrals of the very subjects already interviewed. This method is “appropriate when the members of a special population are difficult to locate” (Babbie & Mouton, 2001:167).

The sampling methods employed are described in detail in section 3.3.4 (pp.68-70). Next, a discussion of the sampling criteria is presented.

3.3.2 Sampling criteria

Five criteria governed the **social worker respondents’** suitability for inclusion in the study:

1. All social worker respondents had to have at least an undergraduate degree in Social Work.
2. All were to be *secular* social work practitioners, meaning that none would have formal theological or pastoral training or degree.
3. All respected the holistic (mind-body-spirit) nature of the human endeavour.
4. In their work, the subjects were sensitive to responding to their clients’ direct or indirect existential, spiritual, and/or religious concerns and well-being.
5. They were willing to be interviewed.

Items 2, 3 and 4 above established their **homogeneity** as spiritually sensitive social workers with a secular background.

Concerns of multi-faith diversity were also taken into account, as the researcher wanted to ensure a richer picture of the nature of spiritually sensitive social work practice and conceptualisation. To ensure the greatest diversity among the social worker respondents as possible, further **purposive selection criteria** included attention to the mixture of:

- gender;
- age group;

- personal faith perspective (the researcher hoped to secure respondents from the following faith orientations: African traditional religion, agnostic, atheist, Ba'hai, Brahma Kumari, Buddhist, Christian, Existential/Humanist, Hindu, Muslim, Jewish, New Age, Wiccan/neo-Pagan, Shamanic/Spiritist, Shintoist, Universalist);
- the practice settings in which they work; and
- the client population served.

Two sampling criteria governed suitability of the social workers' clients for inclusion in the study:

- The client was one whom the social worker felt she or he had demonstrated a spiritual sensitivity towards;
- The client was a willing respondent.

3.3.3 Size of the two samples

A target of 15-20 social workers was estimated to be an adequate sample for the in-depth interview and questionnaire employed by the study. Through availability and snowball sampling, a total of 48 *potential* social worker respondents was identified. Through purposive sampling, 20 social workers completed the interview and questionnaire. This final number was determined on two grounds. Firstly, efforts to secure the complete range of faith perspectives possible proved unsuccessful and the researcher had to be content with the diversity represented by eight faith perspectives. Secondly, the repetition of the social workers' perceptions and experiences suggested a point of data saturation had been reached. The following table (2) shows the number of social workers identified, contacted, recruited and actually interviewed. The reason for the shortfall between those interviewed and those suitable and willing is also explained.

Table 2 Number of social worker respondents identified and interviewed

Sampling method	N	Process of refinement	N	Outcome	N	Reason for shortfall
Respondents identified through availability sampling	10	No. contacted	9	No. of respondents who completed the interview	6	1 respondent withdrew from interview process due to busyness of her daily schedule
		No. suitable based on selection criteria	8			
		No. interested and willing to participate	7			
Respondents identified through snow-ball (and purposive) sampling	30	No. contacted	17	No. of respondents who completed the interview	11	3 respondents not needed as their faith perspective was already well represented
		No. suitable based on selection criteria	16			
		No. interested and willing to participate	14			
Respondents identified through proactive search (and purposive sampling)	8	No. contacted	4	No. of respondents who completed the interview	3	No shortfall
		No. interested and willing to participate	4			
		No. suitable based on selection criteria	3			
<i>Total number identified</i>	48	<i>Total number contacted</i>	30	<i>Total number interviewed</i>	20	

N = number

A target of 15-20 social worker clients was also set, as it was hoped each social worker interviewed would have at least one client available, suitable and willing to complete the required questionnaire. The following table (3) shows the number of clients considered, invited and recruited into the study through convenience sampling.

Table 3 Number of clients involved at each stage of the sampling process

Number of social worker respondents who expressed interest in client feedback	Number of client questionnaires accepted for possible distribution to clients	Number of client questionnaires distributed to clients	Number of client questionnaires returned to researcher
16	29	11	6

The sequence and ways in which the respondents were identified, contacted, recruited and interviewed is explained in detail in section 3.3.4 overleaf. This will make clear the reasons why respondent numbers shifted.

3.3.4 Sampling methods employed

In this section the availability, snowball and purposive sampling methods employed are discussed.

Sampling of the social worker respondents

The **sampling and interviewing of social workers** was undertaken over a seven-month period, July 2004 to February 2005, in the following steps.

- Step 1. Initially the researcher identified five potential social worker respondents, all personally known to her. All were past or current, direct or indirect colleagues, believed to be practicing spiritually sensitive intervention. This group represented the **convenience sample**. Most were easily contactable and accessible based on both proximity and collegial relationships already established.
- Step 2. The **initial telephonic contact** informed the social workers of the researcher's background and *referral source* (where applicable), as well as the study's topic, purpose, procedures, proposed publication, criteria for inclusion, and respect for privacy needs. All respondents assessed themselves for suitability and willingness to participate, and be recorded. Several respondents withdrew at this stage.
- Step 3. Other social workers requested **written information** about the study, and further time to consider their interest and availability. This was given. Again, some withdrew at this point, whilst others proceeded.
- Step 4. A **convenient interview** date, time and venue was negotiated with each social worker. Each was also given (via post or e-mail) the social workers' questionnaire for completion *prior* to the interview itself. A copy of the interview schedule was also provided. The early provision of this information not only facilitated their mental preparation for the research process, but also enabled the subjects to determine, or verify, their enthusiasm for participation.
- Step 5. On conclusion of each interview, the social worker respondent was asked if she or he could recommend any other social workers known, or

believed, to be spiritually sensitive in their approach. This enabled the **snowball sampling** to begin.

- Step 6. Steps 2 to 5 were repeated as each new respondent was contacted, recruited and interviewed. Because not all referred subjects were needed, **purposive sampling** enabled the researcher to determine which of the potential respondents was preferable for the goals of the study. This refined selection took into account: gender, age group, faith perspective, area of specialisation, work setting, accessibility and availability.
- Step 7. As the research proceeded, **further availability sampling** became feasible as additional respondents were identified through incidental contact with colleagues and peers as the researcher went about her daily life.
- Step 8. Towards the end of the study, a **proactive search** for minority-faith social workers was initiated. This was needed to ensure the greatest diversity possible among the respondents recruited. To illustrate, the researcher contacted the Tibetan Buddhist Centre, the Hindu Association of the Western Cape, the Theravadan Buddhist Centre, the Brahma Kumaris association, the Islamic Welfare Association, and others, to determine whether any of these organisations had members who were social workers, who might then be contacted about the research. **Purposive and availability sampling** determined the criteria that were ultimately applied to those potential subjects identified through this active search.

Sampling of the client respondents

The **sampling and interviewing of clients** was undertaken concurrently with that of their social workers. Again, convenience was employed. The steps taken were as follows:

- Step 1. At the time of initial contact with the potential social worker respondent, the **researcher introduced the goal, and benefits, of**

securing survey feedback from clients (either past or current). If the social worker expressed disinterest in, or rejection of this component of the study, this decision was respected. Those who remained interested in the client research component were promised full explanation and materials at the time of the interview itself.

- Step 2. Towards the end of the interview, those social workers who were interested in inviting clients into the study were asked to consider who, among their clients, might be available and suitable for inclusion in the study. These were clients with whom the social worker had worked (or was working) in a spiritually sensitive way; and furthermore, who would be willing to complete a short client questionnaire. This represented **convenience sampling**.
- Step 3. The social worker determined **how many questionnaires she or he required** in light of the number of clients identified as possible contributors to the research. This number of questionnaires was provided. Information was given as to how the questionnaires should be completed and returned (via collection or posting).
- Step 4. Where the social worker preferred **the researcher to make the invitation** to the client(s) directly, this was done.
- Step 5. After a suitable time frame, the social workers were contacted to establish how many client questionnaires had been distributed. Where requested, more questionnaires were provided; otherwise arrangements were made for **returned questionnaires to be collected**.

Reasons for the shortfall between the number of client questionnaires distributed, and the number completed and returned is given in section 3.4.3 (pp.80-82).

3.3.5 Data collection strategy

The method for collecting data was two-fold: an interview and questionnaire. An **interview** is defined as a “data-collection encounter in which one person (an interviewer) asks questions of another (a respondent)” (Babbie & Mouton, 2001:643). A **questionnaire** is a “document containing questions and other types of items

designed to solicit information appropriate to analysis” (Ibid. p.646). In this study these methods took the form of:

- an individual, semi-structured, face-to-face, recorded **interview** lasting approximately two hours with the social worker respondents, using an interview schedule (appendix 1:173);
- two self-administered, closed **questionnaires**: one for the social workers (appendix 2:174-186), and another for their clients (appendix 3:187-191).

A **pilot study** was undertaken to test the social workers’ interview schedule, interview process and questionnaire. Huysamen (cited in Strydom, 1998:179) defines the pilot study as “an investigation of the feasibility of the planned project and to bring out possible deficiencies in the measure procedure”. It was observed that, although recording the interview heightened the social workers’ self-consciousness, the advantages included maximum recall, the researcher’s undivided attention on the respondent, as well as a capturing of the atmosphere and rapport of the interview process. Piloting the questionnaire verified sufficient variation in response; clarity of instructions; necessity and lucidity of questions; validity of the scaling employed; and its ability to maintain the respondents’ interest (De Vaus, 2002). Both a social worker, as well as a colleague (a sociology researcher and academic lecturer) reviewed the questionnaire. Their feedback prompted the following adjustments: shortening, coding and clarifying the questionnaire’s wording and options. This feedback was applied to both the social workers’ and the clients’ questionnaires.

3.3.6 Data collection tools and considerations

This section explains the content and process of the interview, interview schedule and the two questionnaires.

The social workers’ interview

The **data collected** in the personal interview comprised seven dimensions: respondent’s background, motivation, conceptualisation, assessment and intervention methods, guiding theories, challenges and rewards.

An **interview schedule** (appendix 1:173) ensured all respondents were presented with the same research questions. The sequence of questions sometimes varied, depending on the direction emphasised by the respondent.

Because the interviews were conducted over a seven-month period, the time between interviews enabled each one to be a fresh and dynamic experience. The interviews lasted, on average, two hours, and were conducted in venues of the respondents' preference, most often their home or office.

All respondents received the **interview schedule in advance** of the interview. This allowed respondents to gather and focus their thoughts and, consequently, to speak more fluently, concisely and pertinently on the topic. It had the advantage of reducing rambling and confused answers that lengthen interviews and complicate data analysis.

The **interview structure** was as follows. It began with some initial rapport-building and collection of biographical data. The interview then followed the prepared interview schedule whilst allowing room for interviewer probing, clarifying, reflecting and validating responses. This enabled the respondent to identify and describe their subjective and unique perspectives and experiences, and to feel heard and understood doing so.

In the very first interview conducted, a number of **unexpected responses** were forthcoming. Neither the literature review, nor the researcher's own social work experience had prepared her for this data. When some of these responses emerged in subsequent interviews, the researcher made a point of following up on the leads and hunches being sparked by the social workers' perceptions and experiences. Four unexpected themes developed in this way, and demanded new and further reading. Each is discussed separately in the data presentation and discussion of chapter 4 (pp.84-148).

The social worker's **questionnaire** (appendix 2:174-186), e-mailed or posted to the interviewees and *completed* in advance, was collected during the interview and quickly scanned to ensure all sections had been addressed.

Towards the end of the interview, the *client component* of the research was explained in detail to those social workers who had indicated an interest in this dimension. Copies of the client questionnaire were handed over, based on the social worker's estimation of how many clients might be willing to contribute. Options were clarified regarding the return of these questionnaires to the researcher: via post or collection.

On conclusion of the interview, respondents were invited to add any other comments they perceived to be relevant to the topic that had not been explicitly asked. Finally, their privacy or *anonymity needs* were clarified and settled.

Respondents' need for a "gestalt" experience (a sense of balance, wholeness and completion to their disclosure) meant that several interviews extended beyond the estimated two hours. Whilst this lengthened the interview recording, and collected data not always relevant to the topic, it validated the respondents' keen contribution and respected the depth and complexity of their experiences and viewpoints.

The social workers' questionnaire

The social workers' questionnaire (appendix 2:174-186) gathered **quantitative data**, and was divided into **three parts**. This first part collected background information on the social workers' faith perspectives, the areas in which they apply a spiritual sensitivity to their work, and the subjects they had formally or informally studied that enhanced a spiritually sensitive approach. The second part investigated their values, beliefs and attitudes around spiritually sensitive social work. They were also asked to label their overall intervention approach. The third and final part of the questionnaire identified the *spiritually sensitive interventions* they used, as well as their frequency and ease of use.

The questionnaire employed **closed-choice, coded questions** that accelerated the response time and facilitated numeric data analysis. Risks of non-response through "intrusive, sensitive, irrelevant or repetitive questions as well as ... difficult to understand" questions were reduced through careful questionnaire construction (De Vaus, 2002:97) and pilot testing. **Likert scales** provided "a statement that reflects a

particular attitude or opinion [to which] respondents indicate their level of agreement or disagreement" (Ibid. p.102). This had the advantage of requiring the social workers to provide *only one response to each statement*.

Respondents were asked to **complete the questionnaire prior to the interview**. This offered three advantages: it helped limit the interview to two hours, reduced the risk of interviewee fatigue, and prepared respondents for the interview itself.

Feedback received from the social worker respondents indicated that almost all found the questionnaire interesting and helpful. For many, it clarified the nature and extent of their spiritually sensitive practice. Many reported feeling pleasantly surprised to discover just how *many* different techniques they employ in promoting psycho-spiritual intervention, and how competent and confident they feel doing so. The questionnaire was mostly criticised on its length.

The client questionnaire

The client questionnaire (appendix 3:187-191) also gathered **quantitative data**, and was a summarised and simplified version of the social workers' questionnaire (part 3). As a result it was short, quick and easy to complete. It gathered data of one distinct type: clients' self-perception of their willingness and enthusiasm to experience spiritually sensitive intervention. Closed questions forced a "yes", "no" or "undecided" response. One final question asked for indication of their stage of faith development, as it was believed that their willingness to explore the religious, spiritual or existential dimensions of their presenting situation would be directly linked to their developmental stage.

A **motivational letter** introduced the client questionnaire (included in appendix 3:187), and explained the research(er's) topic and goals.

Clients were asked to **return the completed questionnaires** either to the social worker concerned (for subsequent collection by the researcher) or by post directly to

the researcher. A letter of thanks was sent to all clients who had volunteered their contact details on the questionnaire.

3.3.7 Data Analysis Strategy

Analysis is defined as “a reasoning strategy with the objective of taking a complex whole and resolving it into its parts” (Poggenpoel, 1998:336). It is best understood “not as a separate stage but as *grounded in the earlier stages of the research process*” (Wickham, Cooper & Bailey, 1997:24) (italics in original). This means that the researcher’s decisions around data interpretation, conclusion and recommendation, are directly connected to the researcher’s “*own ideas or pre-theories* about the topic of research prior to data collection” (Ibid.) (italics in original). In other words, the researcher’s topic, objectives, questions, assumptions and literature study have influenced both the content and processing of the raw data and how it has been collected, organised and analysed. In this section, step-by-step explanation is given to the types of data gathered, as well as the organisation and analysis strategies employed. The influence of the researcher’s pre-theories will also be shown.

The quantitative data

1. **The quantitative data, in raw form, was:**
 - **coded questionnaires:** one social worker questionnaire, and one client questionnaire;
 - **field notes** made by the researcher during the sampling stage, recording all the respondents identified and contacted.
2. **The raw data was processed and organised as follows:**
 - **The quantitative field notes** were coded, totalled and tabulated into relevant summaries presented in this report (for example, tables 2 and 3, p.67, explaining how the sample size was derived).

- **Excel spreadsheets** were created for the questionnaire data. The researcher herself captured this information.
- **Missing data** was not followed up with the respondents. Instead, all non-responses were noted to ensure that variable totals matched the number of respondents sampled.
- **Tables and pie-charts** were created to reflect all the quantitative data collected (appendices 10:202-207; 11:208-225; 12:226-229). Non-responses are included in the results.
- The quantitative data were *not* transferred into a statistical software package, as the **small number of respondents** obviated generalisable results.

The analysis strategy for this quantitative data is included with that of the qualitative data in the following section.

The qualitative data

1. **The qualitative data, in raw form, was of two types:**
 - **audio tapes** recording the interview conducted with each social worker respondent; and
 - **field notes** made by the researcher during the sampling and data collection stages that included records of conversations with the respondents, as well as the researcher's own observations and questions that emerged during this process.
2. **The raw data was organised as follows:**
 - The **audio tapes** were labelled and transcribed by the researcher. A sample transcript is included as appendix 13 (pp.230-250). One copy of each transcript was printed, and two copies stored electronically.

- An immediate summary was made of each **respondent's profile**: age, gender, faith orientation, education, experience and current social work status.
- The **qualitative field notes** were referred to in the discussion of the study's limitations (section 3.4.3:80-82).

3. **The data was analysed using the approaches recommended by Tesch (1990) and Modungwa (1995) (both cited in Poggenpoel, 1998:343-4):**

- The interview **transcripts** were read to facilitate a holistic "sense" of the social worker respondents and their lifeworlds as spiritually sensitive practitioners.
- A list of clustered and unique topics was identified. Several transcripts were re-read and **colour coded** according to the topics listed. Some respondent statements were assigned multiple colour codes as just one statement of perception or experience could address several themes of researcher inquiry.
- **New codings** were devised for emerging sub-themes. And the literature review was revisited and updated in light of these new concepts.
- A **preliminary data organisation** was identified using the twenty-nine topics uncovered. The four research objectives indicated four **pre-determined, overarching themes** of data: the respondents' (1) conceptualisation of, (2) development for, (3) practices in, and (4) experiences of, spiritually sensitive social work. These pre-determined themes are evidence of how the researcher's pre-theories on the research topic influenced the data collection, presentation and discussion. The topics subsumed by these themes were organised and reorganised into a coherent structure.
- This structural plan was also used to highlight relationships between categories as well as **cross-references** between the qualitative and quantitative data, to ensure no data was overlooked in the data presentation and discussion.

- **The data belonging to each category and theme was collated by copying selected verbatim statements made by the social worker respondents into new files. At this stage the raw qualitative data was now selected and organised on the grounds of:**
 - its relevance to the research topic, objectives, questions and themes;
 - its uniqueness or commonality when viewed against the peer group's understanding and experiences;
 - the anticipated, or new, concepts it was suggesting;
 - its support or rebuttal of the researcher's assumptions.

These verbatim statements were now also **edited** for purposes of succinctness, clarity of meaning, and accuracy of grammar.
- **The preliminary data structure was refined several times in order to reduce the total number of sub-themes to its simplest structure. A summary of the themes and sub-themes relating to each research objective was created (table 4.85-86). This served as the organising framework for the data presentation and discussion of chapter 4 (pp.84-148).**
- **The data was analysed using a combination of intuitive, inductive and deductive reasoning. Direct quotes were extracted to present the social workers' "voices", and attention was given to capturing their rich, subjective meanings. Intuitive and inductive reasoning enabled discussion of the themes that emerged from this data. Deductive reasoning was applied to the researcher's initial assumptions and the quantitative data.**
- **The researcher's conclusions and recommendations, based on the inductive and deductive findings and explanations presented chapter 4 (pp.84-148), are recorded in chapter 5 (pp.149-159).**

This concludes the data organisation and analysis. The next section identifies the limitations of the study.

3.4 LIMITATIONS OF THE METHODOLOGY

This discussion of limitations includes comment on the known risks *anticipated* by the researcher at the time of the research design, as well as the *actual* shortcomings experienced.

3.4.1 Limitations of the design and scope of the study

The study's exploratory nature, coupled with the small number of respondents, means that the **findings cannot be generalised** to the wider population. Nonetheless, they can serve to inform future, deeper and wider research.

A further limitation of the study is that, although it identified the models, assessment methods and intervention techniques used in spiritually sensitive social work, the study did not measure the effectiveness of those methods, and was not intended to. **Measuring efficacy was beyond the scope** of this particular study.

3.4.2 Limitations of the sampling strategy

Representativity is the first limitation of the sampling strategy. Eight faith orientations remain unrepresented in this study (African traditional religion, atheism, Ba'hai, Brahma Kumaris, shamanism/spiritism, shintoism, universalism and wicca/neo-paganism) despite the researcher's efforts to secure social worker respondents from these minority perspectives. In a largely Christian society, it is understandable that the convenience and snowball techniques also resulted in **a majority of Christian-oriented social worker respondents**. To ensure well-balanced data presentation and discussion, the researcher was mindful not to overlook or subjugate the seven other perspectives gathered.

Securing the “voice” of the social workers’ clients also raised limitations of representivity. Because the clients surveyed in this study were recruited by their own social workers, it is recognised that the **social workers may well have applied biased selection of criteria**. For example, it is possible that the social workers selected clients who:

- were likely to endorse their social worker’s methods and manner;
- were already holistically minded and spiritually aware;
- were explicit in their spiritual concerns and needs; and
- matched the social worker’s own faith perspective, or stage of faith development.

Furthermore, the sample size of the social workers’ clients is indeed very small. For these reasons the clients’ data may be unnaturally skewed. Nonetheless, inviting clients into the study is an innovation worth replicating in future studies. It has shown that clients are willing to be surveyed and represent an important “voice” in the development of spiritually sensitive practice and practitioners.

3.4.3 Limitations of the data collection tools

The **limitations of a qualitative study** mean that the respondents’ behaviours are not open to exact explanation, prediction or control (Babbie & Mouton, 2001:53). *Credibility in qualitative data is established when the data are presented, described and interpreted in such a way that it resonates immediately in others who share similar experiences to those of the respondents interviewed (Poggenpoel, 1998:349).* To some extent, then, the audience of this study will determine its trustworthiness. Furthermore, the data and findings of a qualitative study are open to various interpretations and thus cannot be duplicated exactly (Poggenpoel, 1998). Nonetheless, the procedures and questions used can be replicated.

The **limitation of the quantitative dimension** of this study was the possibility of narrow, superficial and limited data collection via the questionnaires. The closed format of the questions forced the respondents into a choice without consideration of

qualifying statements. On the other hand, encouraging the social worker respondents to talk at length during the interview enabled some countering of this limitation.

The **limitation inherent in the social worker's questionnaire** was partial or non-response. Several factors helped reduce this risk: a positive interviewer-interviewee relationship; respondents' support for the research objectives; the insight offered the respondents by completion of the questionnaire; *pre-interview* completion; and the possibility of personal and/or professional benefit from the study. Several incidences of non-response in certain sections of the questionnaire were attributed to three causes: the length and depth of the questionnaire, respondents' non-committal (for example, around the more challenging value-based questions), and respondent oversight.

The **limitation associated with the client questionnaire** was non-completion. To respect the clients' right to anonymity, the researcher was dependent on the social worker's ability to recruit clients into the study and to promote completion and return of the questionnaire. Several risks were anticipated and indeed confronted:

- social worker misunderstanding of the purpose of the client questionnaire;
- social worker reluctance to invite client participation;
- social worker ambivalence to client feedback; and
- limited client or social worker interest.

Reducing these risks depended on the researcher's ability to explain the benefits of client feedback, promoting the social workers' enthusiasm at gathering this information from their clients, and motivating the clients' cooperation (through the introductory letter attached to the client questionnaire). Social workers who chose not to include clients in this component of the study were respected for that decision.

Based on feedback received from the social workers, the **low participation rate of clients** is attributed to the following factors:

- Indications of **client ambivalence**. Some claimed to have lost, or posted, the questionnaire. It is possible some of these claims were false, indicative of a client's lack of personal interest in the study but a wish to appear cooperative with their social worker.

3.4.4 Limitations of the data analysis

The limitations associated with data analysis are two-fold. Firstly, “**selectivity or overconfidence in some data**”, especially if these lend confirmation to underlying hypotheses, can result in unreliable findings (Poggenpoel, 1998:351). Secondly, given the **quantity of data** obtained, it is possible the researcher has overlooked or minimised certain constructs that warranted greater attention. Awareness of these risks, plus the striving for trustworthy analysis and conclusions that resonate with the readers’ own perceptions and experiences, aimed at minimising these dangers.

3.4.5 Limitations of the researcher

This research was **value-laden** from the beginning, based on the researcher’s own bias towards spiritually sensitive social work, and the possibility of similar partiality among the respondents. This predisposed the data to certain outcomes. Reducing this risk required intentional objectivity, and inclusion of exceptions to the norms expressed.

This chapter has explained how the research was undertaken. The next chapter presents and discusses the data collected.

CHAPTER 4.

DATA PRESENTATION AND DISCUSSION

This chapter presents the findings from:

1. the twenty in depth interviews conducted with the social worker respondents;
2. the twenty questionnaires completed by these social workers;
3. the six questionnaires completed by their clients.

First, a profile is presented of the social workers interviewed. The data is then discussed according to the following four primary themes:

- 4.1 Conceptualising “spiritually sensitive” social work
- 4.2 Becoming equipped for spiritually sensitive social work
- 4.3 Assessment and intervention in spiritually sensitive social work
- 4.4 The lived realities of spiritually sensitive social workers

Each of these primary themes contains sub-themes, four of which emerged as the data was being gathered. The sub-themes are shown in table 4 (overleaf), along with a summary of the research objectives, questions and underlying assumptions.

Wherever possible, the social worker respondents’ own “voice”. (i.e. quotes) are used to present the qualitative data. Some verbatim quotes have been modified, as not all respondents had English as their first language. Cross-reference is also made to the data collected from the written questionnaires. Taken together, this presents an exploratory picture of the perceptions and experiences of twenty social workers, and the interests of six clients in spiritually sensitive social work.

Table 4 Summary of research objectives and questions, researcher assumptions and data themes

OBJECTIVE	RESEARCH QUESTIONS	RESEARCHER'S ASSUMPTIONS	DATA THEMES AND SUB-THEMES	EMERGING SUB-THEMES
Objective 1: To explore the respondents' understanding of spiritually sensitive social work.	How do the social worker respondents conceptualise their own spiritually responsive approach to client work?	The social workers will likely define their form of spiritually sensitive social work in light of their <i>own personal</i> spiritual, religious or existential meanings.	4.1 CONCEPTUALISING SPIRITUALLY SENSITIVE SOCIAL WORK 4.1.1 The respondents' descriptions of their own spiritually responsive approach. 4.1.2 How spiritually sensitive social work is seen to differ from traditional, secular social work.	4.1.3 Spiritually sensitive social work: a "way of being"
	How does their spiritually sensitive social work practice differ from the traditional, secular social work they were taught?	They will see distinct differences between their form of social work practice and that taught to them in the secular tradition.		
Objective 2: To investigate what has equipped these social workers for spiritually sensitive practice.	What is it that has motivated and advanced their development as spiritually responsive practitioners?	<i>Personal</i> awareness, experience and appreciation of their <i>own</i> spiritual dimension will be a key factor motivating and equipping them to be responsive to their clients' spiritual needs.	4.2 BECOMING EQUIPPED FOR SPIRITUALLY SENSITIVE SOCIAL WORK	
	What role did their social work training play in equipping them to address client spirituality and spiritually sensitive assessment and intervention?	In the absence of education in spiritually sensitive social work, the respondent social workers are expected to have found or devised their own ways of responding to clients' holistic needs.	4.2.1 The influence of motivation. 4.2.2 The contribution of the respondents' social work training	
	What do they believe is still needed in their development as holistic practitioners?	The social workers will likely appreciate that spiritual wellness is a journey, not a destination; and will thus identify further resources expected to enhance their spiritually responsive practice.	4.2.3 The resources known, and believed, to aid development for spiritually sensitive social work.	

OBJECTIVE	RESEARCH QUESTIONS	RESEARCHER'S ASSUMPTIONS	DATA THEMES AND SUB-THEMES	EMERGING SUB-THEMES
Objective 3: To explore the social workers' methods of psycho-spiritual assessment and intervention.	How are assessments made of clients' religious, spiritual or existential wellness? What intervention techniques are being used, and welcomed by clients, to promote psycho-social-spiritual well-being? How frequently? How comfortably and confidently? How proactively? What therapeutic models are enhancing their spiritually sensitive practice? How?	Client assessments will likely be made using the traditional techniques taught to social workers. Some additional standardised assessment tools may also be known and employed. A range of intervention tools and techniques will likely be employed, based on personal familiarity. The practitioners' <i>clients</i> are expected to show receptivity to psycho-spiritual exploration of their presenting and underlying issues, in line with their stage of faith development. They will either be drawing on theories beyond those taught to them, or working without knowledge of theories that could enhance their spiritually sensitive practice.	4.3 ASSESSMENT AND INTERVENTION IN SPIRITUALLY SENSITIVE SOCIAL WORK 4.3.1 Assessing clients' spiritual distress. 4.3.2 Psycho-spiritual intervention: methods, frequency, confidence and initiation. 4.3.3 The theories and models that enhance spiritually sensitive social work. ----- 4.3.7 The clients' interest in spiritually sensitive intervention.	4.3.4 The presence and role of intuition as an influence on assessment and intervention. 4.3.5 Preparing for spiritually sensitive client work. 4.3.6 The ethics informing spiritually sensitive social work practice.
Objective 4: To investigate the lived realities of spiritually sensitive social workers.	Do the social workers experience endorsement for their spiritually sensitive practice? Where? How? From whom? What challenges and rewards arise from spiritually sensitive intervention?	Spiritually sensitive social workers will more likely be working in settings compatible with their motivation and interest. The challenges and rewards arising will likely confirm those already identified in the existing literature. Added challenges are likely to centre on issues of confidence, competence and proactive use of the tools of spiritual assessment and intervention. In the absence of training around spiritually sensitive social work, not all the challenges faced will be fully recognised nor successfully overcome.	4.4 THE LIVED REALITIES OF SPIRITUALLY SENSITIVE SOCIAL WORKERS 4.4.1 The opportunities for spiritually sensitive practice. 4.4.2 The challenges experienced in spiritually sensitive practice. 4.4.3 The rewards experienced in spiritually sensitive practice.	

SAMPLE PROFILE OF SOCIAL WORKER RESPONDENTS

Table 5 shows the diversity present in the social worker sample, in terms of gender, age, faith orientation, experience, qualification, current practice status, and type of social work currently being practiced.

Table 5 Profile of the social worker respondents

#	Identifier	Gender	Age	Faith orientation	Years in active S/W	Highest qualification	Status at time of interview
1	Suzanne	F	55	Christian Existential humanist	24	Masters degree	Private Practice
2	Andrea	F	66	Jewish Buddhist	24	Masters	Private practice
3	Peter	M	46	New Age	20	Masters	Private Practice
4	Jackie	F	38	Christian Existential Humanist New Age	13	Honours	Private practice
5	UJ	F	45	Christian	24		Non-profit agency
6	Kathleen	F	39	Agnostic	17	Honours	Non-profit agency Private practice
7	Jacqui	F	28	Christian	7		Faith-based agency
8	Paul	M	40	New Age Agnostic	5	Masters (Ph.D underway)	For profit agency Private practice
9	Liz	F	55	Christian	21	Honours	Non-profit agency
10	AB	F	44	Christian	23		Faith-based agency
11	Fouzia	F	58	Muslim	36	Honours	Non-profit agency Private practice
12	Anon1	F	63	Christian	45	Masters	Non-profit agency
13	Anon2	F	57	Christian	26	Masters	Private practice
14	"Kate"	F	45	Christian	24	Masters	Private practice
15	Vimla	F	48	Hindu	26		Non-profit agency
16	Claris	F	54	Christian	33	Honours	Private practice
17	"Mary"	F	49	Christian	25		Private practice
18	Christina	F	54	Christian	34	Masters	Private practice
19	Naseba	F	28	Muslim	4		Faith-based agency
20	Pauline	F	51	Jewish	28		Faith-based agency Private practice

The average age of the social worker respondents was forty-eight, and the average number of years spent in active social work was twenty-three. The most experienced respondent had been a social worker for forty-five years, and the least experienced for four years. Eight faith orientations were represented. Several respondents associated

themselves with more than one perspective (a trend shared by Sheridan's 2004 study of social workers). Although the majority of social worker respondents described themselves as Christian, this group represented Catholic, Anglican, Methodist and modern charismatic faiths.

All respondents were required to have at least an undergraduate Social Work degree. Seven had also gained a Masters degree in Social Work, whilst one had a Masters degree in Business Administration. Ten held additional accreditations: Reiki (respondent #3), Imago therapy (#1, 13, 14, 16), Jungian therapy (#13), mediation (#17), marriage guidance (#1, 20) and Capacitar holistic intervention (#15).

Of particular significance to this study was that none of the social worker respondents' academic training addressed spiritually sensitive social work. All had developed their knowledge and skills for holistic practice in their own unique ways. For many, the very term "spiritually sensitive social work" was unfamiliar. As a result, this research explored the respondents' *lay* perceptions and their *subjective* realities.

4.1 THEME 1: CONCEPTUALISING "SPIRITUALLY SENSITIVE" SOCIAL WORK

The social workers' conceptualisation of spiritually sensitive social work was explored in four ways. They were asked to describe their approach, label it, indicate their strength of agreement with a pre-determined definition of spiritually sensitive social work, and distinguish it from traditional, secular social work. This exploration gave rise to a new sub-theme that spiritually sensitive social work is a quality of presence, a "way of being".

The social workers' conceptualisation is presented in three sub-themes:

- 4.1.1 The social workers' descriptions of their spiritually responsive approach
- 4.1.2 How spiritually sensitive social work is seen to differ from traditional, secular social work
- 4.1.3 Spiritually sensitive social work: a way of being.

4.1.1 The social workers' descriptions of their spiritually responsive approach

The ways in which these respondents conceptualised their social work often reflected their own *personal faith or life orientation* and employed the assumptions and terminology associated therewith. Thus, the Christian social worker emphasised the belief that people are *made in the image of God* (respondents #12, 16, 17).

Clariss (#16): (Christian) We [are] created in the image of God, so ... that [belief] often comes in as a foundation from which I work. ... [Often my work is about] reclaiming that sense that "you are special, created in the image of God". On that [premise] I've been working from the early years [of my social work career].

Conversely, the social worker with a New Age spirituality used other terms for *God* such as *Higher Power*, and evidenced an interest in the client's *soul* or *spiritual essence*. As the following respondent indicated, his faith orientation also embraced the notion of a divine plan, that the meeting of client and worker was not accidental.

Paul (#8): (New Age/Agnostic) ... what I try and do is listen to the sum of [the client's expression], like "what's the soul trying to tell me? What's the individual reaching out for, over and above the physical manifestation of who they are?" And I try and connect with that. ... When a patient walks into my room ... [I believe] there's a reason for us being here; ... my feeling [is that] our souls are connected on a higher level and they [have] agreed to exchange something. That's a gift. It [has come] from a Power much greater than I; it's been orchestrated with synchronicity.

The Hindu social worker (#15) highlighted the perspective shaped by Hindu belief, and expressed the meaning and direction this gave to her work.

Vimla (#15): (Hindu) ... one of the principles of [Hinduism] is that "God is Love, and Love is God, and service to humanity is service to God". ... There's a lot of the ubuntu concept in Hinduism: community spirit, sharing, giving, extended family, the love, the support systems, and what is extremely important is this concept of maya ... mean[ing] illusion, that everything is an illusion. ... And that's what actually helps me to help others get through [their] crises And ... helping people to understand life through ... concepts such as transiency, and ... that you are connected on a very, very large level.

An agnostic social worker indicated the open-mindedness that came from her perspective:

Kathleen (#6): (Agnostic) Because I'm not grounded in any religious belief myself, that [gives] me a certain freedom in terms of believing anything. ... So [I'm able to see that] there's a truth in everybody's meanings in life. ... Part of the healing of [clients'] trauma is to have those [existential] questions left unanswered, not unasked, they can be asked and that's important ... [but] you have to sit with the fact that you don't have an answer, just a question. ... Having an open mind ... is that quality of deep, deep attention, where you don't know anything ... and [the client] is going to teach you, and tell you everything about what it is they know, feel, and experience. ... That's the very spiritual nature of what it is that we do.

Spiritually sensitive social work was also expressed in ways that **reflected the overarching theoretical model** employed by the practitioner. The Jungian approach is renowned for “the value and importance of the spiritual dimension of human existence” (Sperry, 2001:35) and the terms associated with Jung’s theory and approach were evident. To illustrate:

Anon2 (#13): Jungian theory very much takes cognisance of the spiritual ... it is very much about the Self ... the God within. ... The work I do is long term, for the most part, and it really is about an unfolding process. It is about the client forming a relationship with their own unconscious, and coming to understand something of the influence of the unconscious in their lives, ... something of who they are, and perhaps why they respond the way they do in certain situations, really just coming to know themselves, ... coming to know something of their persona, ... and the purpose that serves ..., but then also coming to know something of the shadow side of themselves [too]. I would see myself as providing space for them to engage [along these lines].

Overall, the social worker respondents’ views about their own spiritually sensitive social work revealed that it meant:

- reaching for more than the apparent, the superficial, or the mundane (respondent #1, 3, 5, 6, 8, 10, 11, 12, 15, 17, 18, 20);
- having an interest in the client’s spiritual dimension (#2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 17, 18, 19, 20);
- identifying spiritual needs in addition to material or emotional needs (#1, 5, 7, 8, 10, 12, 19);
- demonstrating a quality of attention that promotes deeply meaningful connection and understanding (#2, 4, 6, 7, 8, 9, 13, 15, 17);
- having the capacity to stay with the client in the presence of their psycho-spiritual distress (# 4, 6, 8, 15, 17);

- honouring the sacredness of the client and the therapeutic space (#3, 4, 8, 11, 12, 14, 16, 17);
- using intuition, prayer, or divine guidance, in addition to rationality and theory (#1, 2, 3, 6, 7, 8, 9, 10, 12, 13, 14, 17, 18, 19, 20);
- looking for a sense of meaning and purpose (#1, 2, 4, 7, 8, 13, 14, 15, 17);
- showing utmost respect, kindness, gentleness, unconditional acceptance, compassion; working from the heart (#1, 2, 6, 9, 11, 12, 14, 17, 19);
- believing that nothing is by chance, endorsing synchronicity or divine purpose (#3, 6, 8, 11, 12, 14, 16, 19, 20);
- embracing life as a journey, a process, a gift, a series of lessons, an unfolding of human potential (#1, 2, 3, 4, 5, 8, 9, 13, 14, 16, 17, 19);
- reaching for transformation (#4, 8, 17);
- opening up opportunity for the client to engage with their religious, spiritual or existential nature (#2, 4, 7, 8, 10, 12, 14, 17, 19);
- recommending or providing resources of a religious or spiritual nature (#3, 5, 8, 9, 10, 12, 14, 19, 20);
- respecting the religious, spiritual or existential choices the client makes (#2, 5, 7, 11, 17, 19);
- modelling a way of being that communicates deep respect, even reverence, for others despite their wounded or wounding behaviours (#7, 8, 11, 12, 14);
- having multi-faith and multi-cultural knowledge and skills (#6, 7, 11, 12, 16, 19);
- embracing alternative holistic modalities (such as aromatherapy, reiki, reflexology, meditation, NLP, yoga) (#2, 3, 6, 8, 15, 17);
- looking for commonality, even in the face of diversity (#1, 11, 12, 15, 17);
- respecting the mystery of the human endeavour (#2, 6, 11, 14);
- being in touch with one's own spirituality (#2, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17, 18, 19, 20).

The following quotes give a “voice” to these perceptions, attitudes and values:

“Mary” (#17): (Christian) [My work encompasses] ... my sense of who people [are, my belief that] ... – regardless of ... their own religious expression – they remain, for me, creatures of God. And it also deeply has to do with trying to stay in the presence of [their] pain and suffering. Even that language has a spiritual context to it. ...

[Spiritually sensitive social work is] also more and more [about] body-work and the non-verbal processing [that is possible]. ... More and more for me ... it's about [finding] your sense of meaning in life – which, for me, is a spiritual place – and it's about your journey with self, which isn't split from the spiritual journey, [so] it's got emotional, psychological language.

Fouzia (#11): (Muslim) ... it means that you have an awareness of forces that can't be seen, but that play a role in one's life. ... Being spiritually sensitive is ... something that we do, ... feel, ... believe; ... [that] there's more to the person than flesh and bone and intellect. The heart and soul of the person, for me, is what is spiritual, and I can see that, I can see that it goes beyond what's [merely] in front of you. So that, to me, [is] the essence.

Determining how the social workers categorised their overall approach to social work provided further evidence of how they regarded the nature of their practice. Their questionnaire (part 2, item Z, p.176) offered eight labelling options and the following table shows that the popular choices were either “spiritually sensitive” or “eclectic” social work.

Table 6 Social worker respondents' choice of descriptive label for their social work approach

Label	N
Spiritually sensitive social work	9
Eclectic social work	7
Transpersonal social work	3
Pastoral social work	2
Religious/faith-based social work	2
Existential/humanist social work	1
Other (Jungian)	1
Spiritual social work	0

N=Number

Some respondents chose more than one category, and their explanations for their choice of label showed various influences: personal preference, subjective understanding, agency role-definitions, client expectations, and the guiding model adopted.

Liz (#9): I have my own [spiritual] belief, but it's not a dogmatic belief. So ... that's why I chose [the label “spiritually sensitive social work”].

Jacqui (#7): [Here at my faith-based agency] I'm allowed to be ... open[ly] Christian, and express my Christianity in a way that I find has most integrity, and so I

think I would feel more comfortable saying I'm "faith-based" [in my social work approach] as opposed to just "spiritually sensitive".

AB (#10): I chose that ["pastoral social work"] label because "pastoral" is the word that the church uses [to define my role here].

Anon2 (#13): ... the most expressive or correct [label for me] would be "eclectic" because that would involve all of those [other spiritually responsive approaches listed].

The popularity of the "spiritually sensitive" label was expected, given that this study sensitised the respondents to this concept. It was also popular for its non-threatening, client-friendly terminology and its embrace of all faith orientations. Such a neutral term is less likely to be problematic to non-religious clients, or clients who adopt non-traditional beliefs and practices, or clients who value flexible sensitivity to their uniqueness. This term is perhaps also apt for the practitioner at the fourth stage of faith development, where sensitivity for the rich, unknowable mysteries of life is celebrated.

In anticipation of such a broad conceptualisation, the social workers' consensus around a pre-determined definition was explored in their questionnaire (part 2, items D & E, p.175 & p.203)¹. Nineteen agreed with the researcher's definition that:

Spiritually sensitive social work respects the diverse ways in which people explore, express and celebrate meaning, purpose, connectedness, resilience, transformation and transcendence within the joys and struggles of everyday life.

And that:

The ways in which people explore their meaning, purpose, connectedness, resilience, transformation and transcendence may be religious, non-religious, theistic, atheistic, pantheistic, animistic, or spiritual in belief and practice.

The social workers' subjective understanding of spiritually sensitive social work is thus in line with the definitions offered by the authors writing on spirituality in social work practice (Becvar, 1997; Bullis, 1996; Canda & Furman, 1999).

¹ All quantifiable data collected in parts 1 and 2 of the social worker questionnaire are shown in the form of pie charts and tables in appendices 10:202-207 and 11:208-225.

The researcher's assumption that the social workers would likely define their form of spiritually sensitive social work in light of their own *personal* spiritual, religious or existential meanings was largely supported. Two additional factors influenced their conceptualisation. Firstly, those social workers whose guiding model was spiritually sensitive were noted to refer to the assumptions and aims of their therapeutic model when defining their approach. Secondly, those social workers employed by faith-based agencies included their agencies' service goals and role definitions into their conceptualisation of spiritually sensitive social work.

4.1.2 How spiritually sensitive social work is seen to differ from traditional, secular social work

The researcher's assumption that the social worker respondents would see distinct differences between their form of social work practice and that taught to them in the secular tradition was supported. Even though secular and spiritually sensitive social work was seen as complementary, several distinctions were offered.

The social workers' questionnaire (part 2, item Y, p.207) revealed that the majority of respondents (seventeen) believe **there are differences between psycho-social and psycho-spiritual intervention**. Fourteen agreed that the spiritual dimension of client well-being is not well understood in the social work field (item G, p.203), and seventeen agreed that spiritually sensitive intervention is different to the models of intervention they were taught as social work students (item X, p.207). In reaching for their descriptions of what it is that distinguishes secular from spiritual social work, further nuances of spiritually sensitive social work were revealed.

Spiritually sensitive social work is believed to depend on, complement and extend traditional social work knowledge and skills (#1, 4, 5, 6, 7, 14). For example, it brings in the otherwise missing spiritual dimension and thus promotes a more holistic response to clients' wellness (#2, 3, 15, 16, 17, 18). Some reported placing less emphasis on diagnosing and "fixing" of clients from a position of authority, and more emphasis on what Buber (cited in Canda & Furman, 1999:159) termed an I-Thou relationship that respects the humanity *and* divinity of the other (#13, 16, 17). Others

recognised they were being sought out by clients precisely because they hold a spiritual awareness (#1, 7, 10, 14, 19). And almost half noted that their agencies welcomed their spiritual sensitivity due to the nature of the work and client group served by the agency (#5, 7, 8, 9, 10, 15, 19, 20).

Spiritually sensitive social work introduces a deeper quality of awareness, care and attention (#2, 4, 6, 7, 8, 9, 13, 15, 17). It respects the spoken and unspoken, the seen and unseen, the natural and the supernatural, the mundane and the profound, the rational and non-rational. One's approach is less hurried and harried. The waiting caseload of the practitioner is de-emphasised and the client is appreciated as a unique and sacred individual who deserves to be deeply heard and acknowledged (#4, 5, 8, 11, 16, 17). Being fully present to, and with, a client can mean sitting patiently and empathically with unanswerable questions and profound psychological pain, neither of which is easily borne or remedied, where the quality of one's presence and manner may be the sole remedial comfort to a client in distress (#4, 6, 8, 15, 17).

The practitioner's own spiritual awareness and growth is seen to be a distinction that enhances the kind of service offered and the quality of the client-worker relationship. The majority (eighteen) agreed that their spirituality is an important component of their professional practice (social worker questionnaire, part 2, item F, p.203). Personal experience of a spiritual path promotes compassion for the struggles and joys of the human endeavour, and respect for life's mysteries and miracles (#2, 6, 8, 9, 14, 15, 16, 17, 20). Multi-faith and multi-cultural knowledge enhances respect for humanity's diversity and commonality, and fosters impartial client-centred practice (#1, 11, 12, 19). The practitioner's own spirituality promotes a sense of working "in partnership" with a higher power (#4, 7, 9, 10, 14), a relationship that inspires great trust in the trans-rational guidance that emerges during intervention (#2, 3, 6, 7, 10, 13, 14, 17, 18, 20).

Three "voices" elaborate on these differences between secular and spiritually sensitive social work:

Jackie (#4): I think that traditional social work – the way I visualise it – is the giving of empty boxes. And the spiritually attuned social work is when you use those empty boxes and fill them up with substance. ... You need the one for the other. With every

single one of my clients I use traditional social work skills. And I wouldn't be able to use spirituality and connect with the Divine ... if I didn't have those skills. So, to get to the one you need the other. But then you also need your own emotional growth to be able to do [spiritually responsive social work] and to have the confidence to do that. ... [Also] I think if you are a very structured "let's get down to business and sort your problem out" kind of person, [the clients] might get the feeling that [they] can't bring [spirituality] into [the session]. But if you ... present the image that you are more open, and that "this space is your space, and it's here for you to use", [then] you're giving permission for whatever needs to come, to come. ... How I see spiritually sensitive social work is that it's an addition, ... it complements, it builds on, it makes [traditional, secular social work] more rich, more relevant to people, it touches people more deeply. But I don't find it that different, it's just sort of an extension It's maybe a gap that's being filled, as opposed to something completely different.

"Mary" (#17): ... the attention you bring to [the therapeutic] context is about "the-person-as-a-whole". ... I suppose the word is "holistic": meaning that one holds in yourself an awareness of mind-body-and-spirit, even though you might be working with the body or the material. ... It's about creating a space for people to step into who they are, their full potential, to find, to sit, to be present to their wounding in such a way that it can become – if possible – a healing or transformative gift. For me, there is ... a growing sense of awareness about the difference between "fixing it" and being "present to a journey". And I suppose part of the [belief system I] went into social work [with] was a belief that you must "fix" things, and be skilled to fix things, and then you'll get the perfect world, a pain-free, happy world. So, in having to grapple with that belief in myself – as I've lived [my] life and been present to other people's lives – ... the insights, gifts, dilemmas that are present in my own journey ... are helping me to have a sense of awareness, of real empathy [for/with others and myself]. ... The willingness to be present to [the client's] wounding, and to work with it as best ... and as honestly as you can, is very often the turning point in the therapeutic process. I have found that to be one of the deepest comforting messages in my life – around this "fix it" perfection[ist] world – [that] we are human beings on a journey together and if you're faithful to your own [journey], who you are, and what your stuff is, then ... it ... can enter the [therapeutic] space and heal.

Suzanne (#1): Good therapy, good psycho-social therapy, would lead a person to almost the same place as psycho-social-religious/spiritual [therapy], almost. ... Leading a person to their full potential without spirituality is not their full potential, so that is missing [in purely psycho-social intervention].

Several respondents identified the risks and drawbacks of a wholly secular approach: diminishing, negating or neglecting the meaning that clients' spirituality affords them.

Anon2 (#13): ... somebody who is themselves spiritually sensitive is automatically going to be spiritually sensitive in their work. ... Someone ... without any kind of personal faith experience [themselves] ... might perhaps be ... less focused, and a bit more dismissive [of the spiritual dimension], they might even be anxious, or interpret

things as a defense. ... Somebody without ... spiritual sensitivity might be more inclined to psychologise, maybe even pathologise, a client's spiritual experiences.

UJ (#5): If I look at traditional social work, ... it's almost like "practical social work". You work for an agency ... you do the practical stuff Secular social work – in this country, because of poverty, [and] lifestyle – is very much problem-centred. ... There's almost no time for you to sit and talk So you don't really get into therapy or counselling. ... You don't have the luxury of doing more ... than the practical things. ... Spiritual social work happens really in an agency that specialises in a specific [field or client group]. ... The emphasis is [then] on "how is this person?" ... [It's about working with] the inner.

This notion of **working with the client's inner being** was supported by seventeen of the respondents (social worker questionnaire, part 2, item I, p.203).

4.1.3 Spiritually sensitive social work: a way of being

A theme that emerged during many of the interviews, especially among the more experienced social workers, was that **spiritually sensitive social work is a "way of being"**, rather than a way of "doing" social work.

Anon2 (#13): (26 years experience) Perhaps the "tool" that is most used is "myself", who I am as therapist and person. ... I would definitely not call the [interventions listed in the questionnaire] "techniques" [but rather] "ways of being" [with clients].

From the descriptions given by the respondents, **being spiritually sensitive is a quality that permeates one's personhood, one's overall presence and manner in the world.** Being spiritually sensitive is not something that is turned on or off at will. This sensitivity underpins all relationships: with self, others and life.

Fouzia (#11): (36 years social work experience) I think a lot of it is me ... how I maybe come across. I had some feedback from a Christian [client and] I was first taken aback by it, [from] a workshop [I gave] ... in a church. ... There was no difficulty connecting with people [of different faiths or cultures]. And I tried to remember afterwards "when did I give them the impression I was spiritually sensitive?" Because their feedback to a colleague [of mine] was "that was a very spiritual woman you sent". ... I don't know what it was [that I did or said] but they picked up something. ... I think it's a way of being. ... I remember people [from my childhood] describing me as "serene".

Other respondents confirmed their belief that such a **“way of being”** emerges from **within one**, which consequently raised questions as to whether spiritually sensitive social work can be taught:

Christina (#18): (34 years experience) It's actually “being”, it's not really the “doing” [that makes one spiritually sensitive] ... Because ... how do you teach a person [to be spiritually sensitive]? ... [It] must become part of you, or you can't really be it. You must yourself identify with it. ... I think the way that I have grown in myself and developed, [spiritual sensitivity] became part [and] parcel [of who I am].

Clariss (#16): (33 years experience) This is perhaps just who I am, who I would like to believe ... I am, ... what I'm trying to be. And [it's] more moderate, more subtle than doing [spiritually sensitive social work]. It's not something I plan [on] doing.

Page (2005:46) endorses the perspective of these social workers that spiritual responsiveness

... is not about doing, it is everything about being. If you are being your authentic-self ... then all of your doing, all of your actions, will flow naturally from your being and also be an expression of your authentic self.

Page furthermore contends that the spiritually attuned person is not concerned with belief systems, rules or semantics. These are intended merely to make one knowledgeable. Rather, **genuine spirituality is an inner experience that “radiates presence, ... shares from the heart, ... is comfortable with vulnerability, ... [and] promotes independent thought and self-empowerment”** in others (Ibid.).

These views show significant agreement as to the nature of spiritually sensitive social work. The social workers' descriptions emphasised that it is a way of being present to, and with, clients that translates into a deeply respectful quality of relationship and care giving. The social worker who is attuned and responsive to her *own* spiritual dimension is believed to naturally manifest its influence as she goes about her daily life and work, even in the absence of training around spirituality in social work. Her spiritually-influenced attitudes, values, perceptions and intentions automatically enter into all aspects of her world. This influence is inevitable, given that the ways in which people conceptualise their own spiritual dimension naturally shape their views of, and actions in, the world (Bullis, 1996, Coholic, 2003, Canda & Furman, 1999).

Exploring the resources and experiences that helped shape these respondents' spiritual sensitivity, as well as their motivations to be responsive to clients' spiritual needs and wellness, is the focus of the following theme. It too emphasises the role played by the respondents' own spiritual growth.

4.2 THEME 2: BECOMING EQUIPPED FOR SPIRITUALLY SENSITIVE SOCIAL WORK

To determine what equipped these twenty social workers for spiritually sensitive practice required an exploration of their motivation, their formal and informal training, as well as the resources identified as key to their development. The range of resources: inner and outer, known and hoped for, academic and lay, is presented in the following sub-themes:

4.2.1 The influence of motivation

4.2.2 The contribution of the social workers' academic training

4.2.3 The resources known, and believed, to aid one's development for spiritually sensitive social work

4.2.1 The influence of motivation

The respondents offered a range of motivations inspiring their spiritually sensitive social work. Dominant among these was the influence of their own personal growth experiences and the development of their spiritual understanding.

The majority of respondents (eleven) indicated that their choice of career was directly motivated by spiritual goals, whilst another six attributed their motivation to religious goals (social worker questionnaire, part 2, items K & J, p.204). This shows the significant inspirational influence of one's spiritual orientation upon career direction and actualisation. Four described being "called" into the profession (#10, 12, 14,

19); an injunction that, given the centrality of their spirituality in their daily lives, could not be ignored or rejected.

"Kate" (#14): [As a young girl] I could sense God with me ... [and] when I was 15 ... my faith really came alive. ... When I prayed for guidance for my career I was clearly shown to do social work. ... It was very exciting [and] ... very humbling. I felt really guided into it. ... I do regard [my faith as] a part of [my] life, a part of [my] reality. ... So, it's like the air that I breathe.

Several respondents attributed their motivation to their own transformative life experiences (#2, 8, 9, 16). These experiences enhanced awareness of, and appreciation for, both the personal *and* transpersonal nature of the human endeavour. Such experiences provoked existential searching for meaning and purpose, as well as longing for the alleviation of the accompanying psycho-emotional pain.

Andrea (#2): ... in those [early] days I was deeply agnostic, atheist. ... [Now] I am a Buddhist, a "Jew-Bu" as I call myself. Look, it was a personal journey. ... The shift was the journey that [my son and I] both took. When he got cancer that [agnostic/atheist perspective] shifted. ... And when he decided [to have] no more treatment ... we supported him in that. ... Visualisation [as a therapeutic tool] ... was just coming out at that time in the early 80's ... which had a powerful influence, and I became interested in that. And then we decided [to go to] the Bristol Cancer Centre [in England] ... and that visit was transformative for both of us. It introduced us to [the work of Elizabeth] Kubler-Ross and, most of all, it introduced us to the connection to the inner, to the body – through relaxation, through visualisation, through psychosynthesis. [We both] had counselling there, ... so we got in touch with a far more alternate [perspective]. ... I was always into holistic work – it didn't make sense to me to just deal with the body, with the mind. ... I was always interested in body work, gestalt work, bioenergetics, and somehow this personal journey ... put me into a space which ... opened [me] to [the] body and to [the spirit]. ... His death ... was a transformative [experience] ... a transformation of consciousness We were living very intensely, we were living in the here-and-now, that was the biggest shift of all. ... His dying was a spiritual experience, the dying and the letting go, and the dealing with the people. ... After he died there was this void. I knew I had to stay in the void. I didn't work maybe for six months, but one day ... a magazine ad[vertisement] for a Buddhist retreat ... drew me ... [and] it was meditation [that] opened up a path suddenly of stillness, of [going] beyond the self. Now I'm committed. ... I call myself a "Jew-Bu" because of my Jewish roots [but] spiritually ... I'm very comfortable, I've integrated the two [Judaism and Buddhism]. ... [And] I recognise that the single most powerful influence in how I work has been my spiritual practice. And that came about totally informally, totally out of my commitment to my Buddhist practice, and how it gave me a meaning in life. [And] I [am now motivated to] bring the spiritual dimension into the work [I do], where it's appropriate.

The insight and growth that emerges from such experiences inspire richer and deeper responsiveness to life, to relationships, to one's own continued growth, and by natural extension, to client work. Life's experiences, when undertaken consciously and reflexively, leave an indelible imprint that cannot help but inform one's transformed orientation to all one is, to all one perceives, to all one has and to all one does. Wehr (2000:47) notes that "often the most effective healers ... are those with the greatest awareness of their own woundedness" and vulnerability; and those who have consciously worked at addressing this. The ability to engage with, and work through, one's own experiences of suffering and alienation is not only an obligation, but it also equips the practitioner to subsequently "model the process successfully for the client" (Canda, 1988a:34).

Two were also motivated by **the influence of their spiritually sensitive therapeutic model** (#8, 13).

Paul (#8): When I became involved in clinical work, ... I became aware of my patients' needs and ... since working at — (an addictions rehabilitation facility/service) did I become actively aware — because of the "Twelve Step programme" ... of its value. ... I know it works, and patients ... benefit from that, and [now] ... I [am] more aware of their spirituality.

Another respondent noted the **extrinsic to intrinsic shift in motivation** over time:

Anon2 (#13): I [have] been on a spiritual path since adolescence. I think that always I ... have been sensitive to the spiritual, but I certainly would not have explored it overtly in my work. If it was an aspect of the client's life that came into the [therapeutic] space, then clearly I would. ... I am a Christian, and certainly in the early years of my faith, there would have been a sense of urgency to do the right thing ... an injunction from outside that I felt inside. In other words, I would be obeying the church or whatever, just by doing all those things [in order] to supposedly grow. Thankfully, I have moved beyond all of that. ... [I'm motivated now by] the God in whom I live and move and have my being. But that God is a very different God from my adolescent God.

The **personal quest for deeper awareness and growth** was also reported as a motivation (# 5, 6):

Kathleen (#6): Because [holistic wellness] has been my own growth path for myself and ... because it's become so much a part of who I am, ... it's inevitable that I will see other people in the same way. ... [Whilst] at university ... I just thought to myself "if

I'm going to be working with people's psychological well-being, surely it's important to have an understanding of the spiritual dimension". ... I remember saying to ... [my] social work supervisor ... that I knew I wasn't in social work for altruistic reasons, although I care deeply about other people and humanity, and had those ideals. I knew that I was really in it for my own journey, to learn what I need to learn about myself, and for myself, my own inner truths. ... I knew this was a path that would teach me this more than any other.

One respondent was motivated through discontent, in her training and workplace experiences, to make a difference through more holistic intervention.

Vimla (#15): I also had a sense of disappointment in what was really happening out there in the kind ... [and] the quality of service delivery, the emphasis on its economic value more than [any] acknowledgement of people as human beings. ... I've seen professionals, and people in the helping professions, operate in ways that were pretty disappointing. ... [Also] the academic teachings, ... university courses, curriculum content – it is so incredibly limiting. I didn't consciously go out looking for complementary therapies and complementary ways of helping, but rather realised there was much more to it than we had actually learnt through the academic institutions ... [where] everything is based on American perspectives or [British]. Academically it sounds good, ... intelligent – all the modalities and modules – it's excellent, but ... what is the effect ...? Have we made a difference? Have we really facilitated that effectively? These are the questions that come to you if you are really committed to the kind of work that you're involved in. And I saw much more [potential] in other ways of helping people, therefore my interest in this kind of complementary, holistic transformation and healing.

The most often reported motivation was the **respondents' own spirituality**, as this was seen to have influenced attitudes, values, decisions and actions across the spectrum of their personal and professional lives (#1, 3, 4, 7, 8, 10, 11, 12, 17, 18, 19).

Jacqui (#7): I think it's because of understanding my own spirituality and how that [has] impacted on my values, ... my choices and behaviours. I don't think you can look at people's behaviour and help them make decisions, and explore ... other psychosocial issues without taking into account the spiritual side of things. I know it's had such a big impact on me ... I don't think I could separate it from anything I did.

Suzanne (#1): [I'm motivated by] my own experience of spirituality as being central to my own life and foundational to everything that I do, it's like a third-ear. I couldn't live in any other way. It's so important for my life; it gives meaning to my life.

Common to all the motivating influences identified was that none of these social workers had “fallen” into spiritually responsive social work, unconsciously. Each was clear on what had originally inspired and shaped their form of social work practice.

For all the respondents, their own spirituality was, and is, the most prominent influence.

Although little research has been done on how spiritual motivation influences actual practice (Coholic, 2003), there can be risks to the client, especially where the practitioner's faith orientation promotes conversion endeavours, moral evaluation of clients, theological interpretations for client problems (Praglin, 2004), or the abdication of personal responsibility in favour of uncritical devotion to a sacred authority (Vaughan, 1991). Practitioner reflexivity is needed to continuously monitor for truly unbiased, client-centred practice.

4.2.2 The contribution of the social workers' academic training

None of the respondents' social work training addressed human spirituality as a dimension of being, as a resource, as a developmental stage in human development, or as an area warranting assessment and intervention. One respondent (#2) reported some exposure to Gestalt therapy, which she felt had helped her holistic sensitivity to clients. Another (#6) expressed the value of having taken other courses in the early stages of the undergraduate degree before the specialisation in psychology, sociology and social work subjects became mandatory.

Kathleen (#6): The religious studies course I did in [my] first year [at university] was actually a fantastic grounding in the major world religions, and fascinating philosophical tutorials ... came as part of that. ... I was very sad that I had to give it up for sociology, in order to continue doing social work. I was angry.

One respondent (#1), who entered her social work studies as a nun living within her religious order, became a catalyst for **informal religious discussion** among her peer group:

Suzanne (#1): I'm a Jewish Christian [myself] and I'm in a religious community. ... So, there was some curiosity from some people and that led into religious discussions and religious arguments and religious rivalry. ... That kind of identification and exposure [happened]. ... But nobody spoke about religion or spirituality as such in class, in the lecture.

Where all twenty social workers reported an absence of attention to spirituality in their social work studies, for almost half (seven) this silence reflected an avoidance, criticism or dismissal of spirituality and students' interest in working with the spiritual dimension of well-being (#7, 8, 10, 14, 15, 17, 18).

Christina (#18): (graduated 1971) Our education in those days was that [human spirituality] is not a part you go into, you're not supposed to even mention that. ... They would have said "you need to look at all the areas [of a client's functioning]" but they never taught you how to do that.

AB (#10): (graduated 1981) When I did my training we were taught that we were never to introduce [spirituality] into the [session]. ... It was certainly in no social work text that I read at university. It wasn't sanctioned. I suppose, if you had to ask me, it was maybe looked down on, it wasn't fashionable ...

Jacqui (#7): (graduated 1997) There was no set course or readings or lectures on that issue at all. In fact I felt slightly prejudiced [against] for having strong spiritual awareness and desire to see that impact on my work. But I did seek out other social workers who were also aware of the spiritual side of things. Sometimes it happened to be supervisors who realised after a while that the spiritual infuses me ... so that was where I informally gathered some information here and there, but on the whole ... it was discouraged to mention your faith. ... [But] I knew that for my own life I couldn't cut off the spiritual side of me. So I would question "how are we supposed to work with people and just ignore that side of who they are?" ... [But] my one supervisor, [in] my fourth year, ... she was a big influence and gave me a ray of hope around combining the two – (the psycho-social and psycho-spiritual) – [but] often I felt I had to be a bit under-handed or sneaky, if I'm honest. ... I don't think I was courageous enough at university to say [in my field work reports] ... exactly what happened [with clients]. ... I stuck to my theory Maybe now I would say [spirituality] is an important part of a person's life and make a case for it now. But I think I was a bit immature at [that] time.

Paul (#8): (graduated with a Masters degree in 2001) Academically there was just no mention of spirituality ... even through the Masters [degree course] there was just nothing.

Three respondents (#7, 14, 17) reported **distressing experiences** at university level either when their faith orientation became known, or during supervision of their field placements.

"Kate" (#14): (graduated 1981) In my second year [of social work study], I was placed ... at a Catholic church ... I found it very interesting. ... [But] the supervisors we had – who were at Honours level [of training themselves] – I found very

disrespectful. They got drunk on the communion wine that they found under the cupboard. And I said to them I was distressed by that because I felt it was disrespectful, and ... they wanted to fail me in my practical for being judgemental. ... [In addition] I was aware of being more spiritually sensitive than my lecturers, certainly. If they were aware [themselves] of that [spiritual] level, they didn't convey it. It was regarded as unprofessional. ... [Sometimes] I asked [my clients] in therapy "what gives you meaning?" for example, [or] "from a faith or spiritual point of view how do you understand [this]? What's your opinion about that? Is it relevant to you? ... How can we weave it in to what's happening?" I had supervisors who were not comfortable with me ... raising [these] issue[s]. [They] would say that they [thought] it's an issue for me [of counter-transference]. ... And at third year level I remember saying I really didn't feel it was that, but I sensed that [the client] was having a faith crisis that was affecting their functioning, therefore I needed to help them explore it and work out how to identify and clarify it. But, I mean, I just felt I was hitting my head on a brick wall. ... [I felt] mocked ... it was weird and it was painful. ... I wasn't imposing [anything] on my clients; I was not being unprofessional. ... [But] in those days there was not the sensitivity there is now

These views and experiences show that educators' silence, rejection or insensitivity to students' experiences, needs and interests can be puzzling, even hurtful. Social work students are known to develop perceptions that spirituality and religion are forbidden topics when educators and field supervisors block discussion thereof (Coholic, 2003; Canda & Furman, 1999). Whether stemming from educators' anti-religious bias, or their unfamiliarity with the topic and literature, it raises dangers (Coholic, 2003). Respondent #7's admission that she became more covert in reporting on her client work is a consequence also highlighted by Coholic's 2003 study. When students become secretive about their motivations, beliefs, practices and concerns, then the risks of inappropriate practice, ineffective supervision, undetected (counter)transference, and overlooked potential, are exacerbated (Coholic, 2003).

What is significant is that **none of the respondents' motivation and practice around clients' spirituality was deterred or altered** by any omissions or discriminations in their social work education and training. All continued to act in ways that supported their personal inclination, and all worked out their own understanding and practice of spiritually sensitive social work. This confirms Dudley and Helfgott's assertion (1990:293) that "attempts to control or suppress a topic of legitimate concern will not make it disappear". Consequently, even when human spirituality was made invisible or taboo in the respondents' social work studies, these gaps were filled in other ways or settings.

4.2.3 The resources known, and believed, to aid one's development for spiritually sensitive social work

In order to investigate what equipped these twenty social workers to discern and respond to clients' religious, spiritual or existential concerns and interests, the respondents were asked to name the key influences that shaped and enhanced their spiritually sensitive practice.

The respondents' complete range of influences is shown in appendices 5 (p.194) and 6 (pp.195-197). Of the many influences named as especially helpful to their spiritually sensitive practice (appendix 6:195-197), it is noteworthy that **the majority promoted the respondents' inner growth and well-being**. Most of the authors and books cited are to be found in the "popular psychology", "self-help", "mind-body-spirit", "religion", spirituality" and "philosophy" sections of any good bookstore. Furthermore, respondents' emphasis on workshops of a holistic nature is interesting, as many of these experiential learning programmes lie outside traditional medical frameworks and rather suit the complementary, alternative modalities that are gaining ever stronger recognition and support in contemporary society, therapies such as *reiki*, *tai chi*, reflexology, aromatherapy, meditation, Alexander technique, hypnotherapy, retreating and sand-tray work.

Clariss (#16): The biggest [influence] was the Imago training. ... The method itself is mindful and respectful, and [we work at] creating a space ... that is holy, sacred. ... And [the clients are invited to] step into that sacred space with one another. ... Imago is spiritual therapy ...

Paul (#8): So [my spiritual sensitivity] is based just on my own personal readings, the experiences that ... have brought about ... insights, the value of certain processes – meditation, ... letting go, detachment ... centring ... and then the insights of [the Twelve Step] programme. So it's an eclectic mix ultimately.

Liz (#9): What I learned practically at varsity is nothing by comparison to what I learnt and what I experienced on the [counselling] telephones at LifeLine (a voluntary crisis-intervention call centre). I think the LifeLine experience equipped me very much for the role [of spiritually sensitive social work]. And I've done a lot of reading ... on life's issues. ... (Laughing) I think I've got [the equivalent of] a Masters degree!

Jacqui (#7): I went on a number of workshops ... around ... how – from a biblical perspective – you would respond to poverty, looking at how God sees poverty, how the

church is responding to it, what resources we have available And that was so inspiring because it kind of took what I'd been learning at university – which was very secular ... [and] looking at it very much from a spiritual point of view. And that was also quite a life-changing, ... inspirational time 'cos I met people [of] like-mind who were actually doing community development, but with a Christian perspective....

Among the diverse range of **people named as influential**, the common thread is that significant mentors come from all walks of life, inside and outside the family circle, who may have no or little in-depth spiritual or philosophical training themselves. Common to all mentors is that they role-model a wisdom and way of living, being, doing, thinking and sharing that inspired the respondents to be sensitive to intra-, inter- and trans-personal dimensions of being human.

Fouzia (#11): I think it's the experience of being responded to in [spiritually sensitive] way[s] ... [by] people like —, and here where I've never had so much respect [shown] for me [as that] shown at "The Parent Centre". ... I had my own prejudices ... that I'd grown up with, and I wasn't really happy with who I was as a so-called "coloured" [person], and fearing black [people], and that kind of stuff. ... So I was often taken aback, and didn't know how to receive that kind of respect at first [And] those people would ... be consistent, they'd continue to respect [me] and not withdraw, and I think that's probably [been] my biggest [influence]. ... I've never been made to feel different or out of place because of the colour of my skin or my faith.

"Kate" (#14): My grandmother ... was an unusual person: creative, free-spirited. She told me many stories and illustrations of how pointless war is, and what the alternatives could be. She influenced me hugely to become a mediator, a peace-maker. ... She also taught me a lot about prayer.

UJ (#5): I went out and ... started mixing with other races, because there were things that they knew, that I [didn't] know; that they were exposed to, but I [wasn't]. So I made a point of meeting different people, and a lot of times it was the people who were [considered] unacceptable in my framework. [I had] an awareness of [there being] something more or something different from what I [knew], what I was reared in. ... It was that curiosity that made me search.

Table 7 overleaf summarises **the most influential subjects**, undertaken formally or informally, by the majority (ten or more) of respondents. This indicates the value attributed to the skills and knowledge needed for casework in specialised fields. (The complete list of twenty-five subjects is contained in appendix 5:194.)

Table 7 The subjects taken by the majority of social worker respondents that enhanced their psycho-spiritual knowledge and practice

SUBJECT	N
Psycho-spiritual issues in specialised fields, e.g. palliative care, addictions, trauma, bereavement	13
Basic counselling skills	11
Advanced counselling skills	10
Human spirituality	10

N=Number

Attention is also warranted on the subjects that received little attention as this raises implications for spiritually sensitive practice. Table 8 shows five subjects undertaken by three or fewer respondents.

Table 8 The subjects taken by the minority of social worker respondents that enhanced their psycho-spiritual knowledge and practice

SUBJECT	N
Contemporary religions in South Africa	3
Comparative religion	2
Psycho-spiritual assessment	1
Psycho-spiritual intervention	1
Minority religions in South Africa	0

N=Number

It could be argued that familiarity in these five areas is critical if spiritually sensitive social work is to be adequately informed and professionally practised. Ignorance of what constitutes psycho-spiritual assessment and intervention suggests the respondents are engaging in haphazard methods when determining and promoting clients' spiritual well-being. Furthermore, clients' religious beliefs and practices are often fundamental to their worldviews, lifestyle and meaning-making processes. Ignorance of clients' multi-faith and multi-cultural orientations, coupled with non-reflexive practice, and a practitioner set in her own beliefs, risk "superficial, condescending, coercive, or unskilful attempts to connect across spiritual perspectives" (Canda & Furman, 1999:173). Helping clients overcome suffering and alienation requires more than just collaborative dialogue, but attitudes of inclusivity and "practical ways to honour the clients' spiritual path" (Ibid. p.172).

The social workers' diverse range of resources, coupled with the omissions in their social work training, suggests that most of the respondents' development in

spiritually sensitive social work was derived from reflective and experiential processes undertaken in their own time, outside of academic environments. These resources were often intended to support their own personal growth path. This echoes the assertions that spiritual sensitivity and responsiveness to others derive from, and is enhanced by, awareness and experience of one's own spiritual dimension (Sheridan et al, 1992) rather than one's professional training (Sperry, 2001).

In asking the social worker respondents to identify **future learning experiences and resources** that might further enhance their spiritually sensitive social work (appendix 7:198), they revealed an equal emphasis on the alternative *and* the traditional modalities. The formalised therapies believed to be helpful in spiritually sensitive practice are diverse and holistic: art therapy, dance and movement therapy, family constellation therapy, Imago therapy, Jungian therapy, sexual abuse therapy, transactional analysis, Twelve-Step therapy, pastoral counselling, process oriented psychology, psycho-spiritual counselling and narrative therapy.

This selection indicated an **awareness of the theoretical models that address or evoke holistic wellness.** The respondents could see the value inherent in such models, even though most of their own learning around spirituality had come through non-traditional sources and informal methods. One respondent explained her motivation for further learning:

Jackie (#4): Just having all those tools accessible to use when you need them [is important] because I think the more tools you have, the more [ways] you can reach your clients.

This second theme of exploration endorsed **the researcher's three underlying assumptions.** Firstly, the researcher assumed the social workers' *personal* appreciation of their spiritual dimension would be both a motivation for, and a resource in, spiritually sensitive social work. The data has shown that the respondents' own spirituality has influenced their attitudes, values and actions towards self and others; and has been a significant inspiration in their choice of social work career. Their spiritual growth has given them insight, skills and sensitivity to the meaning and purpose of their own lives, and by extension, that of their clients'. Their spiritual

awareness has enhanced their appreciation for the value of the spiritually sensitive models that some are using in their work.

Secondly, the researcher expected the respondents to have found, or devised, their own ways of responding to clients' holistic needs, given that the social work training omitted the spiritual dimension. This too was supported by the data. The respondents confirmed the idiom that "where there's a will, there's a way". A diverse range of resources, traditional and alternative, has helped equip them professionally. Most of the resources were informally accessed and integrated as part of their *own* holistic growth. The insights and skills gained from these resources have in turn helped them respond to clients' holistic needs.

Thirdly, the researcher assumed the respondents would identify further resources to enhance their spiritually sensitive social work. This was based on the belief that the spiritual path is an on-going journey that is always filled with potential for deeper layers of discovery and actualisation. Again, the resources identified by the respondents point to a striving for both personal and professional growth. The emphasis on training in specialised therapeutic models suggests an interest in formalising their lay knowledge and skills.

4.3 THEME 3: ASSESSMENT AND INTERVENTION IN SPIRITUALLY SENSITIVE SOCIAL WORK

The social workers' methods of assessment and intervention around their clients' religious, spiritual or existential wellness was explored in several ways. Firstly, the social worker respondents were asked to name what they regarded as indicators of spiritual distress, and identify the assessment methods they used. Then the interview moved to discussion around spiritually sensitive intervention, including frequency, confidence and proactive initiation thereof. Lastly, the therapeutic models used in practice were reviewed in order to determine which are believed to directly enhance spiritually sensitive social work.

During this discussion of assessment and intervention, three unexpected sub-themes emerged: the presence and role of intuition as an influence on assessment and intervention; the social workers' preparation for spiritually sensitive client work and the ethics informing its practice. In this third theme, the data collected from the social workers' *clients* is also presented and discussed.

The sub-themes are addressed in this sequence:

- 4.3.1 Assessing clients' spiritual distress.
- 4.3.2 Psycho-spiritual intervention: methods, frequency, confidence and initiation.
- 4.3.3 The theories and models that enhance spiritually sensitive social work.
- 4.3.4 The presence and role of intuition as an influence on assessment and intervention.
- 4.3.5 Preparing for spiritually sensitive client work.
- 4.3.6 The ethics informing spiritually sensitive social work practice.
- 4.3.7 The clients' interest in spiritually sensitive intervention.

4.3.1 Assessing clients' spiritual distress

The majority of social worker respondents (fifteen) supported the belief that therapy is undermined when clients feel their psycho-spiritual dimension is overlooked (social worker questionnaire, part 2, item Q, p.205). Thirteen also agreed it is unethical to overlook spiritually oriented assessment and intervention when the client's needs and wishes so dictate (item M, p.204). Identifying psycho-spiritual distress is thus a necessary precursor to psycho-spiritual intervention. The respondents identified the following indicators of spiritual distress (table 9 overleaf), all of which are supported in the literature.

Table 9 The indicators of spiritual distress

INDICATORS OF SPIRITUAL DISTRESS	
• Illness • Loss • Death & dying • Ethical conflicts • Relationship problems • Suicide attempts or ideation • Self-abandonment • Life threatening traumas • Points of transition	• Contamination of self-concept or psyche • Religious or spiritual anomie • Extreme behaviours • Identity crises • Acute negative emotions • Existential questioning or searching • Meaningful dream images or symbols • Disillusionment in one's beliefs or practices • Fundamentalism

The researcher's first assumption that client assessment would likely be made using the traditional techniques taught to social workers was supported. Almost all the social worker respondents were relying on the psycho-social assessment methods taught to them: the genogram, ecogram, timeline, DSM-IV, the Mental State Exam. On the other hand, the researcher's second assumption that some additional standardised assessment tools would be known and used was *not* endorsed.

The social workers were asked to review a prepared list of some of the additional assessment instruments formulated to measure clients' perceptions of well-being (appendix 4:192-193) and indicate those they used. Only two respondents (#8, 15) expressed a familiarity with two of the instruments listed (the Quality of Life questionnaire and the Spiritual Gifts Inventory), but neither reported using them. Only one respondent (#8) reported using a standardised assessment instrument outside of the tools named above (the Addictions Severity Index), and this he adapted for enquiry into the client's spiritual awareness.

Several respondents reported ambivalence to structured assessment processes and methods, especially where this risked reducing or simplifying complex experiential realities and meanings. This resistance is confirmed by Canda's (1986) research. All of the social workers reported relying on methods (traditional and non-traditional) that they were personally comfortable with, and most assessment was done in an unstructured and informal way.

Andrea (#2): I don't use any [assessment] tools. My tool is myself, and my ability to explore.

Kathleen (#6): ... collage, and drawing, and reflection journals, those are probably the most ... formal assessments tools that I've used. ... We don't ever use questionnaires. ... What I think I really fall back on are the assessment methods I would have used in the psychiatry department [at Groote Schuur Hospital] – the mental state examination – and then from social work, the genogram

Paul (#8): I don't rely on my social work training [when assessing]; it doesn't cater for my field (addictions).

"Kate" (#14): I go through a process of assessing the practical, through to the spiritual. ... And I'm quite medically based. ... I [also] use the Imago way of assessing generally, I use a standard checklist. [And although a spiritual assessment is] not officially [included] ... it's something you assess in terms of the [client's] meaning of life, their interpretation of meaning and purpose. ... But I deliberately don't use [methods] like this 'cos I find that if you hand someone a questionnaire ... it can actually be a barrier. ... But I do it in my mind usually, ... I do a sociogram, an ecogram, a genogram, in my mind. ... I assess very carefully but I don't use structured methods. ... I think energetically ... plus there's this intuitive element [guiding me] So I'm systematic in my own way

The respondents' ignorance of psycho-spiritual assessment methods could be explained by the omission of spirituality from their social work training. The unstructured and informal ways in which many of the respondents undertake client assessment suggests that **opportunities for exploration of the totality of the client's lifeworld are being overlooked**. Bullis (1996:52) notes that "superficial questions about the client's spiritual life yield superficial responses" and that more intentional discussion of clients' spirituality can "often blaze the way into the social, emotional, and physical aspects of the client's situation". On the other hand, the respondents did support Bullis's (1996) assertion that assessment is a continuous, fluid process; and that eclectic assessment methods help to build a clearer picture of the client's holistic well-being.

But, if psycho-spiritual assessment is overlooked by the social workers in this study, and psycho-social assessment is largely a casual undertaking, then their drive to respond to the psycho-spiritual dimension must come about during *intervention*. This is explored in the following section.

4.3.2 Psycho-spiritual intervention: methods, frequency, confidence and initiation

Part 3 of the social workers questionnaire (pp.177-186) listed 130 interventions that can assist a client to explore, express, resolve and appreciate the deeper dimensions of their presenting and underlying concerns. This questionnaire included most if not all of the religious, spiritual, existential and spiritually sensitive interventions listed by Bullis (1996), Canda and Furman (1999), Cowley (1996), Krill (1996), Rajakumar (1997) and White (2000). Other interventions were sourced from authors of spiritually oriented self-help books, or drawn from the researcher's own experience.

The social worker respondents were asked to indicate which interventions they used, how frequently and how confidently. The full list of results (sorted in descending order according to usage) is included as appendix 11 (pp.208-225). It is significant that every single method is being used. On average, eighty-two (63%) of the 130 interventions possible are employed by the social workers. Eighty-nine (68%) of the 130 interventions were used by the *majority* (eleven or more) of the respondents. This confirmed the researcher's assumption that **the social workers would be drawing on, and engaging in, a wide range of spiritually sensitive interventions in their client work.**

Of the eighty-nine interventions used by the majority of social workers (table 10), thirty-eight were used frequently, and all with a sense of confidence and competence by most of their users.

Table 10 The interventions used most frequently by the majority of social workers

Intervention	No. social workers using method	No. social workers using method frequently	No. social workers using method confidently and competently
Convey a benevolent presence: one that is peaceful, assured, warm, appreciative, compassionate, understanding, loving and gentle	18	16	16
Identify/explore the client's attitudes, beliefs, choices (re self, others, life/Life) expressed in his/her lifestyle	18	16	16

Intervention	No. social workers using method	No. social workers using method frequently	No. social workers using method confidently and competently
Explore those attitudes/choices/beliefs that help the client's awareness, growth and relationship/intimacy needs	18	15	16
Encourage clients' to face their negative/self-defeating/growth-blocking attitudes and behaviours and the impact of same	18	15	16
Affirm and respond to the client's sense of humour	18	14	15
Assist the client to integrate his/her transpersonal insights into daily life/living, enhanced functioning, and greater fulfilment	17	13	15
Help client identify/utilise his/her own psycho-spiritual resources/strengths in response to their situation	17	13	15
Determine the client's source(s) of hope, faith, trust, unity, belonging, belief, resilience, transformation	16	13	13
Help the client find/express meaning and purpose to his/her own life, death, suffering, joy, life-path/journey	17	12	14
Assist the client's outward directed growth/awareness (i.e. interpersonal fulfilment, co-responsibility, interdependence, collaboration with others/environment)	16	12	14
Encourage self-monitoring/self-mindfulness so client can notice (and release/act on) the nature of his/her thoughts/feelings/actions	15	12	14
Help client to find the gift/opportunity/invitation/lesson/growth inherent in their situation	19	11	14
Help client discover/express/honour her/his authentic/genuine/real self	17	11	13
Encourage completion of unfinished business: personal, inter-personal or transpersonal	15	11	14
Pray privately for clients outside the session	14	11	14
Encourage journal-writing as an ongoing tool for expression of one's inner-world	18	10	17
Determine the client's sense of what it is that life/Life asks of him/her, and to support the client's acceptance of responsibility for the unique tasks facing him/her on their journey	18	10	14
Identify the clues/hints that signal a client has religious/spiritual concerns and explore such concerns openly, directly, fully with the client	17	10	15
Help client distinguish/resolve their realistic and unrealistic guilt	17	10	14
Uncover, explore the client's often-hidden (and potentially shameful) ideation (e.g. delusions, fantasies or thoughts re suicide, euthanasia, hurting oneself)	17	10	14
Encourage client's capacity to live fully in the ever-present NOW	16	10	13

Intervention	No. social workers using method	No. social workers using method frequently	No. social workers using method confidently and competently
Assist in healing of memories, releasing of past hurts, forgiving those who have caused hurt	16	10	9
Facilitate an integrated sense of self, plus acceptance of this self	15	10	13
Promote cognitive restructuring through positive thinking, positive self-talk, positive self-concept	14	10	11
Help clients develop therapeutic ritual(s) to help them manage/resolve their feelings/thoughts (e.g. to create sacred space/time, to connect meaningfully with self/others/Ultimate Reality, to recharge)	16	9	13
Doing "shadow work" with the client (e.g. working with the client's disavowed, rejected, avoided aspects of self, the client's inner woundedness and vulnerability)	16	9	11
Explore the paradoxes, contradictions, mysteries, puzzles, confronting the client	16	9	11
Support client's mourning process(es), assimilation of associated changes and reprioritisation/reorganisation of new goals/meanings	15	9	13
Assist the client's inward directed growth/awareness (i.e. her/his integration of belief and practice, balance in mind-body-spirit, wholeness in sense of self)	13	9	11
Assist client's resolution of his/her nadir experiences (intense life-changing events that shatter client emotionally/mentally/spiritually)	13	9	11
Help client name/explore what s/he has done – and can still do – to fulfil their destiny, their deepest aspirations and highest goals	15	8	12
Help the client listen to his/her conscience/consciousness beyond the dictates of the superego	15	8	10
Encourage clients' personalised/subjective insights/awareness/meaning from their psycho-spiritual issues and experiences	14	8	13
Encourage concrete actions that serve as confirmations of the client's self-affirming statements	13	8	11
Support the client's adjustment during periods of anticipatory grief as preparations are made for significant loss(es) and the sacrifice of goals/hopes/expectations/meanings	12	8	11
Facilitating the client's expression of inner soul/spirit, and their movement towards conscious and intentional wholeness, balance, non-attachment, authentic power, inward security, completeness, understanding, trust, loving relations, compassion and full hearted living/being in the world	12	8	11
Model your own celebratory "YES!" to life's purpose, rewards and responsibilities	12	8	9

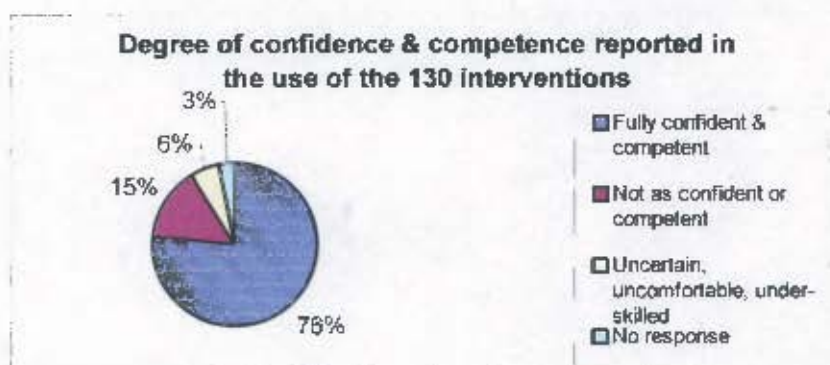
Intervention	No. social workers using method	No. social workers using method frequently	No. social workers using method confidently and competently
Explore/integrate the client's past/current peak experiences (life-changing events that prompt euphoric feelings, profound insights, a sense of unity and connectedness)	11	6	9

Topping this list is the social workers' quality of presence; thus confirming the theme that spiritually sensitive social work is predominantly a "way of being" with clients. The results also indicate that these social worker respondents placed a high degree of importance on exploring the depth and breadth of clients' situations and the meaning and value it offered them at an *intra*-personal level. This suggests a **strong existential-humanist orientation when engaging in spiritually sensitive dialogues.**

When asked where and how they had acquired this range of interventions, *all* emphatically agreed that personal experience was the key factor. **These were methods the respondents have used in their own inner growth and wellness.** Several respondents also cited colleagues (#8, 9, 19) and specialist training (#1, 13, 14, 15, 16) as helpful to their skills development.

The respondents linked their personal familiarity with these interventions to the confidence with which they employed them. Chart 1 below shows that the social workers' perceived confidence and competence in these 130 interventions is high (at 76%).

Chart 1 Degree of confidence and competence reported by the social workers

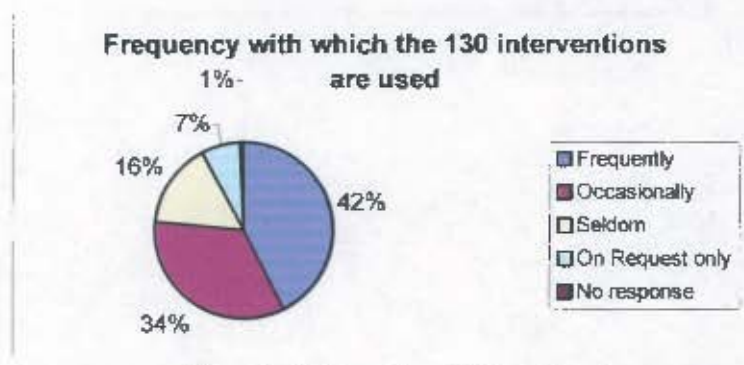


Several respondents reacted with surprise to this awareness of their own ability and assurance (#2, 8, 11, 17).

Andrea (#2): I seemed to be ticking ... all [the interventions possible] and then I thought "am I getting too carried away here?!" ... I don't mean to seem arrogant, but I'm not afraid to go places [psycho-spiritually] with clients, because I've been there [myself]. I'm not afraid to go into people's pain.

It is also significant to look at the degree of frequency with which the 130 interventions are reported to be used (chart 2). The fact that spiritually sensitive intervention is mostly *infrequent* (i.e. occasional or seldom) confirms that traditional *psycho-social* intervention is more frequent than psycho-spiritual intervention.

Chart 2 Degree of frequency of spiritually sensitive intervention



The least used interventions, as well as the frequency and confidence with which they were used, are shown in table 11. The following seven interventions were indicated by a quarter or less (five or fewer) social workers.

Table 11 The least used interventions

Intervention	No. using the method	No. using method frequently	No. using method confidently and competently
Arrange/perform exorcism to rid the client of malevolent spirits/energy	2	0	1
Do "community building" processes with client groups (as per Scott Peck)	3	1	3
Read religious/spiritual/existential texts/books to client	4	0	2

Intervention	No. using the method	No. using method frequently	No. using method confidently and competently
Participate in such religious/spiritual practices with the client	4	0	2
Use/facilitate altered states of consciousness in session with the client (e.g. trance states, ecstatic states, profound empathic states, meditative states)	5	1	2
Compile a spiritual genogram/map/timeline with the client of all significant people, events, periods shaping the clients' spiritual/religious awareness and development from childhood to adulthood	5	0	4
Touch client for "healing" or other therapeutic purpose (e.g. aromatherapy massage, <i>reiki</i> , holistic pulsing)	5	1	4

The specialised nature of five of these interventions (exorcism, community building, altered states of consciousness, spiritual assessment and touching clients for healing purposes), and the appropriate timing for their inclusion, might explain their limited use, even though confidence in their use remains high. The fact that several psycho-spiritual *assessment* methods are listed here (the spiritual genogram, map, timeline) confirms **the respondents focus on psycho-social (rather than psycho-spiritual) assessment**. Interestingly, this contrasts with the clients' reported interests, a point discussed in section 4.3.7 (pp.132-134).

There were seven interventions that evoked a sense of reduced confidence and competence in half or more of their users. These are shown in table 12. Using the respondents' explanations, **lack of training and experience, coupled with the methods' specialised nature, accounted for their limited used**.

Table 12 The interventions that evoked the greatest uncertainty

Intervention	No. using method	No. reporting reduced confidence	No. reporting lack of comfort and skill	No. using the method frequently
Use visual aids to facilitate client's psycho-spiritual expression/discovery/exploration/well-being (e.g. Soul cards, Angel cards, Mind Lights, Strength cards, colour therapy, religious iconography)	8	0	4	1
Explore the client's awareness of, and relationship with, unseen sources of higher guidance (e.g. Angels, Guides, Teachers, Saints, Devas, Ancestors, Spirits)	10	4	3	1

Intervention	No. using method	No. reporting reduced confidence	No. reporting lack of comfort and skill	No. using the method frequently
Offer psycho-spiritual education (e.g. explain the difference between depression and a "dark night of the soul", or the difference between hallucinations and mystical experiences)	10	2	3	2
Perform an opening or closing ritual with your client at the start/end of a session	10	2	3	2
Help the client's self-expression to move from the somatic (physical) to the spiritual	8	1	3	0
Recommend/undertake movement rituals/practices that raise mind-body-spirit awareness/expression (e.g. walking-meditation, spiral/labyrinth walk, tai-chi, dance, yoga, fire-walking)	8	1	3	1
Recommend/use tactile aids to elicit client's awareness, exploration and celebration of their psycho-spiritual dimension (e.g. sacred objects, sand tray work, play therapy)	6	0	3	0

All these interventions require knowledge and skill in order to effectively conduct the intervention, prepare the client for it, and properly debrief the client afterwards. The table shows that **where confidence and skill drops, so too does frequency of use.**

The researcher's assumption that the range of interventions used by the social workers would be based on personal familiarity was supported. The considerations that informed the **use, confidence and frequency of spiritually sensitive interventions** revealed an emphasis on personal familiarity (#2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17), and professional experience and training (#8, 9, 10, 13, 16, 17, 19). Clients' needs and willingness (#4, 5, 6, 7, 9, 13, 17, 18, 19, 20), and the social workers' intuition (#1, 2, 3, 6, 7, 8, 9, 10, 13, 14, 17, 18, 20), also influenced the nature of intervention.

Peter (#3): If I'm not confident to do something, I won't do it.

Liz (#9): What you learn practically [yourself], you also apply practically. [For example, visualisation] was something I'd experienced, it was helpful for me, and it is [therefore] a tool which I use. But one also learns [from] observing your colleagues. ... I think I feel confident with what I know [personally]. And having done social work for so many years, I've probably touched on most techniques and realised [what] actually works.

Anon2 (#13): I think it's very helpful to have personal experience of those sorts of [interventions, in order] to know that one can hold them.

Clariss (#16): *[The] Imago [training] gives one a lot of confidence, because you know exactly what you must do. ... You can't actually go wrong. ... The [methods] I'm not so confident [in] would be because I wasn't trained in [them], or ... [because I] don't know exactly how to do it. ... [Also] I'm not aware enough perhaps of the new ... holistic ... therapies that [are possible].*

Vimla (#15): *There was quite a large section [of the questionnaire] where I would say "seldom" or [only] "upon request" of the person [would I use that intervention]. And some I am not comfortable with at all. ... I felt that realm of healing would be for other helping professionals – like psychologists or psychiatrists ...*

Paul (#8): *... experiential learning plays a role in [the timing and frequency of my interventions, and [now] ... it's intuition that drives it. But ... sometimes I get to a place where I need to control things ... and then I rely a lot on my theoretical knowledge. ... And also ... my "internal supervisor" is active a lot, and that will give me guidance [too].*

Jackie (#4): *I don't actually sit and think "I'm going to do this [or that intervention with a client]". I very rarely do that, although I use a lot of the [interventions listed]. ... You've got to look at the client and what the client needs, as opposed to what you specialise in.*

To determine if spiritually sensitive intervention was intentional or left more to chance, the respondents were asked to say if they proactively initiated dialogue of a spiritual nature. Just over half (eleven) preferred to wait for the client to raise this (social worker questionnaire, part 2, item R, p.205), a finding supported by Bullis (1996). A further majority (twelve) **only raised spiritual, religious or existential issues with a client when the client gave clear indication of his interest and willingness to engage with these dimensions** (part 2, item U, p.205). The considerations given to proactively initiating spiritually oriented dialogue included concern for the client's situation, emotional state and readiness; the search for valuable client resources; the social worker's own intuition; and the sanction of their agency (#1, 2, 3, 4, 7, 8, 9, 10, 14). In almost all cases, the social workers reported initiating spiritually oriented discussion very tentatively.

Suzanne (#1): *I could [initiate spiritual dialogue] if I knew somebody was ... [a] practising Catholic [Otherwise] I like to respond to [what a client raises], not to lead the discussion ... [I'm] definitely [waiting] on [the client's] request.*

Jacqui (#7): *I would be comfortable [raising the spiritual dimension] ... but it would be very much from a suggestion point of view, as opposed to imposing [such dialogue] on them.*

AB (#10): *... it's sanctioned ... because I work at a church and ... they want it to be part of my practice.*

"Kate" (#14): *I wait for an opening ... unless maybe [I'm] prompted by the Holy Spirit.... So, where I would open a conversation is when I feel it's being ignored ... [and] I try and awaken their curiosity, so that they'll lead me by asking "what do you mean? How do you think this can affect me? ..."*

The two male social workers reported initiating spiritual discussion more assertively:

Peter (#3): *In actual fact, I will sort of force the thing [into the open] 'cos I will state it as "this is another way of looking at it" and [in this way] you almost present them ... the opening. ... [I'm always looking] for the heart of the thing, for the soul [and] ... I will take things onto that level. ... That ... gives people an entry; and it's my experience ... that people relate to that It's another way of getting people to take responsibility for their healing, or for what is happening.*

Paul (#8): *Yes, I would consciously initiate that I ask them ... questions ... and they'd either explore [those] or they'd shut me down ... And ... that's fine, that's the first insight [into the client's spirituality]. I'll come back to that ... at a later stage, and depending on the individual's response, I might offer them something more ... and then it becomes psycho-social-spiritual [intervention].*

Three-quarters of the social worker respondents (fifteen) agreed that it is more appropriate to raise the spiritual, rather than the religious, dimension of clients' issues (social worker questionnaire, part 2, item S, p.205), a finding also endorsed in Bullis's study (1996).

4.3.3 The theories and models that enhance spiritual sensitive social work

The social worker respondents were shown a list of fifty-five therapeutic models (appendix 8:199) and asked to name which approaches they used and found directly helpful in their spiritually sensitive client work. Although there was no majority consensus, table 13 overleaf shows that greatest agreement resided with those optimistic, humanistic, growth-oriented approaches that promote self-integration, actualisation and transcendence.

Table 13 The most often used models believed to directly enhance spiritually sensitive practice

MODEL	N
Client-centred/person-centred approach (Carl Rogers)	8
Jungian approach	8
Inner Child therapy	8

N=Number

The full list of models used by the respondents is shown in appendix 9 (pp.200-201). To explain the diversity of models believed to enhance spiritually sensitive practice, the social workers reported that **any model could be tailored to address the spiritual dimensions of wellness**. This endorses Brower's finding (1984:144) that spiritually sensitive practitioners have an "ability to employ, modify, or blend secular practice approaches, models, theoretical knowledge, and roles to respond to the spiritual needs of their clients".

The four respondents with training in the Imago approach unanimously named this method as being spiritually sensitive in the way it regards and approaches clients and client work. The trainers of this approach in South Africa (Israelis Hedy and Yumi Schleifer) were named as especially influential in giving the Imago approach its spiritual emphasis, more so than Imago's originator, Harville Hendricks. This point is significant as it suggests that **the way in which a method is taught and modelled, rather than its actual content, can introduce its spiritual sensitivity**.

The researcher's assumption that the social workers would be drawing on theories beyond those taught to them was supported. The respondents named a number of models, not taught during their social work training, that now supported their spiritually sensitive practice: Imago therapy, The Four-Fold Way, Psychosynthesis, Twelve Step therapy, Hypnotherapy, Reiki, pastoral counselling. The additional assumption that the social workers would likely also be working without knowledge of theories that could enhance their spiritually sensitive practice was endorsed by the very limited use of models known to explicitly address the psycho-spiritual dimension. On the other hand, their aptitude for acquiring knowledge and skills from a multi-disciplinary range of fields, and tailoring these to meet clients' needs and interests,

implies an avoidance of mechanistic or reductionist intervention; an aptitude endorsed by others (Becvar, 1997; Bullis, 1996; Canda & Furman, 1999).

4.3.4 The presence and role of intuition as an influence on assessment and intervention

The subject of intuition emerged as an unexpected theme during many of the interviews, thus suggesting it is a feature of spiritually sensitive social work. Fourteen social workers, in talking about their social work approach and practice, reported being guided by trans-rational information, or prompted towards certain responses to clients that could not be logically explained but were *felt* to come from a trustworthy, non-egoic source (#1, 2, 3, 6, 7, 8, 9, 10, 13, 14, 17, 18, 19, 20). This they variously termed as intuition, guidance, gut feeling, channelling or a sense of knowing.

The social workers' subjective understanding of this intuitive guidance often reflected their faith perspective. For example, the Christian respondents regarded the source as "God's Holy Spirit"; the New Age respondents attributed it to "Higher, Collective Consciousness"; and the Jungian respondent used Jung's four-functions theory of people as "thinking, feeling, sensing and intuitive beings" to express her intuitive ability. The voice of an agnostic social worker elaborated on it, using non-sectarian language.

Kathleen (#6): (17 years experience) I don't know how to describe it. ... Sometimes, in the way I listen to people, [I] enter into a kind of trance state where I'm listening and I'm hearing the things that they're saying, but that's not necessarily what I'm paying attention to. I pick up something more energetic, something more in the energy of the person. It's as though I allow part of my mind to drift, and quite often that part of my mind that is drifting will put a question in my mind. It's not necessarily based on what the person has been saying to me, and I can't explain how, or why, that happens, because it's not rational. ... It definitely feels like something beyond the rational, beyond the interaction that's going on between the two of us. Oh, I know how I would describe it! I would describe it more as a soul connection, between myself and the other person. That somehow she has an energy, and the quality of my attention becomes vague enough, open enough ...[so] then her soul can then prompt the question for me, if you like, to tell me something that's ready to be made into words. And then, ooh, I never hold back, I never hold back on those questions. I never think "oh God, I can't ask that". I might think "oh dear, can I ask this or not?" But I always ask. ... Although the question itself wouldn't [necessarily] be a spiritual

question, it could be a completely practical question, but it hasn't come ... from the conversation itself. ... It helps in that sometimes what I get are visual images or pictures of the clients. ... I haven't any reason to trust them or not trust them. I don't have a training that has taught me how to trust them. ... So, it's [about] going out on a limb and in that instance one has to ask oneself the question "well, why not? Let's explore; let's give it a bash". ... It's never not been [reinforced]. ... [But] I've never ... be[en] intrusive ... or push[ed] them in a direction that makes them suddenly vulnerable ... [because] those are hectic things to do to a person. So, [my promptings have] never done that. I've never disconcerted my client; quite the opposite. ... It makes a client feel safer, ... more deeply understood ... and therefore they feel safer in the relationship [with me] and safer in themselves.

These respondents explained their perception that such guidance requires willingness (#3, 4, 17), openness (#3, 4, 6, 17), a deep and authentic connection to one's innermost self (#3, 4, 17), and a psycho-spiritual stability (#2, 4). The intuitive promptings are experienced in different ways: as sensations coming from the stomach, heart, chest or head (#2, 7, 10, 18, 20), as words that form in the mind (#3, 10, 18), as a sense of urgency (#7), a trance-like state (#6), an energy (#3, 6, 17), visual images (#3, 6), thoughts (#8, 18), feelings (#18) and a sense of knowing (#1, 2).

The social workers reported that **intuition helps their intervention in various ways:** finding oneself saying just the right thing at the right time (#20), seeing more clearly (#2), feeling heightened compassion (#2), enhancing one's presence and attention (#2, 17), revealing information undisclosed by the client (#2), being prompted with useful questions (#6), highlighting resources beneficial to the client (#10), and deepening empathic understanding (#6, 17). Intuition was also believed to help the practitioner: strengthening their faith and trust in their higher power (#7), facilitating greater capacity to endure the harshness of social work (#7), enhancing trust in oneself (#7), as well as inspiring hope and confidence (#18).

Only one social worker **reported not acting on her intuition during intervention**, despite her confidence in its divine source. This respondent had the least social work experience of the sample. She located her university training as the reason for her reluctance.

Naseba (#19): (4 years experience) Because we are trained ... not to let the[se] feeling[s] get in the way. I think that is the difference between the lay counsellor and the qualified one. The lay counsellor would generally just go with [their intuition], whereas the professional would rather keep it under control. ... You have to have

proof, and backup. ... You're [an] objective person that stands outside and looks in, and I think that is what keeps it under control. ... Definitely the way I practise is based on the knowledge base I got at university.

For most social worker respondents, this intuitive guidance had become a fundamental component of their overall "way of being" in the world, both in their personal and professional lives. The ability to discern its presence, prompting, relevance and authenticity has come from personal experience, trial and error, transpersonal states of awareness, synchronous experiences, as well as sufficient confirmation from the client of its validity and usefulness. **Their cognitive struggle in surfacing this non-rational guidance** with clients has been offset by the consequent rewards. Nonetheless, significant ambivalence and caution has remained.

"Mary" (#17): (25 years experience) There are times when I have particular physical sensations, um, I don't know what they're called, but it is an experience of an energy – [one] that I have an ambivalent relationship with – but more and more I do understand it as an awareness of a healing energy that is greater than my own. ... It isn't mine. ... I don't do much with it, except know when it's [present] in the room, and it informs the listening [I do], and I believe it informs the words that come [It's] quite unnerving. ... It's a long way from where I started out as a social worker, so I find it very difficult – and that's part of my professional identity issue, I suppose – that this [way of working] doesn't feel like what I was trained for or trained in, but this is absolutely who I am and how I work. ... If it [were] to create a conflict of interest, I know which [approach] I'll choose, because it's about an "integrity of being" for me. ... It is about knowing ... the value of both [approaches: the rational and non-rational] and there are absolutely times when this [energetic, intuitive] side will not be visible ... [because] it isn't appropriate. ... [And] there are times when ... even if that were present in me, I would not make it available in the session because [to do so] would be completely inappropriate. But there are other times where it is available in the session.

One respondent reported the capacity for **channelling** information (#3), whilst another had reluctantly received feedback suggesting a channelling ability (#4). Becvar (1997:36) defines channelling as "information [that] is transmitted to someone who is alive and living in this dimension by someone who is no longer dwelling in physical reality but rather is living in a soul dimension". Both respondents spoke of the uncertainty that accompanies such capacity.

Peter (#3): (20 years experience) It's happened a few times, where ... I can feel the energy and everyone in the room can feel a different energy [present]. ... Now, you can hear I'm not particularly articulate, I tend to lose my words and I "um" and I "ah" [a lot] ... but when I'm channelling [the message coming through me is] very,

very clear. ... It can flow. ... I'm a huge sceptic of this, let me tell you, ... I still have a huge amount of doubt. ... I've locked away many people ... for hearing fewer voices than I hear [but] the difference is [that] I'm not blunted, I haven't had a psychotic break ... I'm not schizophrenic. ... I do have the sense that this [guidance] is not [my rational mind or ego] because I know that nothing that's coming out of my mouth is something I would usually say. ... But nonetheless, my [social work] training is still giving me certain skills to handle the [client] sensitively. ... And, like most people, I would rather deny these things are happening. ... I think it's just a progression ... and all that's happened is that these other chakras have opened up [with the result] that I can receive [information] in a particular way. But essentially, it is still an intuition, ... a connection with ... energy.

As such statements show, the conventionally trained and highly experienced practitioners can struggle with the tensions that accompany non-rational experiences that were never validated during their training. Sperry (2001) confirms that such channelling experiences can be mistaken for a dissociative disorder or schizophrenia. The reader will appreciate the courage it took these social workers to disclose a phenomenon that is still not fully understood and accepted in traditional, empirically based fields. Because the non-rational and non-linear approach is known to meet with suspicion, doubt and even derision, practitioners often feel a pressure to be covert about, and in, their use of intuitive guidance (King & Appleton, 1997). Were the social workers of this study to know that the literature on spiritually sensitive social work acknowledges intuition as a legitimate, holistic means of insight (Becvar, 1997; Bullis, 1996; Canda & Furman, 1999), their concerns about its presence and role might be alleviated.

4.3.5 Preparing for spiritually sensitive client work

As the social worker respondents related their experiences and practices, it became clear that the majority (thirteen) also express their spiritual sensitivity through conscious preparation for their work. Various resources and practices are employed. Prayer was reported as the most often used practice (#1, 7, 8, 9, 10, 14, 17, 18, 20): prayer for the client, for the session ahead, and for the wisdom needed. Clearing or purifying the energy in the therapeutic space was another practice (#3, 4, 8, 16), mostly using aromatherapy (herbs or oils), sound (such as a Buddhist singing bowl, or Tibetan gong music), or light and fresh air. Others reported attuning themselves to their own

spiritual centre point (#4, 8, 14, 17) through meditation, visualisation, stillness or solitude. Several also reported seeing spiritual directors (#13, 14, 17) for supervision. Three reported the importance of having time in nature or deliberately bringing elements of nature into the therapeutic space (#1, 2, 8, 12, 14).

Paul (#8): ... on the drive through [to] here, I'll make a conscious effort to be OK with whatever comes out during the course of the evening [sessions]. I have a grounding process, ... I like to do some meditation prior to the sessions. What I [also] tend to do is ... a clearing... . I'm [also] allowing for a Higher Power processing to come through, so that I'm not only dependent on my own abilities; so that I have help. And sometimes I need that; sometimes I feel a little overwhelmed at what's coming towards me, and in that process I might say the serenity prayer, or ask for guidance on "where to from here?" That's an active part of my preparation.

"Kate" (#14): I take it as an honour, and ... a responsibility ... to make sure that I'm attuned as much as I can be. I spend time alone, I walk in the mountains, I spend time sitting in my garden. ... Since I've got my own [private practice] I've become much more balanced – [previously] I would naturally overwork – so I take it as a privilege ... the excitement of knowing that somehow, in the big machine of life, I'm a little cog that might make a difference. ... That matters to me ... it's also very humbling.

"Mary" (#17): I no longer attend traditional supervision. ... I go to places where I ... talk ... about working with consciousness and awareness, and loving presence, and forgiveness, and ... being connected to a sense of abundance, that kind of language, which is a very spiritual language.

Such preparations speak of the forethought that is given to each client and session, and the meaningful concern with which they approach their work, treating it as a sacred encounter and opportunity. These social workers recognise that social work is a transpersonal endeavour and experience, in which both the client and worker are participants, observers and recipients. Their preparations help create an environment in which the natural and spiritual realms can contribute to well-being (Besthorn, undated; Cowley, 1993; Ross, 1997).

4.3.6 The ethics informing spiritually sensitive social work practice

The behavioural norms considered appropriate in social work become the profession's ethical standards (Potgieter, 1998). The social workers' ethical awareness around

spiritually sensitive practice became apparent as they shared their perceptions and experiences.

The following ethical considerations were highlighted:

- a consciousness of *not* imposing one's own spiritual views on a client (#2, 9, 13, 14, 17, 18);
- seeking clients' permission to introduce spiritual interventions (#2, 5, 7, 9, 15, 17, 18);
- being very mindful as to how such interventions are used (#6, 13, 17, 18);
- accepting the client's framework regardless of the social worker's own perspective (#2, 6, 9, 14, 17);
- being personally familiar and comfortable with those interventions one might use with clients (#2, 3, 4, 5, 6, 8, 9, 13, 14, 15, 16, 17, 19);
- using intuitive guidance with discernment and sensitivity (#1, 2, 4, 8, 9, 13, 14, 17, 18, 20);
- being authentic with clients (for example, acknowledging the agency's faith basis, or disclosing one's own orientation so that client-worker trust is appropriately initiated and maintained (#2, 6, 9, 17);
- referring clients on to specialists when the boundaries of the practitioner's own knowledge or skills are confronted (#5, 9, 10, 14, 15).

Bullis (1996) asserts that **social workers need to articulate their role and limits of spiritual competency to both clients and colleagues**. The social worker respondents in this researcher's study showed stronger agreement, than disagreement, with this ethic. A minority (four) *disagreed* with the need to articulate the nature of their care-giving role to interdisciplinary colleagues (social worker questionnaire, part 2, item O, p.204). Six disagreed with the need to tell clients (item N, p.204), and five disagreed with the need to tell colleagues of their limitations in spiritual competencies (item P, p.205). This could be attributed to perceptions that disclosure of limitations is unnecessary; or that psycho-spiritual intervention is so minimal that the social worker is never challenged to the point of incompetency. On the other hand, the ethical code governing social workers in South Africa does obligate social workers to render service professionally; to protect the profession from criticism that impairs its

reputation; and to “recognise and take into account his or her personal and professional limitations” (Potgieter, 1998:46). Disclosure of limitations clarifies “professional roles relative to their spiritual competencies” and prevents multi-disciplinary role confusion and malpractice (Bullis, 1996:160).

Awareness of the risk of harming clients, or being accused of inappropriate practices was raised by several social workers (#3, 5, 6, 14).

Kathleen (#6): (17 years experience) I suppose the risk we always feel – if you haven't been trained in something; if it's not been formally sanctioned by your university, or your mentors – [is] that you actually don't know what the hell you're doing and you could get into a lot of trouble. ... As long as you take [that risk] knowingly and try and be aware, and try and be careful, but ... the fears of harming our clients are true, no matter what approach you come from.

Awareness of ethical difficulties also surfaced around issues of faith (#1, 5, 7, 11, 14, 15, 16, 17, 19). For example, where one's faith or one's faith-based agency had expectations that the traditions of the faith were upheld, such traditions sometimes presented conflict for clients, practitioners and colleagues.

Mary (#17): [At a previous agency] there was always the expectation that [the agency's founding faith] was the [perspective] from which you worked [But] I think ... the [faith] holds a lot of double messaging So ... you have to find within yourself a place of clarifying ... what position you hold, and then work with individuals ... where they're at, and find a support system for them, for the decision they've made.

On the other hand not all respondents were aware of the fervour of their personal beliefs.

Name withheld: I do use the Christian religion as a framework and a lot of the beliefs I hold are very dear to me. ... But if people aren't from a Christian religion, I would very much challenge them, encourage them to seek their meaning and understanding – and it comes from a deep, deep faith in the God that I know really does exist – and if they just try and seek for Him, He will actually show them and convince them of Himself. And I don't actually need to do that, I don't need to persuade or manipulate ... 'cos if He's real and they're committed to finding Him, then they will find Him. So I don't need to necessarily put forward Christianity, but I will encourage someone to make sense of their life and what their life purpose is And because of my strong belief, I feel confident ... that God's going to reveal that to them.

Fervour for one's faith can result in unconscious, biased or coercive practice. This is especially so where one's beliefs and values are not reflexively examined and monitored, for example, through awareness of counter-transference risks and realities, and intentional ways of managing these (Frame, 2003; Sperry, 2001; Wehr, 2000).

Because the potential for transference and counter-transference expands in spiritual social work, **awareness of ethical practice is paramount**. The social worker questionnaire included four statements intended to identify the faith development stage of the respondents (part 2, items T, U, V, W, p.206). Whilst the majority of social worker respondents (fourteen) indicated a stage-four ease with the unproven and the unknowable, six appeared to hold a stage two perspective of more fundamental and unquestioned beliefs. It is possible that social workers who adopt a non-reflexive fundamentalism in their own religious or spiritual beliefs, may well express weaker support for clients' alternative beliefs and practices, ones that are outside of the practitioner's own framework of understanding, experience and comfort. Clients' diversity of spiritual exploration may also challenge social workers' notions of what is effective or appropriate behaviour. Nonetheless, ethical practice requires respect for a client's spiritual traditions and authorities (Praglin, 2004) and recognition of the dangers that come with exposing or imposing one's own values (Frame, 2003).

The majority of social worker respondents (sixteen) agreed that **spiritually sensitive social work does require multi- or inter-disciplinary knowledge and skills** (social worker questionnaire, part 2, item L, p.204) and can be taught. Ten believed that spiritually sensitive social work *should* be taught at university (#1, 6, 7, 8, 10, 11, 16, 17, 19, 20) either as a prescribed or an elective course, not just to meet students' and clients' needs, but also to give credibility to this approach.

Kathleen (#6): I think we should be teaching it because there are students out there asking for it. ...[And such training] adds definitely another three strings to your bow, [to] your repertoire of helping, and therefore should be deeply and carefully thought about.

AB (#10): I think that [spiritually sensitive social work] must link up with stringent academic methodology, and research, ... and proper practice language. ... I think it would be fantastic if it was taught ... and [teaching] it demystifies it. ... I think it's terribly important that we have that professionalism, that excellence, in the academic side of things. ... We need to be able to hold our heads high and say "we believe

spiritually sensitive social work is good” for ... reasons that are academically verifiable [and] researched.

Fouzia (#11): I think it can be taught, and should be, because ... how do you – as a social worker – survive and get through it all, dealing with the real, real tragic stories of people’s lives if you’re not a spiritual person? ... I’d be very interested [myself], if it was brought in as a postgraduate diploma or something, I would register for it.

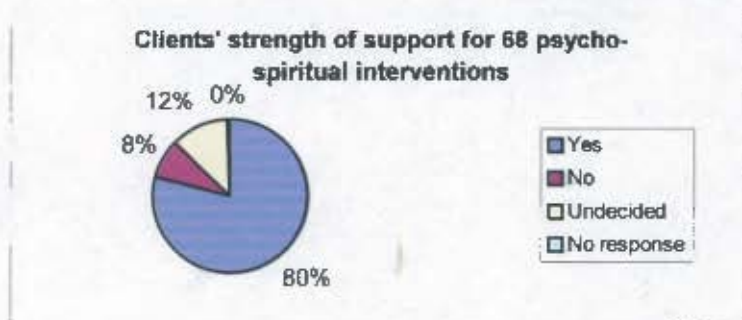
Others supported its inclusion in the curriculum but named concerns: the willingness and readiness of students to engage with the topic (#4, 8, 12, 13, 18); the question of who would do the training (#1, 8); what exactly the training would cover (#4, 17, 19, 20); and the more urgent need to promote students’ own intra-personal growth and spiritual awareness (#1, 3, 4, 5, 6, 8, 12, 13, 17, 18, 20).

4.3.7 The clients’ interest in spiritually sensitive intervention

The data provided by the client questionnaire indicated **a keen interest in working at a psycho-spiritual level.** Appendix 12 (pp.226-229) provides the full list of results.

Obviously the small number of clients surveyed (six) means that this component of the study has done little more than initiate a line of enquiry. Nonetheless, the data collected suggests that **clients might be more willing to embrace psycho-spiritual exploration than social workers assume.** Chart 3 shows clients’ strength of support for sixty-eight spiritually responsive interventions, and a greater indecision than rejection around the less supported methods.

Chart 3 Clients’ enthusiasm for psycho-spiritual intervention



Of the sixty-eight methods listed in the client questionnaire it is noteworthy that **not a single method was unsupported by all respondents.** Fifty-six (82%) of the

interventions appealed to the majority (four or more) of the clients. Twenty-five (37%) of the interventions received the endorsement of *all* client respondents. These twenty-five show strong support for a caring and creative response from the social worker that will facilitate:

- identification and expression of clients' deepest needs, meanings, resources, hopes and inspirations;
- promotion of clients' sense of intra-personal authenticity and immediacy, as well as inter-personal fulfilment;
- introduction to techniques and activities advancing intra- and trans-personal awareness and well-being: journal writing, connection with nature, reflection and experimentation, self-affirmations and monitoring, forgiveness and surrender of things past, acts of appreciation and service, resources (books, tapes, videos) supporting spiritual development;
- exploration of clients' deepest emotions, thoughts, desires, losses, sacrifices, potential and unfinished business; their growth promoting/blocking values and choices; their life path to date; their spiritual emergencies and restoration of inner peace and trust.

Four methods evoked the *weakest* interest. They are shown in table 14 and reveal a greater uncertainty, rather than outright rejection, by the clients.

Table 14 The interventions of least interest to the clients

YOUR SOCIAL WORKER COULD RECOMMEND, OR INTRODUCE YOU TO:	Would you be willing/keen to experience this?		
	Yes	No	Undecided
Non-traditional/alternative practitioners, e.g. faith healers, shamans, traditional healers, psychic healers, mediums, or other cultural therapeutic practitioners	2	2	2
Touch – for purposes of physical well-being (e.g. Reiki, aromatherapy massage, “holistic pulsing”, Indian head massage)	2	1	3
Restorative spiritual/religious practices – e.g. retreats, prayer, making amends, purifying rituals – that help to re-establish meaningful connection with others/Life	2	1	3
Religious/spiritual/pastoral counsellors	1	2	3

Clients' disinterest and uncertainty in these interventions could have varying reasons. The lack of interest in referrals to other practitioners could be attributed to clients' confidence in their own social worker, or an uncertainty of the roles and methods of other specialists. Their uncertainty around restorative practices of a spiritual or religious nature might also reflect ambiguity as to what such practices entail and offer. Lastly, clients' hesitance to be touched was matched by the social workers' circumspection about touching (see table 11:118 showing the social workers' least used interventions).

Of note is **clients' enthusiasm to create visual spiritual charts:** a spiritual genogram, timeline, map, ecogram and anthropology. Five clients expressed interest in these interventions and one was undecided. Do clients' hopes for such interventions spring from awareness that spirit is intimately connected to mind and body, and that without holistic attention, important information, linkages, resources, understanding and potential is overlooked? The clients' interest here contrasts with that of the social workers, as these assessment methods were reported as among the *least used* interventions practised by the social workers (see table 11:118). Pending further validation, it suggests that the social workers' largely unstructured and informal methods of assessment could profitably be turned around to meet clients' enthusiasm to explore their psycho-spiritual history and development.

The researcher assumed the clients would show receptivity to the interventions that endorsed their current stage of faith development. One client matched a stage-two development noted for *non-reflexive belief*, whilst five of the six respondents endorsed a stage-four faith development: *appreciative of the mysteries life contains and continually reconsidering their religious or spiritual perspective* (appendix 12:229). This could be used to explain their openness and enthusiasm to exploring their presenting and underlying issues from so many angles and at such depth and breadth. The stage-four respondents rejected an average of just four of the interventions listed, whilst the sole stage-two client rejected thirteen. Whilst this supported the researcher's assumption, the small number of respondents rendered the hypothesis unverifiable.

4.4 THEME 4: THE LIVED REALITIES OF SPIRITUALLY SENSITIVE SOCIAL WORKERS

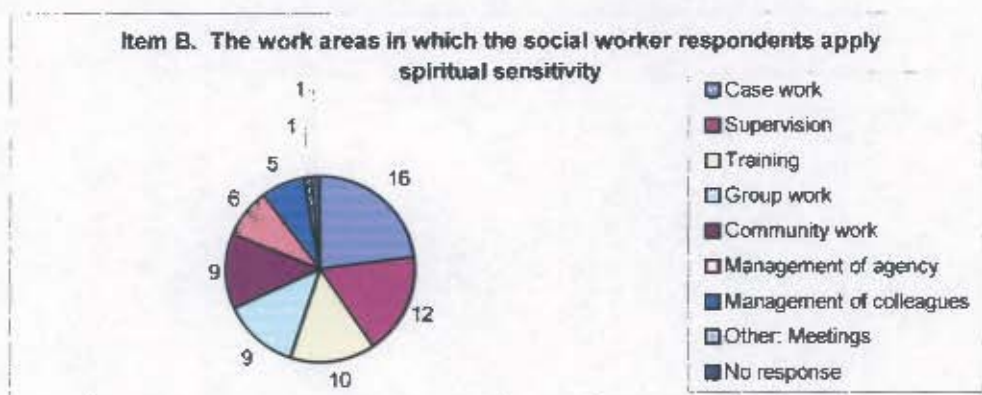
To explore the social workers' lived realities in spiritually sensitive practice, they were asked to indicate the areas in which their spiritual sensitivity was welcomed and applied, and the difficulties and pleasures of their approach. In this section the following sub-themes are addressed:

- 4.4.1 The opportunities for spiritually sensitive practice
- 4.4.2 The challenges experienced in spiritually sensitive practice
- 4.4.3 The rewards experienced in spiritually sensitive practice

4.4.1 The opportunities for spiritually sensitive practice

At the time of the interviews, nine of the social worker respondents were in private practice, six were employed in agencies, and another four juggled agency employment *and* private clients. The remaining respondent was both the founder and head of her own agency. The areas in which the social workers reported applying a spiritual sensitivity were diverse (chart 4) (social worker questionnaire, part I, item B, p.174).

Chart 4 The work areas in which spiritual sensitivity is applied



This diversity reiterates the notion that **spiritually sensitive social work is a way of being that pervades all areas of one's work and relationships.**

Where five respondents (#5, 8, 9, 15, 20) noted that their agencies derived benefit from their spiritual sensitivity work, an understanding for clients' spirituality was *not* expressly articulated as a job expectation, even though the client problem (such as terminal illness) was likely to provoke spiritual distress. Only three respondents (#7, 10, 19) reported being **explicitly required by their agencies to practice spiritually sensitive social work**. All three were employed by faith-based organisations.

Jacqui (#7): This is the first job I've had where there is a requirement that not only am I a Christian – because this is a Christian organisation – but that I maintain my spiritual integrity. ... We pray together, we have retreat days ... to make sure we are ... in a good place [psycho-spiritually], with the real belief that God is the one that ... will help [our work] bear fruit.

One of the respondents with managerial authority explained **the difficulties of making spiritual sensitivity a job requirement**.

Vimla (#15): We work directly with patients with cancer, and their families. And we know the search, the need, the questioning, the anger, and all that goes with it when one is just diagnosed. ... We help them to manage medically ... but [also] emotionally – ... [and] you cannot do it without bringing the spiritual component into that. So a lot of people here are very involved in talking about the importance, the significance, the major emotional gap that is filled by spirituality and religion. ... I would like spiritually sensitive workers here, but I have to be very objective. This is a non-profit organisation ... that's over 73 years old and of an exceptional reputation, very sound, ... based on the medical model. ... The kind of people that we choose ... have to have the necessary qualification, skills and background. Being spiritually sensitive is an absolute bonus. So if it's in the people we interview, it's a gift. But I cannot interview and select people who are spiritually sensitive without the other basic criteria [being present]. ... [Thereafter] we will introduce these elements of spiritual sensitivity into the [in-house] training that we do.

On the other hand, **deliberately creating a spiritually sensitive organisation required employees' spiritual awareness**.

Anon1 (#12): The vision of this place was to provide ... some haven where people could get back in touch with nature, God, Creation [But] within a very short period of time ... the problems of the [local] community came to our attention and we realised [that] we have got the skills to make a difference. ... We have moved much more into a community development orientation, but at the same time the [original] ethos has continued. ... Certainly we haven't got anybody on the staff – as far as I know – who isn't actively involved in their faith. [Here] it would be a requirement, it would be an important plus. ... We still keep a third – if not more – of our bookings for ... bookings of a religious or spiritual nature. ... We are selling tranquillity and peace

and quiet in this place. There is a respect for the fact that people are praying and this is a praying place. ... The church is available to anyone who wants to use it from the community. ... We have ... services here on the weekend. And we are also available in times of crisis, so anybody in this valley who were to die, we would give them the church for the funeral, and our staff would then provide something for the funeral wake. ... We have our own graveyard, which is also very important at a time like this when people actually don't have one living cent [of income]. ... So to be able to offer that to people from our client group is really wonderful. ... There's a sense of this being a place where that kind of thing is important. Not only just religion per se, but a sense of looking after people, being there for people, and supporting people in times of their trauma, and whatever.

Overall, it was the private practitioners who spoke of the greatest freedom to practise spiritually sensitive social work. Three (#4, 8, 17) recalled the difficulties of trying to hold a spiritual responsiveness in agencies where caseloads prevented unhurried social work and provoked practitioners' inner distress. One (#8) also noted the tensions that arose when agency and social worker did not share the same holistic perspective.

Paul(#8): In this space, privately, I have done [spiritually sensitive social work in a] more focused [manner] than I have at — (a private, residential, addictions rehabilitation facility). I think there are 2 reasons primarily. The first one is that I have time to do it here. I can allow my patients to ... talk about their process. And [secondly,] I can refer them from here to alternative therapists, which I've done. At —, if I made a referral to a sangoma (traditional healer) they would ... say "[the client] should be going to an AA (Alcoholics Anonymous) meeting". ... They think that [clients] should be in a Twelve Step programme for at least a year and [only] then find therapy. ... So I would advocate here [in private practice] that we do therapy and we go to Twelve Step [simultaneously]. ... It's almost two [different] worlds — this world [of private practice] which is mine, and I enjoy it. And there [at the agency] where it's frenetic, fast. It's not comfortable for me, so I'm leaving there, because I don't feel that I'm nurturing my therapeutic process and my own soul by being there any longer.

Working for faith-based agencies raised challenges for three respondents (#2, 17, 19), again where agency and practitioners' spiritual perspectives differed. One managed to overcome the difficulties.

Andrea (#2): [Until recently] I was very reluctant to join a Jewish organisation ... [because] I wanted something more inclusive than that, but it's been wonderful and we worked very well together. ... If there have been things that I disagreed with, I've said it. I don't do certain [practices] that I'm not [personally] OK with. Everyone knows I'm a Buddhist, and I've introduced them to meditation despite their [misgivings].

And they've loved it. It's been the single most important thing in my group supervision [sessions that I've run at the agency]...

Seven social worker respondents (#4, 7, 8, 11, 13, 15, 20) noted that **when the agency's management were spiritually sensitive**, then even if this was not explicitly required of their staff, it was appreciated.

Vimla (#15): ... because our Health Programme Director is a spiritually sensitive person, ... that made it very easy for us to bring the [holistic Capacitar] programme into the organisation. Had it not been for him being the way he is, this would not have happened ...

The researcher's **assumption that the respondents would more likely be working in settings compatible with their motivation and interests in spiritual sensitivity was largely supported**. Where two respondents (#8, 19) reported *not* needing to be in settings that openly supported their spiritually sensitive practice, another three respondents (#4, 7, 10) were adamant that compatibility was essential, and a fourth (#17) recognised the inner conflict it would raise to work in a secular agency once again. A statement from both perspectives shows the one view that spirituality is an inner state that inevitably finds outward expression; and the other view that spirituality needs a responsive environment for unambiguous expression and benefits.

Paul (#8): I wouldn't need to work in an environment that was spiritually sensitive [because] I internally have my own sense [of spirituality] that would infuse that organisation. It would come across [naturally] in my interaction with the client, the staff.

AB (#10): If I was employed [by another agency] I would be very overt in my interview, and I would be explicit about how [my spirituality] would define the way I practise. I would have to be up-front about it.

These two viewpoints suggest a **distinction between spiritually sensitive social work and spiritual social work**. Where the former conveys an attitudinal quality that becomes conveyed through an empathic way of being present to, and in, the world, the latter suggests a distinct model or approach, requiring specific knowledge and skills. Both approaches are endorsed in the literature. Brower (1984:viii) believes that spiritually sensitive social work should not be considered a distinct model, but rather be seen as an "intrinsic aspect of every phase in the helping process". Here practitioners need merely adapt their generic professional knowledge in order to better

respond to client's spiritual needs and concerns (Ibid. p.vii). On the other hand, the call for well-informed psycho-spiritual assessment and intervention skills and knowledge would enable social workers to engage more confidently, proactively and skilfully with the diverse faith orientations held by clients (Bullis, 1996; Canda & Furman, 1999; Coholic, 2003; Sheridan, 2004).

4.4.2 The challenges experienced in spiritually sensitive practice

The social workers reported a diverse range of challenges when responding to clients' religious, existential or spiritual concerns and well-being. Five social workers (#4, 8, 9, 18 19) spoke of the challenge of working with clients whose **psycho-spiritual state remained static** despite the worker's attempts to bridge client resistance, reluctance, inflexibility or apathy. Whilst these social workers respected the ethical obligation to allow clients to determine their own growth and the degree and pace of growth, they nonetheless voiced the frustrations that accompany little or no apparent progress:

Liz (#9): (palliative care) I had a client ... [who] was terrified of dying ... and it was hard to not see her move to a place of peace. ... And I didn't really feel comfortable. ... She had to die the way she chose to die. ... I was very conscious that she was struggling, and that had been the pattern for months.

Working with clients (or colleagues) of other life orientations raised awareness of difference (#1, 5, 7, 14, 15). For some, this evoked issues of fear and trust, such as "How do I show respect to you, yet remain true to my own perspective? How do I work with you when your beliefs and practices evoke fear in me, (or vice versa)?"

Jacqui (#7): [Now] when people find out that [my agency has] a Christian perspective I need to gain [their] trust a lot more. There's a lot of Gay-rights groups within the HIV/AIDS arena and they've obviously had very difficult, judgemental responses from some Christians and [they] easily categorise me with them. ... So that's been an interesting challenge for me ... to realise that [being openly Christian] comes with some baggage. ... [Clients' anger] is not always unfounded, 'cos Christianity is very broad, and ... churches are made up of imperfect people ... [who] make mistakes.

Vimla (#15): A lot of people don't connect or associate with the soul, or the mind-body-spirit practices. They view it, or interpret it, as being satanic or abnormal or whatever. ... [So] I [have] had to be very cautious ...

The language around human spirituality and psycho-spiritual intervention also raised challenges. **Finding terminology that would not cause fear or offence** was reported by three respondents (#3, 5, 7).

Jacqui (#7): ... words like "forgiveness". ... I do need to be careful in using terms that maybe have slightly different meanings to different people with different spiritual backgrounds.

Facing uncharted territory was a challenge raised by five respondents (#4, 5, 6, 13, 17). Not only did clients raise issues that the practitioner had no experience or knowledge of, but the social worker herself could have esoteric experiences that raised questions and even fears.

Kathleen (#6): It was very, very difficult, in terms of ... how to counsel her She was very, very definitely Christian but questioning her Christian values Then this whole understanding of another world [emerged to her that was] accessible through drugs. She felt that it was another world that actually existed, but was very difficult for her to try and tease apart. ... We were explicitly talking about esoteric things, but trying to help her to decide on her own reality I relied a lot on my psychiatry and I consulted a lot with a particular doctor while I was seeing her. ... I used to get scared. ... I don't know whether I was contaminated by her fear, or [by] the incidents she was describing. ... She knew I was scared. ... And that is the challenge; [psycho-spiritual intervention] touches on things that are scary. ... I think to experience any overwhelming emotion in the presence of a client is quite challenging. ... We have this whole idea that we are the ones in control, and we must be immune to feelings, and I think if you take an intuitive and spiritually sensitive approach, you do open yourself up emotionally [and] ... spiritually. ... And you have to be "up for it" in terms of what the consequences will be. That is true of all social work I guess, it's the darker side, it is the shadow ...

Four respondents spoke of the fears of harming clients or being accused of inappropriate practice (#3, 5, 6, 14).

UJ (#5): [I need to] be able to see [that] what I'm doing [with clients] is OK. ... So sometimes that is also a problem: your own shortcoming[s], your lack of knowledge, your own fear about some of the areas your client wants you to go into that you're not ready for. And some of those things I don't think you'll be ready [for] by [simply] reading; I think some of those things need to be [learned through] ... experience.

"Kate" (#14): I don't even tell my colleagues all this [evidence of intuitive prompting]. ... 'Cos what if they think I'm loopy?!

Clients were noted to raise unreasonable demands and hold unrealistic expectations of their spiritually sensitive social worker or agency (#1, 10, 11, 16, 17, 18, 19), leaving the social worker feeling conflicted, inadequate or exploited.

"Mary" (#17): ... it's partly why I don't advertise myself as a [faith-based] counsellor. ... Particular things – like abortion, like divorce –... [provoke] incredibly difficult choices ... that are in conflict with [clients'] religious belief and structure. So, ... I would find myself in quite a dilemma if I was identified as a [faith-based] counsellor because people come with certain expectations of how things are going to be resolved or certain expectations of what's forbidden, [whilst] for me, it's more about your life journey. ...

Agencies' economic, administrative or treatment demands and expectations were also reported to cause stress for the spiritually oriented practitioner (#8, 15).

Vimla (#15): This isn't who I am. I'm holding a position that is very administrative, lots to do with finances, economics, which is very important [in order] to run [an organisation] in terms of sustainability, etc. ... [But] I find that limiting in terms of who I really am, and what I want to do, where I want to go. So in my service delivery, I am more this person – a healer – wanting to transform, wanting to connect, wanting to do and bring about change. But I'm very bogged down by policies, expectations, the demands of my job: job descriptions, trust, expectations, meeting deadlines, working on budgets, ... being bogged down by things like statistics, and report writing For me, it's an absolute farce, an absolute illusion It's not an accurate measurement of impact on people, of effectiveness And these are things that we, in this kind of field, need to be very conscious of. Do we see 100 people and charge R50 a day? That kind of thing [challenges me].

Six social worker respondents noted that working with clients' spiritual questions also exposed the practitioners' own spiritual uncertainties and human frailties (#10, 11, 13, 16, 17, 20).

Clariss (#16): There's people [for whom] the suffering is too much, too overwhelming. ... You just sit with it. You ... question God: "how come that this is happening to this [person] over and over again?" It's easier if ... some of it can be made sense of, but the difficulty is to work in the [uncertainty]. ... The difficulty is that we can't help everyone ... [and often] the solution would be "well, this is this world, this is [the nature of] this life".

The challenge of staying holistically balanced and spiritually centred was raised by six respondents (#1, 2, 8, 12, 13, 17). Maintaining personal equilibrium in amongst the

chaos and pain that clients bring into therapy, was reportedly helped through spiritual resources: solitude, prayer, spiritual reading, retreating, going into nature, and/or attending to one's own inner process work.

Andrea (#2): I deal a lot with pain and grief and ... I need to very careful. ... I need to balance my own energy and replenish [myself], otherwise I get sick. ... It's a demand on one actually; to [also] keep in touch with where you're at. It's not always easy. ... It is a responsibility, because we are in a position of power. ... Look, this work, a very enormous amount of it is draining: ... it effects how you are in your life, ... the depths with which you relate to people, ... [it] effects me in my personal relationships, because I have less time or tolerance maybe for the more superficial aspects of life. ... Often it makes me feel [that] at the end of a week ... I don't want to see anybody 'cos I just need to "be", ... to go to my retreat in the mountains and just be still, and re-energise in nature ... I use that a lot.

The challenge of being perceived as different or more advantaged than others raised distress for both practitioner and client (#2, 11).

Fouzia (#11): [I'm] trying to be a good role model ... but at the same time, not ... expos[ing] too much [of myself], I suppose. Somebody said something the other day that actually distressed me. ... The reason why [this person] has been staying away from me is that she feels so ashamed. And I [asked] "why?" ... [She answered: "because] you are so strong, you are such a strong person, and I'm so weak". And I've been walking around with those words in my head ever since. ... I don't want [to stand apart from, or above, another]. ... I guess I had an awareness of that always, ... that I may seem different to ... other people. And I think I've come to name it as [the] spirituality that I have, that I've been blessed with, and that has been nurtured in various ways. ... [But] I've got to let that woman know that "I'm vulnerable [too], that I'm not that strong, that I'm human, that I sometimes do lose it, that there was [also] a time in my life when things were really difficult, ... that ... I was in therapy [myself]. But I'm also questioning] "do I tell her this, or is that inappropriate?" ... Do you share with your client who you are, all of who you are? I don't think you should. The professional social worker in me is saying "no" to that. ... [But] my heart, my soul ... is saying ... to me ... "be open with her. Let her see you. She's not seeing all of you." ... It is a challenge.

Working in spiritually sensitive ways can raise client suspicion, especially in the client who is ignorant of holistic practices (#2, 9, 12).

Andrea (#2): Everybody's different, and every family is different. ... In this last case, where the woman [client] died, ... her family were very, sort of, suspicious; they didn't know what I was doing with her, particularly the husband, who was very twitchy. He almost didn't want me to be there. So I explained to the one [family member] who was

more receptive ... how I was helping [the client use meditation] ... spiritually helping her let go of the body.

Working with **clients' fundamental beliefs and practices**, or an absence of any concrete beliefs, also raised challenges: the need to promote discernment in the client for purposes of healthy self-growth; and the need for constant reflexivity in the practitioner so as to prevent (counter-) transference (#2, 13).

Andrea (#2): Sometimes [clients] are so open, they lack judgement, and it concerns me a lot who's out there. ... Sometimes people have to be helped to be not so fragmented, 'cos now there are so many [therapies] on offer.

Anon2 (#13): I'm aware that I have to be conscious of the fact that I become angry at some of the absolutes of Christianity, and the damage that those absolutes do. And so, I really am aware that I need to be very careful about holding the analytic attitude ... [without] allowing my own feelings about the damage [to intrude]. ... Of course it doesn't only apply to Christianity, any kind of fundamentalism ... can cause [damage]. ... And alongside that, [I] perhaps hope to facilitate some freedom for the client, because that could be the reason they've come into therapy, because [their fundamental beliefs] are not necessarily working.

Then there is the tension that is raised through **reductionism: the over-simplification** of complex spiritual and existential uncertainties and processes.

Andrea (#2): I need to say something about this spiritual stuff that gets me [upset]. When people say all these clichés [like] "oh, this ought to have happened" or "this happened for a reason" ... [or] ... "he served his life on earth". ... Maybe they're trying to comfort people and they come out with these simplistic [sayings]. ... I believe we do play a role in the choices we make [but] ... we don't have control over [everything that happens]. ... Or they say ... "you have to forgive, forgiveness bring closure". I mean, it's all so [superficial], it doesn't plumb the depths of things. Forgiveness is also a process, and not a quick-quick [decision or experience]. ... We're too superficial, and it's easy to use the word "forgiveness" [or the term] "positive thinking". Well, that's like a red rag to a bull for me – 'cos you get a lot of that with cancer [patients, who move into] total denial [of their condition through cognitions like:] "I've got to think positively, the [doctors] have taken [the cancer] ... out, and it's gone". And the doctors will collude with that [thought]. And there's a tyranny [there]. Somebody said the positive-thinking movement is tyrannical, and I actually go with that. It's taken out of context, and now it's like a banner. And [people] feel [like] a failure if [they] do everything and [it doesn't show immediate positive effects] and then [they] think "well, what's wrong [with me]?" ... [Rather, clients] have to search into themselves, they have to go on a journey of exploration. ... Spiritually sensitive work ... is not quick work, it's work that takes time ...

The researcher held **three assumptions regarding the challenges** arising in spiritually sensitive social work. The expectation that the social worker respondents would confirm the challenges already identified in the literature was largely supported. One challenge was omitted (i.e. recognising the contra-indications of psycho-spiritual intervention for certain symptoms and pathologies).

The researcher expected the social workers' additional challenges to centre on issues of confidence, competence and pro-active initiation of psycho-spiritual intervention, but such difficulties were raised by only a minority of the interviewees.

The researcher also anticipated that not all the challenges faced by the respondents would be fully recognised or successfully overcome. This assumption was borne out. In the absence of spiritually sensitive training, or familiarity with the literature, some social workers expressed limited awareness of issues such as ideological impact, the pros and cons of certain interventions, the distinct nature of feminine spirituality, ways of monitoring and managing counter-transference, and the ethics around praying for clients.

4.4.3 The rewards experienced in spiritually sensitive practice

The joys and rewards of working with spiritual sensitivity, and responding to clients' religious, spiritual and existential concerns are also many and varied.

Half the respondents' reported that their own spirituality and growth was enriched by working in a spiritually responsive way (#1, 4, 5, 7, 11, 13, 14, 15, 16, 19). This offered rewards of a deeper trust, peace, humility, connection, inspiration, interest, compassion and fulfilment, both personally and professionally. Client work was regarded as a privilege (#10, 14, 15, 17).

Vimla (#15): In terms of your own union with your Creator, this is in essence what it's all about, and being able to connect on that level. ... It brings you closer to your spiritual goals, and for me that is very fulfilling. ... It's so true when they say "the more you give, the more you receive". And this is what it's all about. ... To see the work and experience it in a very positive, ... deeper way and see the goodness of people, the earth, nature ... those things ... impact me a great deal.

Witnessing “miracles”, attributable to a higher power, was a reward five respondents mentioned (#1, 7, 8, 9, 17).

Paul (#8): This work that I do, ... I see miracles. ... Just watching some person wake up to the reality of their lives ... I've seen one [client who attacked] his girlfriend with an axe, severed her arm, did ... things at that level. And now ... he's in touch with his spirituality. ... So he chooses to live his life very differently now. ... Anybody who works the Twelve Steps [programme] properly will connect on a spiritual level.

Attending to the spiritual dimension was recognised to **advance clients' holistic awareness and growth** (#1, 3, 5, 6, 10, 14, 17, 18, 19).

Peter (#3): Most [clients] find it exceptionally ... relie[ving] to be able to restate things in a more integrated, holistic manner. ... You get rid of your baggage, you lighten up, ... see things more clearly. So that, for me, is the biggest reward, is that it's restating ... or re-experiencing the connectedness to all.

The sacredness of the therapeutic space and encounter was named by seven respondents (#1, 6, 9, 12, 13, 14, 16).

Kathleen (#6): That feeling of connection with someone else. ... The unspoken connection that we have; ... it's another sort of connection altogether. It's not a therapist/client relationship in the traditional sense ... [but] absolutely a sacred encounter. ... There's something very, very special and indescribable about the way that that feels for me, when you can connect [that deeply with another person].

Anon1 (#12): There is something about this place. ... We have a ... sangoma (traditional healer) from Soweto, ... when he first came here he said “whoa, power!” I've had people who are New Age sensitive people and quite psychically deep, who've jumped around on their feet saying that they can feel it under the earth. Now I'm not sensitive to those things myself, but I do believe there's something here. This is a very special place and the people who come here are affected spiritually, whether you come here for that reason or not. I think the fact there is a chapel is something [important]. ... I think the vast majority of people indicate that this is a special experience for them.

A sense of spiritual kinship with clients was also reported; a depth of relationship that was directly attributed to working with the spiritual dimension (#1, 2, 4, 11, 14, 16). In a number of cases, the relationships established with clients were noted to extend far and long beyond the therapeutic encounter (#4, 5, 14, 16).

Andrea (#2): This [type of work] causes a depth, a depth that you touch into, and the connections that you make, ... and the realness of meeting a soul, a soul!

Jackie (#4): It feels as though ... your journey and the journey of your clients is paralleled. I think the depth [of relationship] is huge and you're a part of their lives, and they're a part of yours. ... So you're [both] part of something [larger], part of Creation really, and that person holds a part of that which you've created in them. And you're allowing that to happen in you as well.

"Kate" (#14): I worked with a couple [some time ago]... I bumped into the husband [more recently] in [a local bookstore] and he put everything down [that he was carrying] and [hugged me] and tears started going down his face and I was speechless. I think people thought we were mad, but I don't care. We're not trained to be like that, but I don't care.

Working with colleagues and supervisors of similar sensitivity was also raised as rewarding (#7, 9, 10, 11, 12, 14).

Jacqui (#7): I feel very supported here, more than I've been in any other agency. ... In relationships with colleagues, because you're sharing on a spiritual level so often, your intimacy is not as shallow, [rather we're] having really deep conversations. [I experience] a real caring for one another, [we're] not just seeing each other as people [working] in the same building I think it's very much a result of our faith that we function in this way. ... [Also] I feel very supported by the churches that I work with. So I don't feel isolated. I feel part of a much bigger network. ... There are people who are so committed to our existence, and praying for us, and wanting to know how they can support us personally, so that's also very special, having not experienced that before.

Another reward, already discussed in section 4.3.4 (pp.124-127), is the positive reinforcement of intuition and guidance as helpful, both personally and professionally (#2, 3, 6, 7, 10, 13, 14, 17, 18, 20). Appreciation for the **immediacy, simplicity, fluidity and mystery** that accompanies a spiritual approach was also reported (#4, 6, 14, 15).

Jackie (#4): I think in the traditional social work [approach] ...[using] traditional methods, things take a lot longer. ... Whereas if people have that transformative – find-the-soul – kind of experience [it's different]. ... Traditional social work feels more like plodding towards a goal, whereas ... there's a lot more energy in [spiritually sensitive social work] and because there's a lot more energy ... things change faster and lives change hugely ...

Being spiritually sensitive brings the joy of **transcending the boundaries** that usually separate particular faiths or perspectives (#1, 2, 6, 11, 16).

Suzanne (#1): I worked with ... [a client], for four or five years, who was a [Zen] Buddhist. And all of what she said ... made total sense to me. It wasn't foreign to me, even though I'd never read anything [about Zen Buddhism], or never been into a Zen community, or Zen meditation. ... [Nonetheless] it was all just familiar to me. I guess because the aim is the same. ... It's the spirituality; that's what she was talking about, her struggles and what she was experiencing. ... I didn't need to know anything about [Zen Buddhism], I was just focused on her experience and exploring that.

The **complementarity between secular and spiritually sensitive social work** was also highlighted as a reward (#1, 4, 5, 6, 7 14).

Kathleen (#6): [The spiritually sensitive approach] doesn't controvert the theory that we've learnt, it's not alien to it, it's not in opposition to it, it's not antithetical. It's actually part of [the whole], and that's the beauty of it, that's one of the biggest rewards, that it encompasses and enhances [our social work], definitely. It's not exclusive. The sacred and ... the mundane [are used together].

Working with spiritual sensitivity can open up new and unexpected opportunities.

In 1999/2000, the Hindu social worker (#15) had been invited to be the "Programme Director", for South Africa and Africa, on the "Parliament of the World's Religions", held in South Africa. And most recently her current agency has set aside a room, separate from her office, for holistic practice using the knowledge and methods of the "Capacitar" training programme her agency had sent her on.

Vimla (#15): Oh, the "Parliament of the World's Religions" – this is what [spirituality] is all about: the search for truth, ... for a higher living, ... for that sense of connectedness with your Creator. In the Parliament, gosh, we had the honour, the grace, and the glory of meeting the ... leaders of all the [world's] religions. That was a gift to mankind, to South Africa. ... That was the richest experience in my life! ... It kind of prepared you for the work ahead, and your life ahead. ... [It] was confirmation of who I am, and who I was searching to be, ... embracing everything on a universal level. ... [And now in the workplace] this is an incredible opportunity for me [to practice the holistic methods of the Capacitar model]. I don't think a lot of people have this kind of gift or opportunity, but yes I have this chance, this time, to utilise all the alternative modalities that I've been exposed to, and to create [a healing] environment, and to bring more of spirituality into the kind of work that we're doing, into the services that we render [here at the agency].

Lastly, to know one's own purpose is being fulfilled was also reported as rewarding (#7, 9, 10, 12, 14, 15, 16, 18, 19).

Anon1 (#12): My rewards come from having set up the programmes [for our client groups] and seeing that grow over the years. ... In community development, ... you have to have a totally integrated programme and that takes money and time. And bit by bit we've been putting the jigsaw together. ... And to be able to have a dream and vision of something that is not just grinding poverty; to see that beginning to happen. Some people really have a future [now]. ... There's a long way to go [still], and it's at least a twenty-year or more programme, so I probably won't live to see all the results. But I find that [progress] extremely rewarding.

The rewards identified by the social workers attest to the value attributed to working in spiritually sensitive ways. In both number and variety they exceeded the researcher's assumption that the rewards would simply confirm those already identified in the literature review.

This chapter has presented and discussed the data collected from the social worker interviews and questionnaires, as well as that of the clients' questionnaires. It has shown a rich conceptualisation of spiritually sensitive social work as an orientation that infuses one's way of being in the world. It has noted how, in the absence of training, spiritually sensitive practice is developed and practised. Lastly, it has elaborated on the lived realities of these social workers; showing the opportunities, challenges and rewards experienced when one is motivated to respond to clients' holistic well-being.

The next chapter presents the researcher's conclusions and recommendations resulting from the data.

CHAPTER 5.

CONCLUSIONS AND RECOMMENDATIONS

The title of this research paper posed the question:

**Spiritually sensitive social work: can its development and practice
be left to providence?**

In an exploratory study, using non-probability sampling, the researcher's response to this question can really only be a tentative one, the beginning perhaps of further research. After all, an unexplored phenomenon needs some initial conceptualisation in order to surface the many variables that deserve measurement and explanation. The conclusions and recommendations presented in this chapter should thus ideally be seen as propositions for further verification.

The four research objectives led to four primary data themes. Chapter 4 presented an understanding of the concept "spiritually sensitive social work" (theme 1:88-99); indicated the varied resources that promote its development (theme 2:99-110); explored how it is practised (theme 3:110-134); and identified some of the lived opportunities, challenges and rewards facing the spiritually sensitive social worker (theme 4:135-148). Each theme has proffered reasons as to why the development and practice of spiritually sensitive social work might reasonably be left to the social worker's subjective and informal interests and expression; and other reasons as to why it warrants more formal, explicit, considered attention and development. This chapter presents the researcher's conclusions, and the recommendations arising therefrom, in the following sequence:

- 5.1 Conclusions suggesting spiritually sensitive social work can be left to chance development and practice
- 5.2 Conclusions suggesting spiritually sensitive social work ought not to be left to chance development and practice
- 5.3 Recommendations around the development and practice of spiritually sensitive social work

5.1 CONCLUSIONS SUGGESTING SPIRITUALLY SENSITIVE SOCIAL WORK CAN BE LEFT TO CHANCE DEVELOPMENT AND PRACTICE

The researcher would suggest that the development and practice of spiritually sensitive social work can reasonably be left to providence for ten reasons.

1. Themes 1, 2 and 3 (pp.88-134) showed that when social workers' spiritual sensitivity **stems from within**, from their own personal spiritual values, understanding and growth, it becomes a life orientation, a value system that inevitably finds expression in one's manner of relating to self, others and the world. It is thus seen as a way of being a social worker, rather than a way of doing social work. Their spiritually sensitive social work comes not from theory or training but from personal familiarity with the spiritual quest and psycho-spiritual dimension of their own inner being. This is what provides the motivation, insight, experience, confidence, competence and resourcefulness for the social worker's holistic orientation and response. And who better to respond to clients' holistic wellness than a practitioner in touch with her own multi-dimensionality? Who better to honour clients' religious, spiritual and existential concerns than a practitioner who respects the metaphysical and the role this plays in the human endeavour?
2. Spiritually sensitive social work can reasonably be left to informal development and practice because it **complements traditional social work**. Themes 2 and 3 (pp.99-134) showed that the eclectic knowledge and skills of the bio-psycho-social approach remains a solid foundation, one that enables the social worker to employ and tailor whatever model is most needed by the client. Spiritually sensitive social work enhances the secular approach by recognising that clients' *own* sense of spirituality may benefit their search for renewed wholeness. The social workers' spiritual sensitivity translates into a client-centred quality of presence and relationship that may well include deeply patient and compassionate discovery dialogues and processes, attention to both the exoteric and esoteric, and an ability to sit with the irreducible, ineffable,

sometimes unanswerable and irreconcilable thoughts and emotions that accompany the human experience.

3. Spiritually sensitive social work can be left to chance development and practice when it is mainly **an adjunct to psycho-social sensitivity**. Theme 3 (pp.110-134) revealed that the limited frequency with which spiritual interventions are undertaken confirms that the psycho-social model remains dominant. In the absence of psycho-spiritual assessment, it is during the “treatment” phase that *psycho-spiritual* intervention is mostly brought in as an *aid* to client’s exploration and understanding of their situation. Clients’ spirituality is recognised at this stage as an added resource to enhance holistic understanding, particularly when clients welcome its inclusion.
4. The development and practice of spiritual sensitivity is **respected as an on-going journey**. Theme 2 (pp.99-110) showed that spiritually sensitive social workers use all resources possible in the push for client wellness and do not presume to have reached a destination in their understanding and abilities. Their plans for further personal growth *and* professional development confirm that spiritually sensitive social work is regarded as a continuous process of knowledge and skills enhancement to expand one’s ways of being with clients. Spiritually sensitive social work can thus reasonably be left to providence, because it is the nature of the spiritually sensitive practitioner to aspire to deeper and broader understanding and development of the inner being.
5. Spiritually sensitive social work is **helpful to clients’ holistic wellness**. Themes 1 and 2 (pp.88-110) showed that spiritually sensitive social workers, from their own experience of spirituality, are less likely to overlook, minimise, trivialise, neglect or undermine clients’ spiritual issues. In the absence of training, they have sought other avenues of learning, and found or devised ways of holistic response that have equipped them for multi-dimensional intervention. Spiritually sensitive social work practice can reasonably be left to chance development because the rewards described in theme 4 (pp.144-148) attest to the positive outcomes of working in this way, even where one’s learning path has been informal.

6. Spiritually sensitive social work can also be left to informal development when (and because) it is **practised with awareness and caution**. Theme 3 (pp.128-132) showed that spiritually sensitive social workers **remain** aware of the ethical principles governing client work, such as clients' rights to their own views and decisions. It might even be argued that their **absence** of training in spirituality has prompted their carefulness with clients: a preference that client rather than practitioner should raise the spiritual dimension; a need for client readiness, willingness and permission to explore that path. **De-emphasis** of the religious, and **emphasis** on humanist and existential exploration, thus serves a protective function. For example, multi-faith differences are transformed through appreciative enquiry, through awareness that spiritual cosmology and cosmogony are human constructions, and through respect for the equalising nature of the human endeavour. Furthermore, supervision is sought from practitioners who also hold a spiritual sensitivity, and can thus give guidance in this area.
7. Spiritually sensitive social work can be left to providence because (and when) it is **practised with a sense of confidence and competence**. Theme 3 (pp.114-122) showed that the social workers' **self-assurance** derives from personal familiarity with the many holistic methods possible. The fact that when confidence in specific methods drops, frequency of spiritual intervention drops also. This suggests clients are protected by the social workers' own awareness of aptitude and the risks that accompany un- or under-informed competencies.
8. Spiritually sensitive social work can be left to providence because (and when) it is **practised with respect, humility and flexibility**. Theme 1 (pp.88-98) showed social workers' respect for the metaphysical realm, their esteem for clients as unique and sacrosanct individuals, and their attentiveness to building what could be described as an I-Thou relationship. Theme 3 (pp.110-134) showed that spiritually sensitive social workers prepare themselves diligently for each client and session, through spiritual practices. Such attitude and preparation honours each session as an opportunity for sacred encounter.

Furthermore, the absence of mechanistic and reductionist assessment and intervention is shown in the fluid knowledge processes that embrace intuitive as well as rational discernment. Traditional and non-traditional models are tailored for optimal client benefit. Holistic interventions embrace physical, emotional, mental and spiritual routes to client recovery and transformation.

9. Spiritually sensitive social work finds support among clients, colleagues and agencies, especially those that appreciate the contribution it can make, and the benefits it can promote. Theme 4 (pp.144-148) showed that the many opportunities for, and rewards of, spiritually sensitive social work continually validate and reinforce it as a valuable orientation. Even though it has not been validated in their social work training, the realities at grassroots level show that it is welcomed by many agencies, and required by some. Clients' interest in working with their spirituality, revealed in theme 3 (pp.132-134), also endorses its place and authority.
10. Spiritually sensitive social work can be left to informal development and practice because there is the viewpoint that it cannot be *taught*, and certainly *not imposed* on student social workers. Although theme 3 (pp.131-132) revealed agreement that it can, and perhaps even should be included in the social work curriculum, many concerns were raised. As an innate capacity, its *conscious* emergence and expression may be quite divorced from age, curriculum or profession. Given that it is a way of being, the spiritually sensitive social workers of this study suggest it is best modelled, facilitated or presented as an opportunity with which students can engage if it resonates with their own inner being.

On the other hand, there are risks that come when professional practice is left to personal development.

5.2 CONCLUSIONS SUGGESTING SPIRITUALLY SENSITIVE SOCIAL WORK OUGHT NOT TO BE LEFT TO CHANCE DEVELOPMENT AND PRACTICE

Spiritually sensitive social work is best not left to the social workers' own ways and means of development and expression for five reasons.

1. Theme 3 (pp.132-134) showed that spiritually sensitive social work is best not left to chance development **when clients express an unequivocal interest in weaving the spiritual into the psycho-social**, and where their needs warrant specialised knowledge and skills. In this instance, spiritually sensitive social work moves from a way of being with clients, to a way of doing skilled psycho-spiritual assessment and intervention. This requires more formalised training, and highly skilled supervision.
2. Spiritually sensitive social work ought not be left to providence **when social workers, students and agencies have a clear interest and motivation for holistic intervention**. Theme 2 (pp.99-110) showed that social workers' life orientations and motivations will naturally find expression through their attitudes and actions. They will find ways and means of bridging the gaps left by their training, but may become covert about their spiritually sensitive practice and hesitant in its application, especially when it is perceived to be taboo or subject to ridicule. But the invisibility, marginalisation and secrecy of spirituality in social work practice raises risks – risks that could be prevented if the subject was openly addressed and supported from the outset of training. It could also be argued that agencies needing spiritually sensitive social workers should not have to accept this as a “bonus”, but be able to set it as a requirement, and this demands more formalised training.
3. Spiritually sensitive social work ought not be left to providence **when it can do harm, and when the challenges of spiritually sensitive social work are not fully recognised or overcome**. For example, when spirituality is omitted from the social work curriculum a significant dimension of client development and resource is neglected. When social work students become covert about their

spiritually sensitive client work, then supervision is undermined. When multi-cultural, multi-faith diversity is not covered in the social work curriculum, students lack awareness of how clients' cultural or spiritual views and practices can have a direct bearing on clients' interpretation of their situation and its transformation. When practitioner reflexivity is critical for ethical practice, then the transference and counter-transference risks in spiritually sensitive social work (such as conversion attempts by the social worker, or idealisation by the client) can be monitored and minimised from the outset of practice. It would also be pertinent for all social workers (secular and spiritually sensitive) to know how their personal ideology influences their views of clients, as well as clients' problems and resolutions.

4. Spiritually sensitive social work risks missing valuable opportunities for promoting clients' holistic renewal **when assessment becomes largely informal and unstructured**. Theme 3 (pp.111-122) showed that clients' spirituality is overlooked at the assessment stage and instead addressed in the treatment stage. This means that clients' spiritual perspectives are not woven into the joint assessment of clients' presenting and underlying issues. It is also often in the assessment phase when the clients' interest in working with the spiritual dimension can be explicitly determined, and when evidence of healthy and unhealthy spirituality might be detected. Thus spiritually sensitive practice is best not left to casual development.
5. Finally, spiritually sensitive social work ought not be left to providence **when the rewards of this orientation speak of enhanced therapeutic relationships and outcomes**. Theme 4 (pp.144-148) revealed a variety of rewards: for client, social worker, agency and service delivery. Were these rewards to be openly debated, they might well inspire more student social workers to overtly explore and employ this approach. It would also validate those practitioners already practising spiritually sensitive social work, and relieve some of their fears around unethical conduct because this approach is so invisible and marginalised.

5.3 RECOMMENDATIONS AROUND THE DEVELOPMENT AND PRACTICE OF SPIRITUALLY SENSITIVE SOCIAL WORK

The researcher offers four recommendations around the *development* of spiritually sensitive social work.

1. Spiritually sensitive social work is now a recognised topic in the social work literature, with associations, courses, research and conferences devoted to its development and practice. Any school of social work wanting to keep abreast of developments in the social work field and responsive to the realities of social work at grassroots levels, would do well to **acknowledge this evolution and consider its inclusion** into the curriculum.
2. **Including spirituality and spiritual sensitivity in the social work curriculum offers multiple benefits** and thus warrants explicit attention. Spiritually sensitive social work students need no longer feel silenced or criticised for their orientation, and need no longer be covert about this component of their client practice. The topic would raise awareness of multi-dimensional wellness and intervention, and advance the opportunities for social workers to practise holistic social work and their clients to receive competent intervention at spiritual, humanist and existential levels. It would also promote understanding of human diversity; client development, behaviour and coping; help students discern healthy and unhealthy client beliefs and practices; and raise awareness of (contra)indications for its inclusion and need for client referral to a more skilled practitioner. Furthermore, awareness of ethical practice is paramount and perhaps the strongest reason why spiritually sensitive social work ought not to be left to providence. For example, the danger of assigning moral judgement to clients' diverse ways of honouring their spiritual cosmology is evidenced in biased attitudes, conditional acceptance of others, and worker interference in clients' choices. Such practices undermine the ethos of social work, and calls for continuous self-examination on the part of the social worker.

3. Social work training understandably emphasises empirical knowledge and linear, rational information processing. The prominence of intuitive guidance among the social workers of this study warrants attention. **The validation of intuition** as a legitimate means of knowing would remedy the secrecy and anxiety with which it is used and instead foster healthy and open debate around its presence, role, discernment and benefits in client assessment and intervention.

4. **Further research is needed** on many topics, and ideally at national level. For example:

- to establish how widespread *spiritually sensitive* social work is being practised in South Africa;
- to determine how the un- or under-skilled *spiritually sensitive* social worker is deciding whether, when, why and how to use *spiritually oriented* interventions;
- to establish its *effectiveness* for clients' wellness;
- to ascertain practitioners' ethical comfort and professional confidence in the extensive range of *psycho-spiritual* interventions possible;
- to confirm clients' views on whether, when, how, why and what they welcome during intervention to raise holistic understanding and recovery;
- to determine whether *empirically tested models* of *psycho-spiritual* intervention are warranted.

This would provide useful information as to whether its development and expression can reasonably be left to the social worker's subjective and informal awareness and growth.

The researcher offers four recommendations around the *practice* of *spiritually sensitive* social work.

1. When clients have an interest in exploring their *psycho-spiritual* anthropology, then to ignore this need undermines the therapeutic opportunity and encounter. The social worker with a motivation for *spiritually sensitive* work would do well to **determine at the onset of intervention whether the client would like**

to include their spirituality into the therapeutic process. This has several advantages: the opportunity for psycho-spiritual assessment and intervention; dialogue on clients' background, beliefs and customs and how these might link to clients' current problem, understanding, resources and preferred future.

2. When social workers have an interest in openly practising spiritually sensitive social work, then they would do well to determine the spiritual sensitivity of their agency, management team and departmental head in order to **determine if their orientation is welcomed, appreciated and permitted.** Likewise, agencies that support their clients' holistic wellness, or those fields of social work whose overarching theories endorse spiritual awareness and development, might reasonably ask for spiritually sensitive practitioners, given that they are available and perhaps even more widespread than might be expected.
3. When social workers have an interest in authentically and ethically honouring their spiritually sensitive inclination and expression, then they would do well to **familiarise themselves with the growing body of literature on the subject and find support among their peers.** One social worker respondent (#17) suggested forming a peer supervision group for spiritually sensitive social workers – a creative and realistic proposal.
4. **Further research of *clients'* receptivity to psycho-spiritual intervention** will enable the social work client, practitioner, researcher, supervisor and educator to determine what is possible and preferable in spiritually sensitive social work.

Concluding comment

This study has explored the perceptions and experiences of spiritually sensitive social workers, and the interests of their clients. Spiritually sensitive social work is seen to complement traditional, secular social work ethos and practice. As an enhanced way of being present to, and with, clients, and by embracing the otherwise overlooked metaphysical dimension, spiritually sensitive social work augments clients' tasks of meaning-making, of finding purpose to life's struggles, of building personal resilience,

and of reaching for transformation and transcendence of normal human vulnerabilities. Spiritually sensitive social work offers both client and social worker a deeper appreciation for the myths, meanings, mysteries and miracles inherent in the human experience.

In the absence of training around spirituality in social work, the spiritually sensitive social workers of this study have listened to “a different drum”; the one that sounds from within. Inspired and informed by their own personal spiritual journeys, they have had the courage to defy convention; to resist the pressures for secular social work; to ignore the marginalisation of spirituality in their training; to risk the accusations of inappropriate practice; to embrace the unseen, ineffable and non-rational in the quest for holistic response to clients’ human struggles.

Can the development and practice of spiritually sensitive social work be left to providence? Do the perceptions and experiences of these self-developed social workers suggest they have succeeded? Their drive to offer a deeper quality of attention, a richer quality of care giving, and all the personal and professional resources at their disposal suggests perhaps the following reply:

Pass? Fail? You cannot fail. You passed automatically by stepping into the moment and bringing to it All Of You. That is all that Life asks.

(Walsch, 2004:385)

REFERENCES

Augustine, M.J. & Kalish, R.A. (1975) "Religion, Transcendence, and Appropriate Death", *Journal of Transpersonal Psychology*, Vol. 7(1), pp. 1-13.

Babbie, E. & Mouton, J. (2001) *The Practice of Social Research*. South African Edition. Cape Town: Oxford University Press.

Baker, D.C. (2003) "Studies of the Inner Life: the impact of spirituality on quality of life", *Quality of Life Research*, Vol. 12(1), pp. 51-57.

Banerjee, M.M. & Pyles, L. (2004) "Spirituality: a source of resilience for African American women in the era of welfare reform", *Journal of Ethnic and Cultural Diversity in Social Work*, Vol. 13(2), pp. 45-69.

Becvar, D.S. (1997) *Soul Healing: a spiritual orientation in counselling and therapy*. New York: Basic Books.

Benningfield, M. (1998) "Addressing Spiritual/Religious Issues in Therapy: potential problems and complications", in D.S. Becvar (Ed.) *The Family, Spirituality and Social Work*. New York: Haworth Press.

Besthorn, F.H. (undated) "Biophilia and deep affiliation with nature: implications for social work". Accessed on-line, on 20/4/04, at http://www.utnasw.org/assets/ceu_front_porch.pdf

Bhagwan, R. (2002) *The Role of Religion and Spirituality in Social Work Practice: guidelines for curricula development at South African Schools of Social Work*. (Ph.D. thesis) Natal: University of Natal.

Bloom, W. (1993) *First Steps: an Introduction to Spiritual Practice*. Scotland: Findhorn Press.

Boorstein, S. (1986) "Transpersonal Context, Interpretation and Psychotherapeutic Technique", *Journal of Transpersonal Psychology*, Vol. 18(2), pp. 123-130.

Borysenko, J. (2000) *A Woman's Spiritual Journey: finding the feminine path to fulfilment*. London: Piatkus.

Boucoulalas, M. (1999) "Following the Movement: from transpersonal psychology to a multi-disciplinary transpersonal orientation", *Journal of Transpersonal Psychology*, Vol. 31(1), pp. 27-39.

Brenner, M.J. & Homonoff, E. (2004) "Zen and Clinical Social Work: a spiritual approach to practice", *Families in Society: The Journal of Contemporary Social Services*, Vol. 85(2), pp. 261-269.

Brower, I.C. (1984) *The 4th Ear of the Spiritual-Sensitive Social Worker*. (Doctoral thesis). Michigan: University Microfilms International.

Bufford, R.K., Paloutzian, R.F. & Ellison, G.W. (1991) "Norms for the Spiritual Well-Being Scale", *Journal of Psychology and Theology*, Vol. 18(1), pp.56-70.

Bullis, R.K. (1996) *Spirituality in Social Work Practice*. Philadelphia: Taylor & Francis.

Cameron, J. (1996) *The Vein of Gold: a journey to your creative heart*. New York: Tarcher/Putnam.

Cameron, J. (2000) *God is No Laughing Matter: observations and objections on the spiritual path*. London: Pan.

Canda, E.R. (1986) *A Conceptualisation of Spirituality for Social Work: its issues and implications*. (Ph.D. thesis) Michigan: Ohio State University

Canda: E.R. (1988a) "Conceptualizing Spirituality for Social Work: insights from diverse perspectives", *Social Thought*, Vol. 14(1) pp.30-46.

Canda, E.R. (1988b) "Spirituality, Religious Diversity, and Social Work Practice", *Social Casework: The Journal of Contemporary Social Work*, Vol. 69(4) pp.238-247.

Canda, E.R. & Furman, L.D. (1999) *Spiritual Diversity in Social Work Practice: the heart of helping*. New York: Free Press.

Canda, E.R., Nakashima, M. & Furman, L.D. (2004) "Ethical Considerations about Spirituality in Social Work: insights from a national qualitative survey", *Families in Society: the Journal of Contemporary Social Services*, Vol. 85(1), pp.27-35.

Cascio, T. (1998) "Incorporating Spirituality into Social Work practice: a review of what to do", *Families in Society: The Journal of Contemporary Human Services*, Vol. 79 (Sept-Oct), pp.523-531.

Center to Improve Care of the Dying (undated) "Spirituality." Accessed on-line, 20/4/04, at the website of George Washington University, <http://www.gwu.edu/~cicd/toolkit/spiritual.htm>

Chopra, D. (2000) *How to Know God: the soul's journey into the mystery of mysteries*. New York: Rider.

Coholic, D. (2003) "Student and Educator Viewpoints on Incorporating Spirituality in Social Work Pedagogy – an overview and discussion of research findings", *Currents: New Scholarship in the Human Services*. Accessed online, 3/2/05, at <http://www.fsw.wcalgary.ca/currents/articles/articles/Coholic2/main.htm>

Connelly, R. & Light, K. (2003) "Exploring the 'New' Frontier of Spirituality in Health Care: identifying the dangers", *Journal of Religion and Health*, Vol. 42(1), pp. 35-46.

Constable, R.T. (1983) "Values, religion, and social work practice", *Social Thought*, Vol.1(7) pp.29-41.

Cowley, A.S. (1993) "Transpersonal Social Work: a theory for the 1990s", *Social Work*, Vol. 69(4), pp.238-247.

Cowley, A.S. (1996) "Transpersonal Social Work", in F.J. Turner (Ed.) *Social Work Treatment: interlocking theoretical approaches*. 4th Edition. New York: The Free Press.

Cowley, A.S. & Derezotes, D. (1994) "Transpersonal Psychology and Social Work Education", *Journal of Social Work Education*, Vol. 30(1), pp.32-41.

Crawford, I. (1990) *A Guide to the Mysteries*. London: The Lucis Press.

Dass, R. (1975) "Advice to a Psychotherapist", *Journal of Transpersonal Psychology*, Vol. 7(1), pp.84-96.

De Vaus, D. (2002) *Surveys in Social Research*. 5th Edition. London: Routledge.

De Vos, A.S. (1998) *Research at Grassroots: a primer for the caring professions*. Pretoria: Van Schaik.

De Vos, A.S. & Fouche, C.B. (1998) "Writing the Research Proposal", in A.S. De Vos (Ed.) *Research at Grassroots: a primer for the caring professions*. Pretoria: Van Schaik.

De Vos, A.S., Schurink, E.M. & Strydom, H. (1998) "The Nature of Research in the Caring Professions", in A.S. De Vos (Ed.) *Research at Grassroots: a primer for the caring professions*. Pretoria: Van Schaik.

Dudley, J.R. & Helfgott, C. (1990) "Exploring a Place for Spirituality in the Social Work Curriculum", *Journal of Social Work Education*, Vol. 3 pp.287-293.

Edwards, D. (1997) "Motivation and Emotion", in D. Louw & D. Edwards (Eds) *Psychology – an introduction for students in Southern Africa*. 2nd Edition. Johannesburg: Heinemann.

Ellor, W., Netting, F.E. & Thibault, J.M. (1999) *Understanding Religious and Spiritual Aspects of Human Service Practice*. South Carolina: University of South Carolina.

Epstein, M.D. & Lieff, J.D. (1981) "Psychiatric Complications of Meditation Practice", *Journal of Transpersonal Psychology*, Vol. 13(2) pp.137-147.

Faver, C.A. (2004) "Relational Spirituality and Social Caregiving", *Social Work*, Vol. 49(2), pp. 241-249.

Foley, L.F., Wagner, J. & Waskel, S.A. (1998) "Spirituality in the Lives of Older Women", *Journal of Women and Aging*, Vol.10(2), pp.85-91.

Ford, M. (1992) *Motivating Humans: goals, emotions, and personal agency beliefs*. California: Sage.

Fouche, C.B. & De Vos, A.S. (1998) "Problem Formulation", in A.S. De Vos (Ed.), *Research at Grassroots: a primer for the caring professions*. Pretoria: Van Schaik.

Fowler, J.W. (1981) *Stages of Faith: the psychology of human development and the quest for meaning*. San Francisco: Harper.

Frame, M.W. (2003) *Integrating Religion and Spirituality into Counselling: a comprehensive approach*. California: Thomson.

Frankl, V. (1964) *Man's Search for Meaning: an introduction to logotherapy*. 4th Edition. London: Hodder & Stoughton.

Garland, D.S.R. (Ed.) (1992) *Church Social Work: helping the whole person in the context of the church*. Pennsylvania: North American Association of Christians in Social Work.

Goleman, D., Smith, H. & Dass, R. (1985) "Truth and Transformation in Psychological and Spiritual Paths", *Journal of Transpersonal Psychology*, Vol. 17(2), pp. 183-214.

Grey, A. (1994) "The Spiritual Component of Palliative Care", *Palliative Medicine*, Vol. 8, 1994, pp.215-221.

Heasman, K. (1969) *An Introduction to Pastoral Counselling*. London: Constable.

Henery, N. (2003) "The Reality of Visions: contemporary theories of spirituality in social work", *British Journal of Social Work*, Vol. 33(8), pp.1105-1113.

Hepworth, D.H., Rooney, R.H. & Larsen J.A. (1997) *Direct Social Work Practice: theory and skills*. 5th Edition. California: Brooks/Cole.

Hickson, J. & Phelps, A. (1998) "Women's Spirituality: a proposed practice model", in D.S. Becvar (Ed.) *The Family, Spirituality and Social Work*. New York: Haworth Press.

Highfield, M.F. (1992) "Spiritual Health of Oncology Patients: nurse and patient perspectives", *Cancer Nursing*, Vol. 15(1) pp. 1-8.

Hodge, D.R. (2001) "Spiritual Assessment: a review of major qualitative methods and a new framework for assessing spirituality", *Social Work*, Vol. 46(3), pp. 203-214.

Hodge, D.R. (2002) "Does Social Work oppress Evangelical Christians? A 'new class' analysis of society and social work", *Social Work*, Vol. 47(4), pp. 401-414.

Hodge, D.R. (2003) "Hodge Responds" (Letters section) *Social Work*, Vol. 48(3), pp. 431-432.

Hodge, D.R. (2004a) "Spirituality and People with Mental Illness: developing spiritual competency in assessment and intervention", *Spirituality and Practice*, Vol. 85(1), pp.36-44.

Hodge, D.R. (2004b) "Developing Cultural Competency with Evangelical Christians", *Families in Society: The Journal of Contemporary Social Services*, Vol. 85(2), pp. 251-259.

Hodges, S. (2002) "Mental Health, Depression, and Dimensions of Spirituality and Religion", *Journal of Adult Development*, Vol. 9(2), pp. 109-115.

Jampolsky, G.G. (2000) *Shortcuts to God: finding peace quickly through practical spirituality*. California: Celestial Arts.

Joubert, K. (1993) Counselling the bereaved and the dying. (Masters dissertation) Pretoria: University of Pretoria.

Kasiram, M.I. & Partab, R. (2001) "Partnering for Success: marrying social work with religion and culture", *Social Work/Maatskaplike Werk*, Vol. 37(4), pp. 393-397.

Keefe, T. (1996) "Meditation and Social Work Treatment", in Turner (Ed.) *Social Work Treatment: interlocking theoretical approaches*. 4th Edition. New York: The Free Press.

King, L. & Appleton, J.V. (1997) "Intuition: a critical review of the research and rhetoric", *Journal of Advanced Nursing*, Vol. 26, pp.194-202.

Kinghorn, J. (1998) "Coping in Sodom and Gomorrah – Christianity and the delivery of Social Welfare in South Africa", *Social Work/Maatskaplike Werk*, Vol. 34(1), pp.80-89.

Krill, D.F. (1996) "Existential Social Work", in F.J. Turner (Ed.) *Social Work Treatment: interlocking theoretical approaches*. 4th Edition. New York: The Free Press.

Layton, E. & Collins, K. (2004) "Advancing through Retreating: self-care among helping practitioners", *Social Work/Maatskaplike Werk*, Vol. 40(4), pp.430-445.

Liechty, D. (2000) "Touching Mortality, Touching Strength: clinical work with dying patients", *Journal of Religion and Health*, Vol. 39(3), pp.247-259.

Louw, D.A. & Edwards, D.J.A. (1997) *Psychology: an introduction for students in Southern Africa*. 2nd Edition. Johannesburg: Heinemann.

Louw, D.A. & Plug, C. (1997) "Sensation and Perception", in D.A. Louw & D.J.A. Edwards (Eds) *Psychology: an introduction for students in Southern Africa*. 2nd Edition. Johannesburg: Heinemann.

MacDonald, D.A., LeClair, L., Holland, C.J., Alter, A. & Friedman, H.L. (1995) "A Survey of Measures of Transpersonal Constructs", *Journal of Transpersonal Psychology*, Vol. 27(2), pp.171-235.

MacDonald, D.A., Friedman, H.L. & Kuentzel, J.G. (1999) "A Survey of Measures of Spiritual and Transpersonal Constructs – research update", *Journal of Transpersonal Psychology*, Vol. 31(2), pp. 137-154.

Marty, M.E. (1980) "Social Service: godly and godless", *Social Service Review*, Vol. 54(4), pp. 463-479.

McDonough, V. (undated) "Spirituality in the Clinical Setting". Accessed on-line, on 20/4/04, at http://www.utnasw.org/assets/ceu_front_porch.pdf

Miller, J.J. (1993) "The Unveiling of Traumatic Memories and Emotions through Mindfulness and Concentration Meditation: clinical implications and three case reports" *Journal of Transpersonal Psychology*, Vol. 25(2), pp. 169-180.

Moore, T. (1992) *Care of the Soul: how to add depth and meaning to your everyday life*. London: Piatkus.

Moss, D. (2002) "The Circle of the Soul: the role of spirituality in health care", *Applied Psychophysiology and Biofeedback*, Vol. 27(4), pp. 283-297.

Mount, B.M., Lawlor, W., Cassell, E.J. (2002) "Spirituality and Health: developing a shared vocabulary", *Annals RCPSC*, Vol. 35(5), pp.303-307.

Mupedziswa, R. (1996) "Social Work and Christianity: complementarity or conflict?", *Social Work/Maatskaplike Werk*, Vol. 32(4), pp.378-386.

Newfeld, C. (2003) *Guidance and Intuition*. Scotland: Findhorn Press.

Nezu, C.M. & Nezu, A.M. (2003) *Awakening Self-Esteem: spiritual and psychological techniques to enhance your well-being*. California: New Harbinger.

Northcut, T.B. (2000) "Constructing a Place for Religion and Spirituality in Psychodynamic Practice", *Clinical Social Work Journal*, Vol. 28(2), pp.155-169.

Ogden, C. (2000) *God: a beginner's guide*. London: Hodder & Stoughton.

Page, J-C. (2005) "Authentic Spirituality: it's all in the heart", *Odyssey/Namaste*, Vol. 28(6), February/March 2005.

Peck, M.S. (1997) *Denial of the Soul: spiritual and medical perspectives on euthanasia and mortality*. London: Simon & Schuster.

Poggenpoel, M. (1998) "Data Analysis in Qualitative Research", in A.S. De Vos (Ed.), *Research at Grassroots: a primer for the caring professions*. Pretoria: Van Schaik.

Potgieter, M.C. (1998) *The Social Work Process: development to empower people*. South Africa: Prentice Hall.

Praglin, L.J. (2004) "Spirituality, Religion and Social Work: an effort toward interdisciplinary conversation", *Journal of Religion and Spirituality in Social Work*, Vol. 23(4), pp.67-84.

Rajakumar, S.S.J. (1997) A Study of Pastoral Care to the Terminally Ill in a Multi-cultural Context. (Doctoral thesis) Cape Town: University of Cape Town.

Ribner, D.S. & Knei-Paz, C. (2002) "Client's View of a Successful Helping Relationship", *Social Work*, Vol. 47(4), pp. 379-387.

Robinson, L.A. (2001) *Divine Intuition*. New York: Dorling Kindersley.

Ross, L. (1997) "The Nurse's Role in Assessing and Responding to Patients' Spiritual Needs", *International Journal of Palliative Nursing*, Vol. 3(1), pp.37-42.

Sacco, T. (1996) "Spirituality and Social Work Students in their First Year of Study at a South African University", *Journal of Social Development in Africa*, Vol. 11(2), pp.43-56.

Schurink, E.M. (1998) "Deciding to Use a Qualitative Research Approach", in A.S. De Vos (Ed.), *Research at Grassroots: a primer for the caring professions*. Pretoria: Van Schaik

Scolastico, R. (1995) *Doorway to the Soul: how to discover your spirituality*. Dublin: Gill & Macmillan Ltd.

Sewpaul, V. (1997) "Hindu Philosophy and Social Work", *Social Work/Maatskaplike Werk*, Vol. 32(2), pp. 136-145.

Sheridan, M.J. (2001) "Defining Spiritually Sensitive Social Work Practice: an essay review of 'Spiritual Diversity in Social Work Practice: the heart of helping'", *Social Work*, Vol. 46(1), pp. 87-92.

Sheridan, M.J. (2004) "Predicting the Use of Spiritually-Derived Interventions in Social Work Practice: a survey of practitioners", *Journal of Religion and Spirituality in Social Work*, Vol. 23(4), pp.5-25.

Sheridan, M.J., Bullis, R.K., Adcock, C.R., Berlin, S.D. & Miller, P.C. (1992) "Practitioners' Personal and Professional Attitudes and Behaviors toward Religion and Spirituality: issues for education and practice", *Journal of Social Work Education*, Vol. 28(2) pp.190-203.

Sheridan, M.J. & Hemert, K.A. (1999) "The Role of Religion and Spirituality in Social Work Education and Practice: a survey of student views and experiences", *Journal of Social Work Education*, Vol. 35(1), pp.125-141. Accessed on-line, on 20 April 2004, at the website of the San Francisco State University: <http://www.sfsu.edu/~multsowk/title/527.htm>

Sherwood, D.A. (1998) "Spiritual Assessment as a Normal Part of Social Work Practice: power to help and power to harm", *Social Work and Christianity*, Vol.25(2) pp.880-90. Accessed on-line, on 20 April 2004, at the website of the San Francisco State University: <http://www.sfsu.edu/~multsowk/title/438.htm>

Sikhitha, T.M. (1996) "Social Work Practice in Cross-Cultural Situations: some guidelines for practice", *Social Work/Maatskaplike Werk*, Vol. 32(1), pp.61-66.

Sollod, R.N. (2004) "Integrating Spiritual Healing Approaches and Techniques into Psychotherapy". Accessed on-line, on 20/4/2004, at <http://www.psywww.com/psyrelig/sollod2.html>

Sparks, P.C. (2001) *Soul-Esteem: the power of spiritual confidence*. Missouri: Soul Esteem Publishing.

Spencer, S.W. (1957) "Religious and Spiritual Values in Social Casework Practice", *Social Casework*, Vol. 38(10), pp.519-526.

Sperry, L. (2001) *Spirituality in Clinical Practice: incorporating the spiritual dimension in psychotherapy and counselling*. Philadelphia: Brunner-Routledge.

Wehr, D.S. (2000) "Spiritual Abuse: when good people do bad things", in P. Young-Eisendrath & M.E. Miller (Eds) *The Psychology of Mature Spirituality*. London: Routledge.

Welwood, J. (1984) "Principles of Inner Work: psychological and spiritual", *Journal of Transpersonal Psychology*, Vol.16(1), pp. 63-72.

White, G. (2000) "An Inquiry into the Concepts of Spirituality and Spiritual Care", *International Journal of Palliative Nursing*, 2000, Vol. 6(10) pp. 479-484.

Wickham, S., Cooper, D. & Bailey, T. (1997) *The Research Journey: workbook*. South Africa: Research and Academic Development.

Wilber, K. (1999) "Spirituality and Developmental Lines: are there stages?", *Journal of Transpersonal Psychology*, Vol. 31(1), pp. 1-10.

Wuthnow, R. (1995) *Learning to Care: elementary kindness in an age of indifference*. New York: Oxford University Press.

Young-Eisendrath, P. & Miller, M.E. (Eds) (2000) *The Psychology of Mature Spirituality*. London: Routledge.

Zohar, D. & Marshall, I. (2000) *SQ: Spiritual Intelligence – the ultimate intelligence*. London: Bloomsbury.

Zukav, G. (1990) *The Seat of the Soul: an inspiring vision of humanity's spiritual destiny*. London: Rider.

APPENDICES

Appendix 1. Interview schedule

- BEGINNING OF INTERVIEW recap: underlying premise, purpose of research, procedure, proposed publication. Check anonymity need.

CODE TO ABBREVIATIONS: S/W = social work or social worker	S/S = spiritual sensitivity or spiritually sensitive R/S/E = religious/spiritual/existential
--	---

MAIN THEMES & QUESTIONS	PURPOSE
BACKGROUND 1. Respondent's age, academic qualifications, no. of years in S/W. 2. Practice setting? Field? Client profile? 3. Does your current agency require you to: Have a spiritual/religious/humanist orientation? Have an understanding of human spirituality? Assess/respond to your clients' R/S/E needs? 4. Have past agencies/fields/client groups required a R/S/E sensitivity to your S/W? Which agencies?	Collects demographics. Establishes settings/fields in which S/S S/W is possible, practised and even required.
MOTIVATION & CONCEPTUALISATION 1. What motivates you to practice S/S S/W? 2. And what has equipped you for this? (Academically, personally, professionally) 3. How would you distinguish your own spiritually sensitive S/W practice from that of traditional, secular S/W?	Explores motivation, role of own spirituality, and training in dev. of S/S S/W. Examines comparison of self to/from others.
ASSESSMENT 1. What determines whether you assess your clients' <i>psycho-spiritual</i> wellness, or whether you focus solely on their <i>psycho-social</i> needs/interests? 2. How do you recognise when your clients have <i>psycho-spiritual</i> concerns/needs? What explicit/implicit indicators do they give? 3. What formal/informal assessment methods & tools do you use? (Show list of instruments if needed)	Explores how clients indicate R/S/E needs, and assessment process. Identifies if assessment goes beyond that taught in S/W to include any other measures.
INTERVENTION (Collect Questionnaire) 1. Where/how did you learn the different techniques you use? 2. What determines <i>which</i> techniques you use/don't use, and <i>when</i> ? 3. Item Z labels different S/W approaches. Which approach do you practice? Why this type, and not others?	Explores where/how intervention techniques were learned, and how/when techniques are used. Also, reasons for own approach.
GUIDING THEORIES 1. What models/theories/theorists/approaches do you actively use in your S/W practice <i>that directly</i> enhance a S/S practice? (Show list) 2. Are there any other additional authors/topics (popular/general/ specialised) that guide/shape/enhance your S/S S/W? 3. What other models/theories/authors/courses do you think could further enhance your <u>S/S</u> S/W practice?	Explores the formal/informal theories/theorists that influence S/S S/W. Identifies others deemed beneficial.
CHALLENGES 1. What challenges/difficulties tend to emerge from S/S practice: e.g. for you, the client, your relationship or process, during assessment, or intervention? 2. How (if feasible) do you prevent/resolve these challenges? 3. Describe an example of a challenge you've faced in your S/S S/W practice.	Identifies and examines the challenges arising.
REWARDS 1. What rewards/benefits come from S/S S/W: e.g. for you, the client, your relationship or process, during assessment, or intervention? 2. Describe an example in detail.	Identifies and examines the rewards arising.

END OF INTERVIEW: Explain client questionnaire and benefits; hand out required no. of questionnaires. Check anonymity needs. Confirm next steps. Referrals to other S/S S/W's?

Appendix 2.

Social Worker Questionnaire

This questionnaire is in 3 parts.

Part 1 – some background information

Part 2 – your attitudes, values and perceptions

Part 3 – the intervention techniques you use

PART 1 – BACKGROUND INFORMATION

A. With which perspective are you most closely aligned personally? Please tick ✓ the relevant box(es).

- | | |
|---|---|
| ☐ African traditional religion [200] | ☐ Islam [207] |
| ☐ Agnosticism [201] | ☐ Judaism [208] |
| ☐ Animism [200] | ☐ New Age spirituality [209] |
| ☐ Atheism [202] | ☐ Wicca/neo-paganism [210] |
| ☐ Buddhism [203] | ☐ Shamanism/spiritism [211] |
| ☐ Christianity [204] | ☐ Universalism [212] |
| ☐ Existentialism/Humanism [205] | ☐ Other [213] |
| ☐ Hinduism [206] | |

B. In which areas do you apply a spiritual sensitivity in your work? Please tick ✓ the relevant boxes.

- | | |
|--|---|
| ☐ Case work [220] | ☐ Training of colleagues/clients [224] |
| ☐ Group work [221] | ☐ Management of colleagues [225] |
| ☐ Community work [222] | ☐ Management of your agency [226] |
| ☐ Supervision of colleagues [223] | ☐ Other: [227] |

C. Which of the following subjects – undertaken formally or informally - have directly enhanced your psycho-spiritual social work practice? Please tick ✓ the relevant box(es).

- | | |
|--|--|
| ☐ Theology/religious studies [230] | ☐ Existential/humanist theories, psychology, or social work [242] |
| ☐ Comparative religion [231] | ☐ Psychodynamic theories, psychology, or social work [243] |
| ☐ Contemporary religions in SA [232] | ☐ Behavioural theories, psychology or social work [244] |
| ☐ Minority religions in SA [233] | ☐ Counselling theory [245] |
| ☐ Human spirituality [234] | ☐ Basic counselling skills [246] |
| ☐ New Age spirituality [235] | ☐ Advanced counselling skills [247] |
| ☐ New Science (e.g. Quantum physics) [236] | ☐ Psycho-social counselling theory/skills [248] |
| ☐ Mysticism [237] | ☐ Psycho-spiritual counselling theory/skills [249] |
| ☐ Higher/altered states of consciousness [238] | ☐ Pastoral counselling theory/skills [250] |
| ☐ The difference between religion and spirituality [239] | ☐ Psycho-spiritual assessment methods/tools [251] |
| ☐ Psycho-spiritual issues in specialised fields (e.g. palliative care, family therapy, addictions, trauma, bereavement, work with the aged/frail/chronically ill) [240] | ☐ Psycho-spiritual intervention techniques [252] |
| ☐ Transpersonal theories, psychology, or social work [241] | ☐ Other: [253] |

PART 2 – RESPONDENT ATTITUDES, VALUES & PERCEPTIONS

Please read through each statement. Tick the option/box that **most applies to you**.

SA = strongly agree A = agree D = disagree SD = strongly disagree U = Undecided

- | SA A D SD U | |
|---|--|
| D. ☐ ☐ ☐ ☐ ☐ | Spiritually sensitive social work respects the diverse ways in which people explore, express and celebrate meaning, purpose, connectedness, resilience, transformation and transcendence within the joys and struggles of everyday life. [300-304] |
| E. ☐ ☐ ☐ ☐ ☐ | The ways in which people explore their meaning, purpose, connectedness, resilience, transformation and transcendence may be religious, non-religious, theistic, atheistic, pantheistic, animistic, or spiritual in belief and practice. [305-309] |
| F. ☐ ☐ ☐ ☐ ☐ | My religion/spirituality is an important component of my professional practice. [310-314] |
| G. ☐ ☐ ☐ ☐ ☐ | The spiritual dimension of client well-being is not well understood in the social work field. [315-319] |
| H. ☐ ☐ ☐ ☐ ☐ | Social workers, as a group, seem less religious/spiritual than their clients. [320-324] |
| I. ☐ ☐ ☐ ☐ ☐ | Professionals concerned with human spirituality are generally concerned with the development of the client's inner-being. [325-329] |
| J. ☐ ☐ ☐ ☐ ☐ | My choice of profession was/is directly motivated by religious goals. [330-334] |
| K. ☐ ☐ ☐ ☐ ☐ | My choice of profession was/is directly motivated by spiritual goals. [335-339] |
| L. ☐ ☐ ☐ ☐ ☐ | Spiritually sensitive intervention requires multi- or inter-disciplinary knowledge and practice. [340-344] |
| M. ☐ ☐ ☐ ☐ ☐ | It is unethical to overlook spiritually oriented assessment and intervention when the client's needs or wishes so dictate. [345-349] |
| N. ☐ ☐ ☐ ☐ ☐ | Spiritually sensitive social workers need to articulate to their clients the limits of their spiritual/religious/existential competency. [350-354] |
| O. ☐ ☐ ☐ ☐ ☐ | Spiritually sensitive social workers need to articulate the nature of their care-giving role to their interdisciplinary colleagues. [355-359] |
| P. ☐ ☐ ☐ ☐ ☐ | Spiritually sensitive social workers need to articulate to their colleagues the limits of their spiritual/religious/existential competency. [360-364] |

SA A D SD U
Q. ☐ ☐ ☐ ☐ ☐

When clients feel that their religious/spiritual beliefs/practices are misunderstood, ignored or neglected during intervention, the therapeutic relationship and process is undermined. [365-369]

U. ☐ ☐ ☐ ☐ ☐

I only raise spiritual/religious/existential issues with a client when there are clear indicators of the client's interest and willingness to engage with these dimensions. [370-374]

R. ☐ ☐ ☐ ☐ ☐

I wait for the client to raise his/her religious/spiritual/existential concerns, before I do so. [375-379]

S. ☐ ☐ ☐ ☐ ☐

It's more appropriate to raise the spiritual dimension, than the religious dimension, of clients' presenting/underlying issues. [380-384]

T. ☐ ☐ ☐ ☐ ☐

I have a religious/spiritual belief system, but I don't give it much thought. [385-389]

U. ☐ ☐ ☐ ☐ ☐

I am sceptical of religious/spiritual belief systems that cannot be scientifically proven. [390-394]

V. ☐ ☐ ☐ ☐ ☐

I continually reconsider my religious/spiritual belief system, as I realise that life has many mysteries. [395-399]

W. ☐ ☐ ☐ ☐ ☐

I am very devoted to my religious/spiritual belief system, and see no need to reconsider or change it. [400-404]

In the following 2 statements, circle the option that most accurately reflects your experience.

X. Spiritually sensitive intervention is completely / very / somewhat / not at all different to the models of intervention I was taught as a student social worker. [405-408]

Y. Psycho-spiritual intervention is completely / very / somewhat / not at all different to psycho-social intervention. [409-412]

Z. If you were to label/categorise your overall approach to Social Work which of the following labels would be a most(ly) accurate description.

I would label my approach as:

- | | | |
|-----------------------------------|--------------------------|-------|
| Existential/humanist social work | ☐ | [415] |
| Transpersonal social work | ☐ | [416] |
| Spiritual social work | ☐ | [417] |
| Religious/faith-based social work | ☐ | [418] |
| Spiritually sensitive social work | ☐ | [419] |
| Eclectic social work | ☐ | [420] |
| Pastoral social work | ☐ | [421] |
| Other: | | [422] |

PART 3 - INTERVENTION TOOLS/TECHNIQUES

To respond to this section please:

1. Read through the options/tools/methods shown in column 1.
2. In column 2, tick (✓) those methods that you use with clients (whether it be in individual sessions, group sessions, workshops etc).
3. AND circle, in column 3, the option that shows how frequently you use these methods
F = frequently O = occasionally S = seldom R = on request only
4. AND circle, in column 4, the option that shows your degree of confidence/competence/ease in using those methods,
C = confident, competent, fully comfortable
X = mixed feelings; not as confident/competent/comfortable as you'd like to be
U = uncomfortable, uncertain, under-skilled

	Method/tool/technique	Use ✓ if used	Frequency F = frequently O = occasionally S = seldom R = on request only	Ease of use C = confident, competent, comfortable. X = not as confident/ competent as you'd like to be. U = uncertain, uncomfortable, under-skilled.
1	Identify/explore the client's religious/spiritual background* to determine its meaning for the client		F O S R	C X U
2	Compile a spiritual genogram/map/timeline with the client of all significant people, events, periods shaping the clients' spiritual/religion awareness and development from childhood to adulthood		F O S R	C X U
3	Compile a spiritual cosmology/anthropology with the client of his/her core beliefs/assumptions/ views about the overall meaning to life, notions of an Ultimate Reality, and relationship thereto		F O S R	C X U
4	Identify/explore the benefits/rewards of the client's religious/spiritual belief system to establish how their beliefs support/enhance/nurture their orientation to life`		F O S R	C X U
5	Identify/explore the harmful implications of the client's religious/spiritual belief system to establish the negative impact of certain beliefs upon his/her self-concept/functioning`		F O S R	C X U
6	Teach spiritual meditation to clients*		F O S R	C X U
7	Meditate with clients in the session*		F O S R	C X U

8	Debrief the client after their meditative experience		F O S R	C X U
9	Pray privately for clients outside the session*		F O S R	C X U
10	Pray <i>with</i> clients in your session together*		F O S R	C X U
11	Model/teach clients subjective/personalised prayer		F O S R	C X U
12	Use religious/spiritual language, or metaphor with client*		F O S R	C X U
13	Touch client for 'healing' or other therapeutic purpose* (e.g. aromatherapy massage, reiki, holistic pulsing)		F O S R	C X U
14	Touch client for 'comforting' purposes (e.g. holding client's hand, giving a hug, wiping away tears)		F O S R	C X U
15	Recommend participation in religious/spiritual/existential programmes* (e.g. church groups, prayer circles, retreats, 12-step programmes, meditation groups, growth-groups, discussion groups)		F O S R	C X U
16	Help clients clarify their religious/spiritual values*		F O S R	C X U
17	Help client (re)consider her/his choices/actions in order to actualise the values s/he aspires to^		F O S R	C X U
18	Help clients clarify their religious/spiritual/existential needs		F O S R	C X U
19	Identify the clues/hints that signal a client has religious/spiritual concerns and explore such concerns openly, directly, fully with the client		F O S R	C X U
20	Convey a benevolent presence: one that is peaceful, assured, warm, appreciative, compassionate, understanding, loving and gentle^		F O S R	C X U
21	Identify/explore the client's attitudes, beliefs, choices (re self, others, life/Life) expressed in his/her lifestyle^		F O S R	C X U
22	Explore those attitudes/choices/beliefs that help the client's awareness, growth and relationship/intimacy needs^		F O S R	C X U
23	Encourage clients' to face their negative/self-defeating/growth-blocking attitudes and behaviours and the impact of same		F O S R	C X U
24	Refer clients to religious/spiritual/existential counsellors for specialist counselling*		F O S R	C X U

25	Refer clients to other non-traditional practitioners : faith healers, shamans, traditional healers, psychic healers, witchdoctors, mediums or other cultural or mystical therapeutic practitioners		F O S R	C X U
26	Uncover, explore the client's often-hidden (and potentially shameful) ideation (e.g. delusions, fantasies or thoughts re suicide, euthanasia, hurting oneself)		F O S R	C X U
27	Encourage/facilitate ' life reviews ' (e.g. promoting a life review through the lens of guilt/regret/disempowerment; and/or another through the lens of (re)empowerment/compassion/ triumph)		F O S R	C X U
28	Encourage journal-writing as an ongoing tool for expression of one's inner-world		F O S R	C X U
29	Encourage self-discovery discourse (i.e. Socratic dialogue)+`		F O S R	C X U
30	Encourage the client to explore the spiritual dimension to their bio-psycho-social circumstances/feelings/thoughts/actions (' Interpret up ')+		F O S R	C X U
31	Encourage the client to explore the mental/emotional/physical/social dimension to their spiritual/existential/religious understanding (' Interpret down ')+		F O S R	C X U
32	Assist the client to integrate his/her transpersonal insights into daily life/living, enhanced functioning, and greater fulfilment`		F O S R	C X U
33	Model your own celebratory "YES!" to life's purpose, rewards and responsibilities		F O S R	C X U
34	Respond to clients' conflicts around moral/ethical decisions , questions or uncertainties		F O S R	C X U
35	Encourage clients' personalised/subjective insights/awareness/meaning from their psycho-spiritual issues and experiences		F O S R	C X U
36	Help client identify/utilise his/her own psycho-spiritual resources/strengths in response to their situation		F O S R	C X U
37	Determine the client's source(s) of hope, faith, trust , unity, belonging, belief, resilience, transformation \$=		F O S R	C X U
38	Offer/explore alternative perspectives on the client's religious/spiritual/existential beliefs		F O S R	C X U
39	Help client to find the gift/opportunity/invitation/lesson/growth inherent in their situation		F O S R	C X U

40	Invite client to describe their understanding of/relationship to that which is sacred, divine, transcendent, eternal, or ultimately real \$=		F O S R	C X U
41	Explore the significance/importance of the client's religious/spiritual practice in his/her daily life \$		F O S R	C X U
42	Determine the relationship the client perceives between his/her religious/spiritual beliefs and their present experience \$		F O S R	C X U
43	Explore/alleviate tensions between the client's religious/spiritual/secular beliefs, and his/her presenting problem		F O S R	C X U
44	Challenge incongruences between clients' behaviours and religious/spiritual beliefs		F O S R	C X U
45	Set clients ' homework ' tasks for between-sessions that promote deeper personal/interpersonal/transpersonal awareness and growth		F O S R	C X U
46	Review clients' progress regarding their 'homework'		F O S R	C X U
47	Explore the client's plateau experiences (moments when usual awareness is elevated through feelings of deep happiness, peace, contentment; moments confirming the preciousness of life)'		F O S R	C X U
48	Help clients develop therapeutic ritual(s)* to help them manage/resolve their feelings/thoughts (e.g. to create sacred space/time, to connect meaningfully with self/others/Ultimate Reality, to recharge)		F O S R	C X U
49	Participate in the client's therapeutic rituals during a session		F O S R	C X U
50	Recommend the client record his/her dreams (e.g. in a dream journal)		F O S R	C X U
51	Explore the religious/spiritual/existential elements in, and meaning of, client's dreams*		F O S R	C X U
52	Explore the client's deepest desires and 'seeds' or 'whispers' of the client's possibility/potential+		F O S R	C X U
53	Doing ' shadow work ' with the client (e.g. working with the client's disavowed, rejected, avoided aspects of self, the client's inner woundedness and vulnerability)+		F O S R	C X U
54	Assist client to de-repress/re-engage with his/her deepest anxieties/hurts etc in order to work with them consciously#		F O S R	C X U
55	Assist in healing of memories , releasing of past hurts, forgiving those who have caused hurt+		F O S R	C X U

56	Do 'community building' processes with client groups+ (as per Scott Peck)		F O S R	C X U
57	Explore the paradoxes , contradictions, mysteries, puzzles, confronting the client+		F O S R	C X U
58	Promote a client's tolerance for such ambiguity and uncertainty			
59	Promote cognitive restructuring through positive-thinking, positive self-talk, positive self-concept~		F O S R	C X U
60	Encourage concrete actions that serve as confirmations of the client's self-affirming statements^		F O S R	C X U
61	Encourage self-monitoring/self-mindfulness so client can notice (and release/act on) the nature of his/her thoughts/feelings/actions~+		F O S R	C X U
62	Rehearse with the client his/her desired behaviours/imagery/feelings/thoughts~		F O S R	C X U
63	Encourage/support the benefits of biophilia – the sense of connectedness and awe that comes from experiencing nature/scenic beauty/flora and fauna		F O S R	C X U
64	Be a spiritual director/mentor/coach to the client		F O S R	C X U
65	Explore/integrate the client's past/current peak experiences (life-changing events that prompt euphoric feelings, profound insights, a sense of unity and connectedness)'		F O S R	C X U
66	Recommend creative arts to facilitate client's psycho-spiritual expression/insight (e.g. mandalas, drawing, painting, clay modelling, mask making, sculpture)		F O S R	C X U
67	Use creative arts with the client in session		F O S R	C X U
68	Use/facilitate altered states of consciousness in session with the client (e.g. trance states, ecstatic states, profound empathic states, meditative states)		F O S R	C X U
69	Invite experiential growth by the client (e.g. acting out feelings, using the Gestalt "empty chair" technique, psychodrama) to help client express innermost feelings/thoughts#		F O S R	C X U
70	Help the client's self-expression to move from the somatic (physical) to the spiritual#		F O S R	C X U
71	Encourage/reinforce the client's creativity/imagination/intuition #		F O S R	C X U
72	Help the client listen to his/her conscience/consciousness beyond the dictates of the superego#		F O S R	C X U
73	Affirm and respond to the client's sense of humour#		F O S R	C X U

74	Help the client step outside/detach from/transcend his/her ego self#		F O S R	C X U
75	Promote and affirm the client's ability to de-reflect on self and reach out to others or causes s/he believes in#		F O S R	C X U
76	Recommend religious/spiritual music		F O S R	C X U
77	Recommend evocative/ consciousness-altering music (e.g. meditation music, shamanic drumming, crystal bowls, chanting)		F O S R	C X U
78	Listen to such music with the client in session		F O S R	C X U
79	Recommend/undertake movement rituals/practices that raise mind-body-spirit awareness/ expression (e.g. walking-meditation, spiral/labyrinth walk, tai-chi, dance, yoga, fire-walking)		F O S R	C X U
80	Use visual aids to facilitate client's psycho-spiritual expression/discovery/ exploration/well-being (e.g. Soul cards, Angel cards, Mind Lights, Strength cards, colour therapy, religious iconography)		F O S R	C X U
81	Recommend/use tactile aids to elicit client's awareness, exploration and celebration of their psycho-spiritual dimension (e.g. sacred objects, sand tray work, play therapy)		F O S R	C X U
82	Recommend/use other psycho-spiritual techniques to facilitate client's mind-body-spirit insight and wellness (e.g. chakra-balancing, psychic healing, free writing, visualisations, guided imagery)		F O S R	C X U
83	Offer psycho-spiritual education (e.g. explain the difference between depression and a 'dark night of the soul', or the difference between hallucinations and mystical experiences)`		F O S R	C X U
84	Assist client in his/her efforts at rapprochement (i.e. renewed closeness/intimacy with people/belief systems/organisations that were previously supportive/nurturing)`		F O S R	C X U
85	Recommend restorative beliefs/practices* (e.g. forgiveness, penance, retreats, prayer, meditation)		F O S R	C X U
86	Participate in such religious/spiritual practices with the client		F O S R	C X U
87	Introduce/ facilitate awareness-raising exercises/activities#		F O S R	C X U
88	Discuss/explore the client's mystical experiences and their meaning/impact		F O S R	C X U
89	Discuss/explore the client's religious/spiritual hopes, goals, aspirations, direction		F O S R	C X U

90	Discuss/explore the client's religious/spiritual fears, regrets, guilt , anxiety, doubts, concern, shame, disillusionment, anger, resistance, blaming		F O S R	C X U
91	Arrange/perform exorcism* to rid the client of malevolent spirits/energy		F O S R	C X U
92	Arrange/perform other purifying rituals intended to cleanse/bless the mind-body-soul (e.g. last rites, anointing with oils, communion, incense, detox programmes)		F O S R	C X U
93	Share your own religious/spiritual beliefs with the client [^]		F O S R	C X U
94	Help client discover/express/honour her/his authentic/genuine/ real self `		F O S R	C X U
95	Encourage/support a client's acts of appreciation for others (e.g. through poetry to express deep gratitude to a loved one, through a gift to acknowledge the depth/breadth of their love)		F O S R	C X U
96	Perform an opening or closing ritual with your client at the start/end of a session		F O S R	C X U
97	Recommend/provide the client with tapes/videos/books* that encourage religious/spiritual/existential/holistic awareness, exploration and appreciation*		F O S R	C X U
98	Watch/discuss videos, or listen to tapes, with the client in session		F O S R	C X U
99	Encourage/facilitate the client's self-healing/restorative practices (e.g. through holotropic breathwork, dis-identification, visualisations of wholeness, work with crystals)+		F O S R	C X U
100	Help client tap into his/her inner truth, deepest dimension, and transrational resources+ (e.g. intuition, inner vision, inner or transcendent guidance, Higher Self, spiritual core/essence, the deepest truth of who they are)		F O S R	C X U
101	Encourage self-transcendence e.g. through awareness of wholeness, balance, harmony, going beyond ego, experiencing a cosmic connection+		F O S R	C X U
102	Read religious/spiritual/existential texts/books to client*		F O S R	C X U
103	Read religious/spiritual/existential texts/books suggested by client		F O S R	C X U
104	Discuss such texts/books/ with the client		F O S R	C X U

105	Encourage/help the client to express their deepest thoughts/feelings/hopes through messages/mementoes (e.g. memory boxes, diaries, letters/cards, taped messages)		F O S R	C X U
106	Help the client plan/execute meaning-filled rituals (e.g. planning a funeral/memorial, honouring the sadness/loss that comes with divorce/separation/miscarriage, celebrating entry into adulthood or menopause, celebrating the sacred dimension to life)		F O S R	C X U
107	Help the client find/express meaning and purpose to his/her own life, death, suffering, joy, life-path/journey ^`		F O S R	C X U
108	Help the client gain a sense of some order existing beyond the chaos of his/her immediate experience=		F O S R	C X U
109	Facilitate an integrated sense of self, plus acceptance of this self=		F O S R	C X U
110	Assist the client's outward directed growth/awareness (i.e. interpersonal fulfilment, co-responsibility, interdependence, collaboration with others/environment) `		F O S R	C X U
111	Help client name/explore what s/he has done – and can still do - to fulfil their destiny, their deepest aspirations and highest goals =		F O S R	C X U
112	Help client distinguish/resolve their realistic and unrealistic guilt `		F O S R	C X U
113	Encourage/assist client to link with external sources of strength/regeneration (e.g. spiritual support group, natural places of beauty, people they admire) `		F O S R	C X U
114	Discuss/promote client's experiences of profound communion with others/life `		F O S R	C X U
115	Explore/encourage client's trans-egoic realisation/experience (i.e. transcending ego-bounded self identity, awareness of fundamental connectedness and unity with all of life) `		F O S R	C X U
116	Encourage the client to reconnect with all those memories, places, relationships, strengths, sights, colours, sounds, tastes, smells, movements etc that have inspiring/healing/helping significance `		F O S R	C X U

117	Explore with the client his/her spiritual emergencies (i.e. occasions when usual sense of identity/reality/esteem/coping/equilibrium is severely disrupted, or client's spiritual development is too rapid/dramatic)`		F O S R	C X U
118	Assist client's resolution of his/her nadir experiences (intense life-changing events that shatter client emotionally/mentally/spiritually`		F O S R	C X U
119	Assist the client's inward directed growth/awareness (i.e. her/his integration of belief and practice, balance in mind-body-spirit, wholeness in sense of self)`		F O S R	C X U
120	Encourage client's capacity to live fully in the ever-present NOW		F O S R	C X U
121	Invite the client to compile a Joy Profile – a list of all the people, experiences, places, activities and accomplishments that prompt deep joy, and to connect with these joys often >		F O S R	C X U
122	Encourage surrender/release/letting go of negative cognitions/emotions e.g. judgements of self/others, control issues, guilt, blame, shame, conflict, expectations of others, assumptions/ stereotypes, holding onto the past		F O S R	C X U
123	Promote peace of mind, trust , faith , surrender to a Higher Power		F O S R	C X U
124	Support the client's adjustment during periods of anticipatory grief as preparations are made for significant loss(es) and the sacrifice of goals/hopes/expectations/meanings @		F O S R	C X U
125	Encourage completion of unfinished business : be it personal, inter-personal or transpersonal @		F O S R	C X U
126	Support client's mourning process(es) , assimilation of associated changes and reprioritisation/reorganisation of new goals/meanings @		F O S R	C X U
127	Determine the client's sense of what it is that life/Life asks of him/her, and to support the client's acceptance of responsibility for the unique tasks facing him/her on their journey^		F O S R	C X U
128	Explore the client's awareness of, and relationship with, unseen sources of higher guidance (e.g. Angels, Guides, Teachers, Saints, Devas, Ancestors, Spirits) ()		F O S R	C X U

129	Exploring the client's sense, and understanding of his/her own soul/spirit/essential life force ()		F O S R	C X U
130	Facilitating the client's expression of inner soul/spirit ; and their movement towards conscious and intentional wholeness, balance, non-attachment, authentic power, inward security, completeness, understanding, trust, loving relations, compassion and full hearted living/being in the world ()		F O S R	C X U

Do you use any other psycho-spiritual techniques/tools not listed above? Please list these in the space below.

Appendix 3. Client questionnaire (including covering letter)

Dear respondent

I'd like to invite your participation in a research study.

The purpose of the research is to establish how social workers are responding to their clients' deepest needs, concerns and well-being. How are they helping their clients to explore, express and celebrate the meaning and purpose of life? How are social workers reinforcing the skills, awareness and resilience their clients show in overcoming their difficulties? How are they assisting clients to honour the wisdom and desires of their innermost truth? How are they supporting clients' beliefs in an Ultimate Reality? In other words, how are social workers expressing a spiritual sensitivity in their work?

Your social worker believes you are able to contribute to this research, and has given you this introductory letter and accompanying questionnaire.

Please be assured that there are no "right" or "wrong" answers in this questionnaire. Rather, I'm looking for answers that are right for you.

Your responses – and those of others like you – will give very useful feedback to social workers, social work students, and social work educators; all of whom are wanting to deliver the best possible service to their clients. Your response to this questionnaire can therefore make a valuable contribution to the advancement of social workers' skills, knowledge and competence.

On completion of the questionnaire, please either post it to me directly, or return it to your social worker, who will pass it on to me. (You can seal it in an envelope if you prefer that your social worker doesn't read it.) You may remain anonymous if you choose. However, if you are happy to show your name and contact details, I will send you a letter thanking you for your assistance.

The time and thought you give to this questionnaire is deeply appreciated. Thank you.

Kind regards

Eve Layton, *B.SocSc (Hons) Social Work (Clinical practice)*
Masters' degree student in Social Work
University of Cape Town
July 2004

Postal address:
9 La Playa
72-76 Coral Road
Bloubaerg 7441

TO GET STARTED

1. Read through the list of ways in which Social Workers can help their clients find meaning, purpose, and expression of a deeper well-being (column 1).
2. In column 2, indicate if you'd be willing/keen to experience that method, by circling the response that's right for you (Y = yes, N = no, ? = undecided)

YOUR SOCIAL WORKER COULD HELP YOU TO IDENTIFY AND EXPRESS:	Would you be willing/keen to experience this? Y = Yes N = No ? = Undecided Circle your choice		
The deeper meaning your past/current situation has for you in light of your own personal religious/spiritual/existential beliefs and practices	Y	N	?
Your deepest needs, goals, hopes (for self/Self, and your life in general)	Y	N	?
Your positive/inspirational/healing/helping memories , places, people, experiences	Y	N	?
Your strengths, resources, attributes (both internal and external) that help to sustain you in difficulties moments/experiences	Y	N	?
Your understanding of that which sacred, transcendent, Ultimately Real to you	Y	N	?
Your meaning, purpose and direction in life	Y	N	?

YOUR SOCIAL WORKER COULD HELP TO PROMOTE:	Would you be willing/keen to experience this? Y = Yes N = No ? = Undecided Circle your choice		
Integration of your religious/spiritual/existential insights into your daily life	Y	N	?
Awareness and development of fulfilling, collaborative relationships with others/the environment	Y	N	?
Awareness and development of the inner, personal, authentic you	Y	N	?
Experiences of (re)union , connection with Life and Ultimate Reality	Y	N	?
Your capacity to live fully in the ever-present NOW	Y	N	?

YOUR SOCIAL WORKER COULD USE HER/HIMSELF TO:	Would you be willing/keen to experience this? Y = Yes N = No ? = Undecided Circle your choice		
Be a caring presence: warm, peaceful, compassionate, understanding, gentle, appreciative, positive, sensitive, intuitive, open, honest, supportive	Y	N	?
Model a celebratory "YES" to life	Y	N	?
Be a spiritual coach/mentor/guide/facilitator to you	Y	N	?
Share his/her own existential/religious/spiritual beliefs with you	Y	N	?
Pray for you	Y	N	?

YOUR SOCIAL WORKER COULD RECOMMEND OR INTRODUCE YOU TO:	Would you be willing/keen to experience this? Y = Yes N = No ? = Undecided Circle your choice		
Meditation/visualisation – to aid relaxation, concentration, inward attunement, altered states of awareness, inner peace, self-discovery	Y	N	?
Personalised/subjective prayer – to aid a sense of connection to an Ultimate Reality	Y	N	?
Touch – for purposes of emotional comfort (e.g. holding your hand, giving you a hug, wiping away your tears)	Y	N	?
Touch – for purposes of physical well-being (e.g. Reiki, aromatherapy massage, 'holistic pulsing', Indian head massage)	Y	N	?
Spiritual/religious programmes – (e.g. church groups, prayer circles, retreats, 12-step programmes, meditation groups, growth-groups, discussion groups)	Y	N	?
Religious/spiritual/pastoral counsellors	Y	N	?
Non-traditional/alternative practitioners , e.g. faith healers, shamans, traditional healers, psychic healers, mediums, or other cultural therapeutic practitioners	Y	N	?
Journal writing – to record & explore your feelings, thoughts, dreams, experiences	Y	N	?
Homework activities (e.g. reading, writing, reflection, experimenting with new behaviours or thoughts) to promote ever deeper personal awareness and growth	Y	N	?
Rituals – to help you honour special moments, relationships or experiences; to create space/time in your life for acknowledging that which is meaningful to you	Y	N	?
Letting go/Forgiveness – ways of releasing past hurts, guilt, troubling memories	Y	N	?
Self-affirmations – ways of building/sustaining positive inner dialogue/thinking	Y	N	?
Confirming actions – ways of affirming yourself through constructive behaviours	Y	N	?
Self-monitoring – ways of becoming more mindful/aware/in-touch with yourself	Y	N	?
Nature visits/walks – to feel the sense of connectedness/peace that comes from experiences of nature/natural beauty	Y	N	?
Altered states of consciousness – e.g. trance/meditative/ecstatic/empathic states – that raise awareness and appreciation	Y	N	?
Experiential exercises – to help you express/experience your innermost feelings, thoughts and meanings	Y	N	?
Acts of appreciation for others, or helping others, or renewed closeness with others	Y	N	?
Music – evocative, religious, spiritual, or mood-altering music to promote a sense of well-being, or a sense of connection to an Ultimate Reality	Y	N	?
Movement – tai-chi, dance, yoga, spiral/labyrinth walks to raise mind-body-spirit awareness and wellness	Y	N	?
Visual aids – e.g. use of Soul cards, Angel cards, Mind Lights, Strength cards, colour therapy etc - to encourage alternative forms of expression/discovery/connectedness	Y	N	?

Restorative spiritual/religious practices – e.g. retreats, prayer, making amends, purifying rituals – that help to re-establish meaningful connection with others/Life	Y	N	?
Books, tapes, videos that encourage/support your personal/spiritual/religious awareness, exploration and appreciation for this human experience	Y	N	?
A spiritual map/timeline recording the significant people, periods & experiences that shaped your spiritual/religious awareness/development from childhood to adulthood.	Y	N	?
Creating a unique chart to help you record and explore the beliefs/views <u>you</u> hold about the overall meaning and purpose of life/death, the existence of an Ultimate Reality, and the nature of your relationship with this Reality	Y	N	?
A Joy Profile – a list of the people, accomplishments, experiences, places, activities that give you deep joy during the pleasures/struggles of everyday living	Y	N	?
Creative arts to facilitate expression of your emotional, mental and spiritual dimensions – e.g. painting, sculpture, drawings, clay modelling, sand-tray work, play therapy, mask-making, picture collages	Y	N	?
Messages/mementos to express your inner self to loved ones - e.g. diaries, letters, cards, taped messages, memory boxes, collages	Y	N	?

YOUR SOCIAL WORKER COULD HELP YOU TO EXPLORE:	Would you be willing/keen to experience this? Y = Yes N = No ? = Undecided Circle your choice		
The meaning, importance, benefits of your religious/spiritual beliefs & practice	Y	N	?
The harmful implications of your beliefs and practice - to establish how they impact negatively on the picture you have of yourself, and your everyday functioning	Y	N	?
The contradictions/puzzles/ambiguities/mysteries/unanswered questions of your religious/spiritual/personal beliefs/practice	Y	N	?
The meaning and impact of your childhood religion/spirituality/philosophy (or absence thereof) on who/how you are now and your response to life's joys/struggles	Y	N	?
Your deepest/highest values in life and your expression of these in your life	Y	N	?
Your deepest concerns, fears, shame, guilt, moral/ethical issues, tensions, hurts	Y	N	?
Your growth-promoting and growth-blocking attitudes/beliefs/choices that help or hinder your personal understanding, growth and intimacy needs	Y	N	?
The opportunity/gift/lesson/growth/invitation in your current situation	Y	N	?
The path your life has taken – its joys and struggles, successes and failures	Y	N	?
Alternative perspectives on your religious/spiritual/unique beliefs/meanings	Y	N	?
Your plateau experiences – moments when your usual awareness is elevated through feelings of deep happiness, peace, contentment, etc.	Y	N	?

Your deepest wishes/hopes/goals/desires and the 'seeds of potential' in you	Y	N	?
Your ' shadow ' side – those aspects of your inner self that you would usually prefer to reject, deny, avoid facing fully and honestly but that block your growth/transformation	Y	N	?
Your peak experiences – life changing events that provoke profound/deep insight, joy, a sense of unity/belonging/connectedness	Y	N	?
Your creativity, imagination, intuition, inner truth, Higher Self, your spiritual essence	Y	N	?
Your conscience and consciousness – to help you find authentic self-expression	Y	N	?
Your mystical experiences – events/moments when you sense/feel or experience a reality that is beyond rational, physical, intellectual explanation	Y	N	?
The order that exists beyond the chaos/struggle/tension of your immediate experience	Y	N	?
Your spiritual emergencies – those periods when your usual sense of self is severely disrupted and you are thrown into periods of deep doubt/depression/crisis	Y	N	?
Your nadir experiences – those intense life-changing events that shatter you and bring you to a very low/dark/confused/lonely place/state of being	Y	N	?
That which promotes and supports your inner peace, trust, faith, surrender to an Ultimate Reality	Y	N	?
Your unfinished business - your experiences that have left you with unresolved grief/mourning/sadness	Y	N	?
Your adjustment to significant losses experienced during your life, and the sacrifice of the goals/hopes/expectations/dreams you held	Y	N	?
What it is that life/Life asks of you; the unique meaning your life has for you; the invitation it holds out to you	Y	N	?

One final question. Please tick the one box that most accurately applies to you.

- ☐ I have a religious/spiritual belief system, but I don't give it much thought.
- ☐ I am sceptical of religious/spiritual belief systems that cannot be scientifically proven.
- ☐ I continually reconsider my religious/spiritual belief system, as I realise that life has many mysteries.
- ☐ I am very devoted to my religious/spiritual belief system, and see no need to question it.

THANK YOU FOR YOUR RESPONSES!

Please return this questionnaire to your social worker, or by posting it to the researcher at 9 La Playa, 72-76 Coral Road, Bloubaerg 7441

YOUR NAME & ADDRESS (optional):

Appendix 4.

List of Assessment Instruments shown to social workers during interview

Standardised Assessment instruments for measuring:

1. Quality of life

- McGill Quality of Life Questionnaire (Cohen, 1995)
- Missoula-VITAS Quality of Life Index (Byock, 1995)
- McMaster Health Index Questionnaire (Chambers, 1982)
- McAdam and Smith Index of Quality of Life (McAdam, 1987)
- QL Index, HIRC-QL (Morris, 1986)
- Ferrans & Powers Quality of Life Index (Ferrans, 1985)
- The Hospice Index (McMillan, 1994)

2. Attitudes

- Death Attitude Profile (Gesser, 1987)
- Life Attitude Profile
- McCanse Readiness for Death instrument (McCanse, 1995)
- Templer's Death Anxiety Scale (Aday, 1984)
- Purpose in Life test (PIL) (Crumbaugh, 1964)
- The Seeking of Noetic Goals Test (SONG) (Crumbaugh, 1977)
- Meaning In Life Scale

3. Religiousness

- Religious Coping Scale (Pargament, 1990)
- Religious Orientation Measure (Allport, 1967)
- Quest Scale (Batson, 1991)
- The Religiousness Scale (Stryhorn, 1990)
- Religious Coping (Koenig, 1992)
- Intrinsic Religious Motivation Scale (IRMS) (Hoge, 1972)
- Spiritual and Religious Concerns Questionnaire (Silber & Reilly, 1985)
- Non-doctrinal Religious Scale (Yinger, 1969)
- Intrinsic-Extrinsic Religious Orientation Scale (Allport & Ross, 1967)
- Intrinsic-Extrinsic Religious Motivation (Feagin, 1964)
- Religious/Spiritual Beliefs & Experiences (James, 1987)
- Christian Life Assessment Scale (Smith, 1986)

4. Spirituality

- Spiritual Well-being Scale (Paloutzian & Ellison, 1982)
- Death Transcendence Scale (DTS) (Hood & Morris, 1983;
- Death Transcendence Scale (VandeCreek & Nye, 1993/4)
- Meaning in Life Scale (Warner & Williams, 1987)
- Herth Hope Index (VandeCreek, 1994)
- Index of Core Spiritual Experiences (INSPIRIT) (Kass et al, 1991)
- Spiritual Perspective Scale (SPS) (Reed, 1968, 1987 & Belcher, 1989)
- FACT-Sp (examines faith, sense of purpose/meaning in life) (Fitchett, 1996)
- Spirituality Assessment Scale (SAS) (Howden, 1992) (Hall & Edwards, 1995)
- Spiritual Orientation Inventory (SOI) (Elkins, Hughes, Leaf & Saunders, 1988)
- Mystical Experience Scale (M-Scale) (Hood, 1975)
- Peak Scale (PES) (Mathes, Zevon, Roter & Joerger, 1982)

- Armstrong Measure of Spirituality (Armstrong, 1995)
- Spiritual Belief Scale (Schaler, 1995)
- Spiritual Wellbeing questionnaire (Moberg, 1984)
- Spiritual Gifts Inventory (Hocking, 1975)

5. Miscellaneous transpersonal measurements

- Self Expansiveness Level form (SELF) (Friedman, 1983)
- Transpersonal Orientation to Learning (TOTL) (Shapiro & Fitzgerald, 1989)
- Ego Grasping Orientation (EGO) (Knoblauch & Falconer, 1986)
- East-West Questionnaire (EWQ) (Gilgen & Cho, 1979)
- Paranormal Beliefs Scale (PBS) (Tobacyk & Milford, 1983)
- Assessment Schedule for Altered States of Consciousness (ASASC) (Van Quekelberghe et al, 1991)
- Integration Inventory (II) (Ruffing-Rahal, 1991)
- Boundary Questionnaire (BQ) (Hartmann, 1991)
- Personal Philosophy Inventory (PPI) (Persinger & Makarec, 1987, 1993)
- Holistic Living Inventory (HLI) (Stoudenmire, et al, 1985)
- Temperament and Character Inventory (TCI) Cloninger et al, 1993)
- Phenomenology of Consciousness Inventory (PCI) (Pekala et al, 1986)
- Avoidance of Existential Confrontation Scale (Thauberger, 1976)

Appendix 5.

Subjects reported to enhance spiritually sensitive social work

The following table indicates the list of subjects, taken formally or informally, that enhanced the social worker respondents' *psycho-spiritual* practice (in descending order)

SUBJECT	N	%
Psycho-spiritual issues in specialised fields, e.g. palliative care, addictions, trauma, bereavement, work with the aged	13	65%
Basic counselling skills	11	55%
Advanced counselling skills	10	50%
Human spirituality	10	
Difference between religion & spirituality	8	40%
Transpersonal theories	8	
Psychodynamic theories	8	
Counselling theories	8	
Theology/religious studies	7	35%
New Age spirituality	7	
Existential/humanist theories	7	
Psycho-social counselling skills	7	
Behavioural theories	6	30%
Psycho-spiritual counselling skills	6	
Higher/altered states of consciousness	5	20%
Pastoral counselling skills	5	
Contemporary religions in SA	3	15%
New Science (e.g. Quantum physics)	3	
Mysticism	3	
Comparative religion	2	10%
Psycho-spiritual assessment	1	5%
Psycho-spiritual intervention	1	
Jungian theory	1	
Biblical basis of community transformation	1	
Minority religions in SA	0	

Appendix 6.**Resources that equipped the spiritually sensitive social worker respondents**

The full list of authors, books, workshops, experiences and people reported to have helped equip the respondents for spiritually sensitive social work.

AUTHOR	BOOK TITLE, OR GENERAL TOPIC
Bernie Siegel	Holistic health
Cecily Saunders	Palliative care, hospice work
Elizabeth Kubler-Ross	Terminal illness
Henri Nouwen	Spirituality
Margaret Singh	"The Grace in Dying"
Francis & Edith Schaeffer	Christian spirituality
Mitch Albom	"Tuesdays with Morrie"
Jean Vanier	"On becoming human"
Hope & Timmel	"Training for Transformation"
Dewi Hughes	"God of the Poor"
Edna Rooth	Life skills
Leo Buscaglia	Various
M. Scott-Peck	Various
Sanaya Roman	Various
Deepak Chopra	Various
Gary Zukav	"The seat of the soul"
Caroline Myss	Various
Brandon Bays	"The Journey"
Carol Pearson	"The Hero Within" & "The Hero's Journey"
Angeles Arrien	"The Fourfold Way"
Neale Donald Walsh	The "Conversations with God" books
Michael	The "Michael Teachings"
Dalai Lama	Various
Diana Cooper	Writing on Angels
Lucia Cappacchione	"Recovery of your inner child"
Gerald Hughes	Human development
Howard Clinebell	Pastoral counselling
Joyce Rupp	"Praying our goodbyes"
Sue Monk-Kidd	"When the heart waits"; "God's joyful surprise"
Rosamund & Benjamin Zander	"The art of possibility"
Trevor Hudson	"Ten signposts to Spirituality"
Judie Chiappone	"Sacred choices"
Jean Houston	"A Passion for the Possible"
Louise Hay	"You can heal your life"
Harville Hendricks	"Getting the love you want"
Arnold Mindell	Process oriented psychology
Margery Williams	"The Velveteen Rabbit"
Julia Cameron	"The Artist's Way"
Joseph Goldstein	"Insight meditation"
Ken Wilber	Transpersonal growth
John Welwood	Spiritual transformation
Stephen Levine	Conscious living
Ram Dass	Spirituality

Gavin Harrison Morton Kelsey Doreen Kingsley Wayne Dyer James Dobson Ayn Rand Richard Bach John Main Carl Jung Carl Rogers Adrian van Kaam Gerard Hughes Various authors	“In the lap of the Buddha” “Christo Psychology” “Celebrations” “Your erroneous zones” “Emotions – can we trust them?” “The Fountainhead” “Jonathan Livingstone Seagull” Contemplative prayer and meditation Various “On becoming a person”; “A way of being” Christian spirituality “The God of Surprises” (Auto)Biographies about great leaders: e.g. Nelson Mandela, Mahatma Gandhi Books and articles on: Transpersonal Psychology The Psychotherapy Networker journal Christian counselling literature and community development theory Sacred texts
COURSES/WORKSHOPS	PEOPLE/ORGANISATIONS
Alexander technique Alpha Course Alternative child rearing techniques and knowledge (as practised by the Sioux tribe of N. America) Aromatherapy Astrology Art therapy Autogenetics Body Stress Release Christian counselling courses (by Philippi Trust, and Theologos) Dymphna Institute (London) – training courses ranging from counselling to psychotherapy. Emotional healing Family mediation training Hypnotherapy Imago Training Inner Child work Islamic Madrassa School The Judaic Kabbalah Jungian Psychology “LEAP” (leadership course by Bob Cooper) Life Space game “Love in Africa” conference (inter- denominational) Mandalas “Market place theology” (by David Prior)	Mentors and colleagues in the workplace Significant university supervisors or lecturers LifeLine/Childline W. Cape The Emissaries The Rosicrucians The Quakers Renowned social leaders e.g. Nelson Mandela, Mahatma Gandhi Renowned faith-based leaders e.g. Islamic Prophet Mohammed, Dalai Lama, Jesus Faith-based teachers/mentors Extended family members, especially the “wise crone” (grandmother, mother, mother in law) Own relationship with one’s Higher Power/Ultimate Reality Certain specialised practitioners, e.g. loss/grief specialist Spiritual directors Significant friends Significant trainers Centre for Christian Spirituality Certain churches and church leaders Hedy & Yumi Schleiffer (Imago therapy trainers)

Meditation New Age spirituality Numerology Play therapy Phenomenology Psychosynthesis Reiki Reflexology Sand-tray work Spiritual Retreating Symbolism Tarot Tai Chi Therapy Transactional Analysis Visualisation Vision Quest	
---	--

Appendix 7.**Desired resources for further development of spiritually sensitive practice**

The following table indicates the learning experiences the social worker respondents report they would still like to have in order to enhance their spiritually sensitive social work practice.

COURSES/WORKSHOPS IN	SPECIALISED TRAINING IN
Brandon Bay's "The Journey" Byron Katie's "The Work" The Capacitar training Dorian Haarhof's writing workshops Guided imagery "Healing of memories" work Hypnotherapy Inner healing Meditation Sand-tray therapy Shadow work Social capital and human worth, including strategies for multicultural bridging, networking, empowering	Art therapy Dance/movement therapy Family Constellation therapy Imago therapy Jungian theory/therapy Sexual abuse Transaction analysis Twelve-Step therapy Pastoral counselling Process oriented psychology Psycho-spiritual counselling Narrative therapy
EXPERIENCES OF	BOOKS ON
Contemplative spirituality More personal growth Retreating Spiritual direction	Christian spirituality Feminine spirituality New Age spirituality

Appendix 8.

List of therapeutic models shown to social workers during interview

Different theories, orientations and approaches possible in social work practice

Art therapy	Narrative
Behaviour therapy	Neurolinguistic Programming
Clinical theology	Object relations therapy
Client-centred/person-centred	Past lives therapy
Cognitive-analytic	Pastoral counselling
Cognitive-behavioural	Problem-solving
Cognitive-interpersonal	Process-oriented
Communicative therapy	Psychodrama
Constructivist approach	Psychosocial
Crisis intervention	Psychosynthesis
Ego psychology/psychodynamic	Rational emotive therapy
Empowerment approach	Reality therapy
Existential	Rebirthing
Experiential	Redecision therapy
Feminist	Role Theory
Functional	Rolfing
Gestalt	Self psychology
Hypnotherapy	Sex therapy
Inner Child therapy	Solution-focused brief therapy
Intensive/short-term therapy	Stress inoculation training
Jungian	Systemic/eco-systemic approach
Kleinian	Task-centred
Lacanian	Transactional Analysis
Life Model approach	Transpersonal
Life Skills training	Twelve-steps therapy
Logotherapy	Validation therapy
Motivational interviewing	Will therapy
Multimodal therapy	Other:.....

Appendix 9.

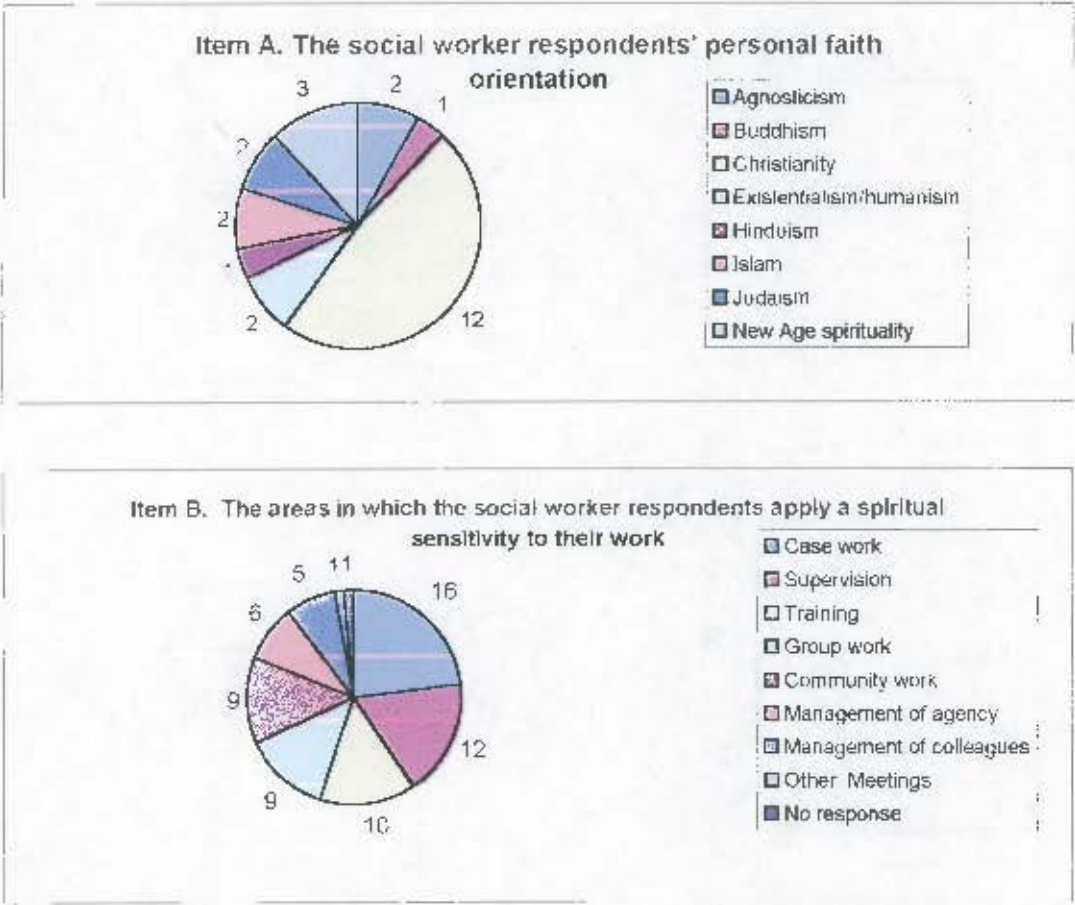
Models reported to directly enhance spiritually sensitive social work

The following table indicates the models, theories and approaches used by the social worker respondents that they believe directly enhance spiritually sensitive social work. The models beginning with "Other" indicate models suggested by the respondents themselves.

THEORY, MODEL, APPROACH	N	%
Client-centred/person-centred (Rogers)	8	40%
Inner Child therapy	8	
Jungian therapy	8	
Art therapy	6	30%
Feminist approach	6	
Crisis intervention	4	20%
Empowerment approach	4	
Existential approach	4	
Life Skills training	4	
Narrative therapy	4	
Problem-solving	4	
Self psychology	4	
Other: Imago	4	
Ego psychology/psychodynamic	3	15%
Gestalt	3	
Logotherapy	3	
Psychosocial	3	
Psychosynthesis	3	
Transactional Analysis	3	
Twelve-steps therapy	3	
Behaviour therapy	2	10%
Experiential	2	
Motivational interviewing	2	
Neurolinguistic Programming	2	
Object relations therapy	2	
Past lives therapy	2	
Pastoral counselling	2	
Process-oriented	2	
Rational emotive therapy	2	
Reality therapy	2	
Role Theory	2	
Sex therapy	2	
Transpersonal	2	
Other: Mediation/conflict resolution	2	
Psychodrama	1	5%
Multimodal therapy	1	
Hypnotherapy	1	
Kleinian	1	

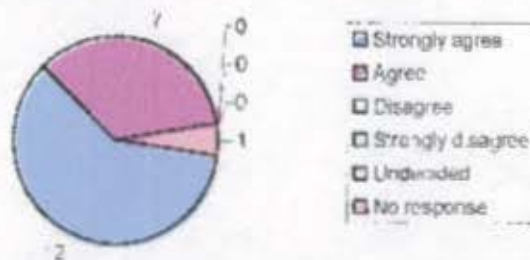
Rebirthing	1	
Redecision therapy	1	
Solution-focused brief therapy	1	
Stress inoculation training	1	
Task-centred	1	
Other: The Four-Fold Way (Angeles Arrien)	1	
Other: Christian-based community development theories	1	
Clinical theology	0	
Cognitive-analytic	0	
Cognitive-behavioural	0	
Cognitive-interpersonal	0	
Communicative therapy	0	
Constructivist approach	0	
Functional	0	
Intensive/short-term therapy	0	
Lacanian	0	
Life Model approach	0	
Rolfing	0	
Systemic/eco-systemic approach	0	
Validation therapy	0	
Will therapy	0	

Appendix 10.
Results of social worker questionnaire (parts 1 and 2)



The results to Item C are shown separately (in appendix 5).

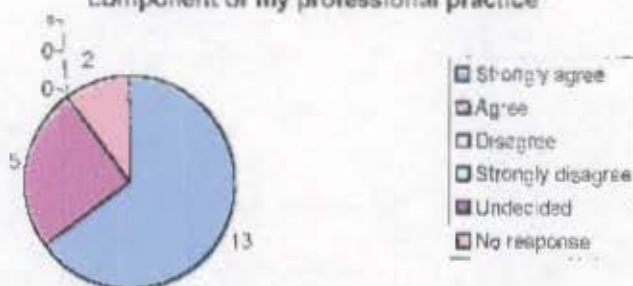
Item D. "Spiritually sensitive social work respects the diverse ways in which people explore, express and celebrate meaning ..."



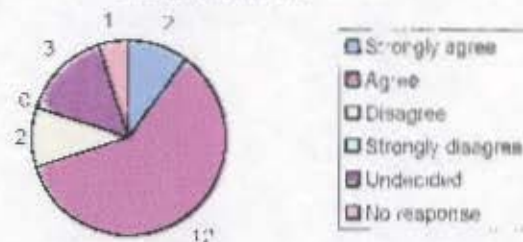
Item E. "The ways in which people explore their meaning ... may be religious, non-religious, theistic, atheistic, ..."



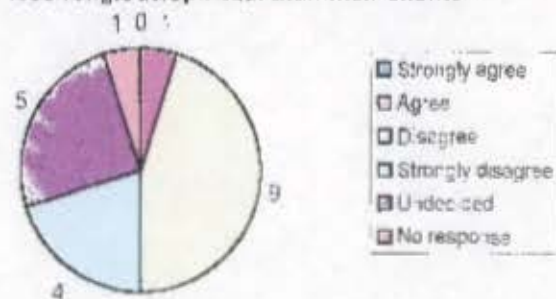
Item F. "My spirituality is an important component of my professional practice"



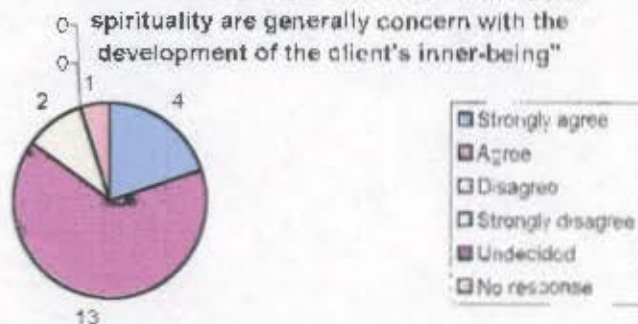
Item G. "The spiritual dimension of client well-being is not well understood in the social work field"



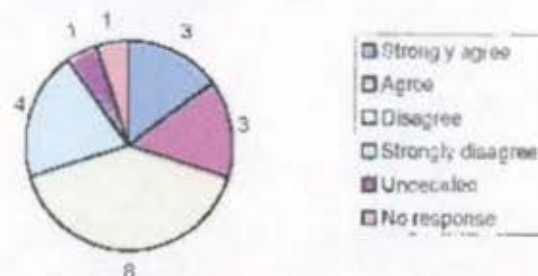
Item H. "Social workers, as a group, seem less religious/spiritual than their clients"



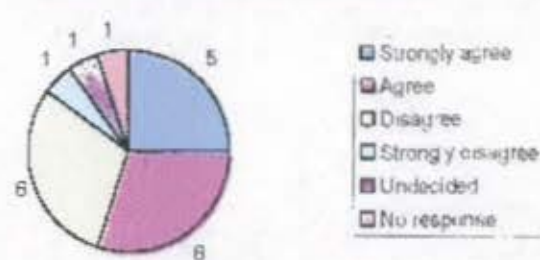
Item I. "Professionals concerned with human spirituality are generally concerned with the development of the client's inner-being"



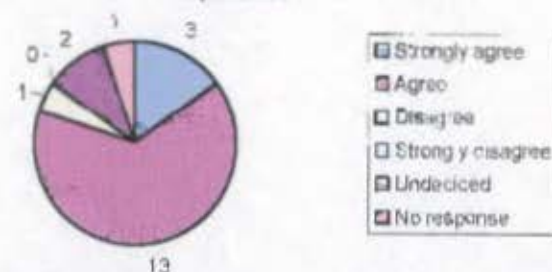
Item J. "My choice of profession was/is directly motivated by religious goals"



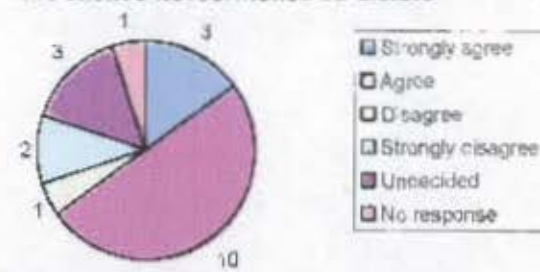
Item K. "My choice of profession was/is directly motivated by spiritual goals"



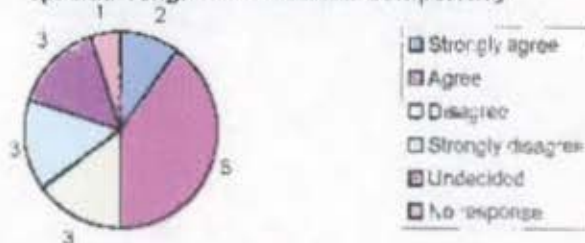
Item L. "Spiritually sensitive intervention requires multi- or inter-disciplinary knowledge & practice"



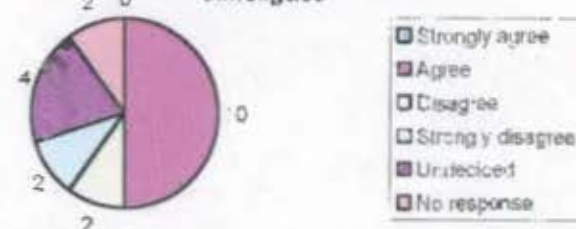
Item M. "It is unethical to overlook spiritually oriented assessment and intervention when the client's needs/wishes so dictate"



Item N. "Spiritually sensitive social workers need to articulate to clients the limits of their spiritual/religious/ existential competency"



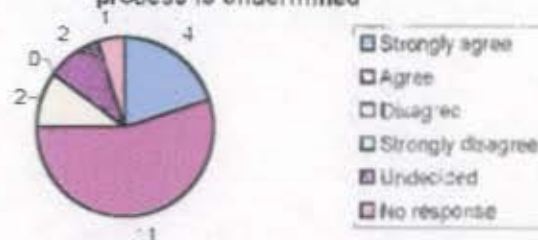
Item O. "Spiritually sensitive social workers need to articulate the nature of their care-giving role to their interdisciplinary colleagues"



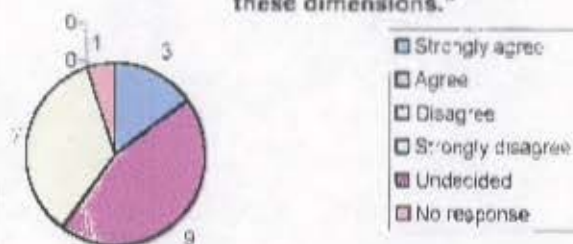
Item P. "Spiritually sensitive social workers need to articulate to colleagues the limits of their spiritual/religious/ existential competency"



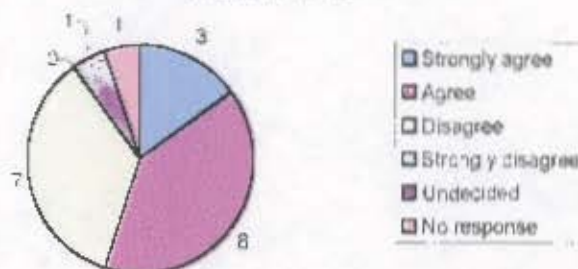
Item Q. "When clients feel that their religious/spiritual beliefs/practices are misunderstood, ignored or neglected during intervention, the therapeutic relationship and process is undermined"



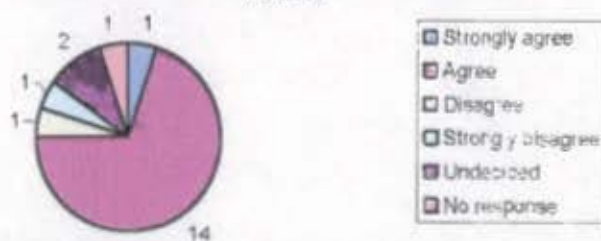
Item U. "I ONLY raise spiritual/religious/existential issues with a client when there are clear indicators of the client's interest/willingness to engage with these dimensions."



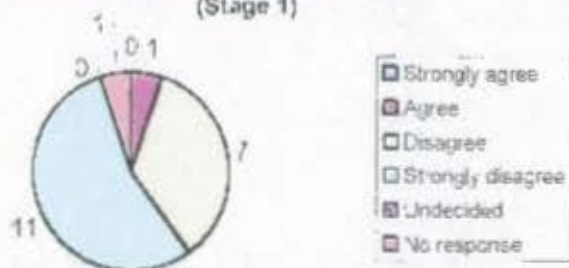
Item R. "I wait for the client to raise his/her religious/spiritual/existential concerns, before I do so"



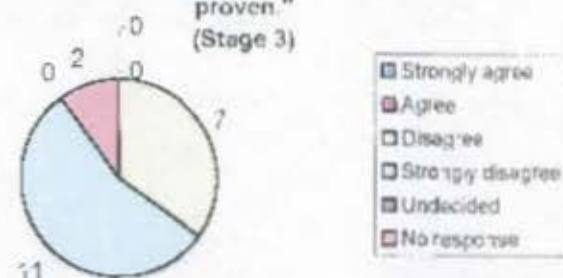
Item S. "It's more appropriate to raise the spiritual dimension, than the religious dimension, of clients' presenting/underlying issues."



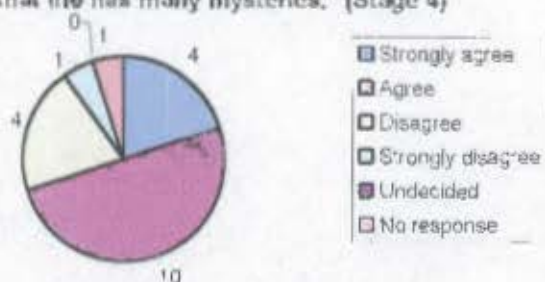
Item T. "I have a religious/spiritual belief system, but I don't give it much thought." (Stage 1)



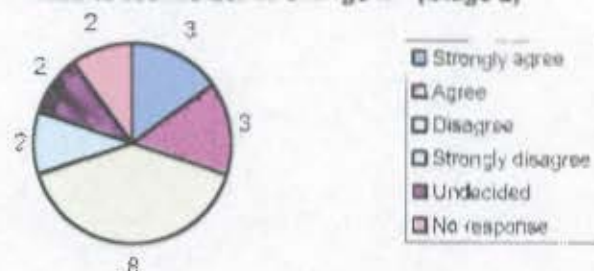
Item U. "I am sceptical of religious/spiritual belief systems that cannot be scientifically proven." (Stage 3)



Item V. "I continually reconsider my religious/spiritual belief system, as I realise that life has many mysteries." (Stage 4)



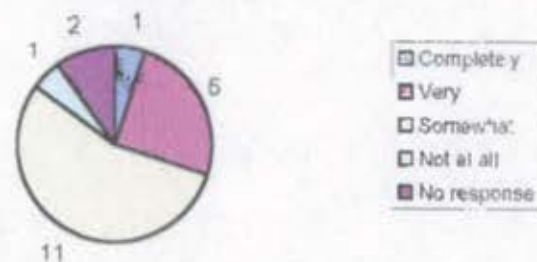
Item W. "I am very devoted to my religious/spiritual belief system, and see no need to reconsider or change it." (Stage 2)



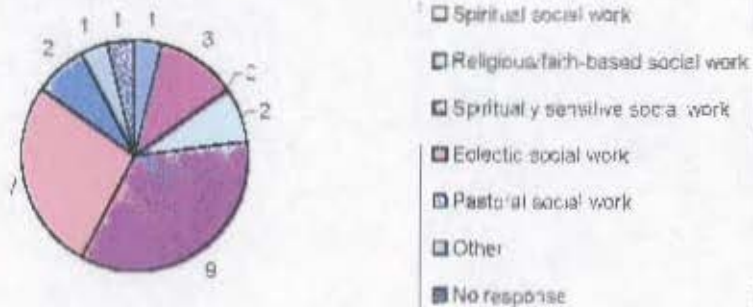
Item X. "Spiritually sensitive intervention is different to the models of intervention I was taught as a social worker."



Item Y. "Psycho-spiritual intervention is different to psycho-social intervention."



Item Z. Respondents' choice of label for their overall social work approach



Appendix 11. Results of social worker questionnaire (part 3). (Sorted in descending order by the number of respondents using each method)

Item number in proforma questionnaire	Interventions used by social worker respondents	No. of respon- dents using method	Frequency	Ease of use
			F = frequently O = occasionally S = seldom R = on request only	C = confident, competent, comfortable. X = not as confident/ competent as you'd like to be U = uncertain, uncomfortable, under-skilled
34	Respond to clients' conflicts around moral/ethical decisions , questions or uncertainties	19	F = 8 O = 8 S = 2 R = 1 Non-response = 0	C = 13 X = 3 U = 2 Non-response = 1
39	Help client to find the gift/opportunity /invitation/lesson/growth inherent in their situation	19	F = 11 O = 6 S = 1 R = 1 Non-response = 0	C = 14 X = 4 U = 0 Non-response = 1
16	Help clients clarify their religious/spiritual values *	18	F = 6 O = 4 S = 1 R = 7 Non-response = 0	C = 14 X = 4 U = 0 Non-response = 0
17	Help client (re) consider her/his choices /actions in order to actualise the values s/he aspires to^	18	F = 6 O = 6 S = 1 R = 4 Non-response = 1	C = 14 X = 4 U = 0 Non-response = 0
20	Convey a benevolent presence : one that is peaceful, assured, warm, appreciative, compassionate, understanding, loving and gentle^	18	F = 16 O = 2 S = 0 R = 0 Non-response = 0	C = 16 X = 1 U = 0 Non-response = 1
21	Identify/explore the client's attitudes, beliefs, choices (re self, others, life/Life) expressed in his/her lifestyle^	18	F = 16 O = 1 S = 1 R = 0 Non-response = 0	C = 16 X = 2 U = 0 Non-response = 0

22	Explore those attitudes/choices/beliefs that help the client's awareness, growth and relationship/intimacy needs [^]	18	F = 15 O = 2 S = 1 R = 0 Non-response = 0	C = 16 X = 2 U = 0 Non-response = 0
23	Encourage clients' to face their negative/self-defeating/ growth-blocking attitudes and behaviours and the impact of same	18	F = 15 O = 2 S = 1 R = 0 Non-response = 0	C = 16 X = 1 U = 0 Non-response = 1
28	Encourage journal-writing as an ongoing tool for expression of one's inner-world	18	F = 10 O = 6 S = 2 R = 0 Non-response = 0	C = 17 X = 1 U = 0 Non-response = 0
73	Affirm and respond to the client's sense of humour #	18	F = 14 O = 3 S = 1 R = 0 Non-response = 0	C = 15 X = 3 U = 0 Non-response = 0
127	Determine the client's sense of what it is that life/Life asks of him/her, and to support the client's acceptance of responsibility for the unique tasks facing him/her on their journey [^]	18	F = 10 O = 7 S = 1 R = 0 Non-response = 0	C = 14 X = 4 U = 0 Non-response = 0
1	Identify/explore the client's religious/spiritual background * to determine its meaning for the client	17	F = 7 O = 6 S = 1 R = 3 Non-response = 0	C = 14 X = 3 U = 0 Non-response = 0
12	Use religious/spiritual language , or metaphor with client*	17	F = 5 O = 8 S = 4 R = 0 Non-response = 0	C = 14 X = 0 U = 0 Non-response = 3
14	Touch client for ' comforting ' purposes (e.g. holding client's hand, giving a hug, wiping away tears)	17	F = 5 O = 6 S = 3 R = 1 Non-response = 0	C = 14 X = 2 U = 0 Non-response = 1

15	Recommend participation in religious/spiritual/existential programmes* (e.g. church groups, prayer circles, retreats, 12-step programmes, meditation groups, growth-groups, discussion groups)	17	F = 5 O = 1* S = 0 R = 1 Non-response = 0	C = 17 X = 0 U = 0 Non-response = 0
19	Identify the clues/hints that signal a client has religious/spiritual concerns and explore such concerns openly, directly, fully with the client	17	F = 10 O = 4 S = 2 R = 1 Non-response = 0	C = 15 X = 1 U = 0 Non-response = 1
26	Uncover, explore the client's often-hidden (and potentially shameful) ideation (e.g. delusions, fantasies or thoughts re suicide, euthanasia, hurting oneself)	17	F = 10 O = 3 S = 3 R = 1 Non-response = 0	C = 14 X = 2 U = 1 Non-response = 0
32	Assist the client to integrate his/her transpersonal insights into daily life/living, enhanced functioning, and greater fulfilment	17	F = 13 O = 3 S = 1 R = 0 Non-response = 0	C = 15 X = 2 U = 0 Non-response = 0
36	Help client identify/utilise his/her own psycho-spiritual resources/strengths in response to their situation	17	F = 13 O = 3 S = 0 R = 1 Non-response = 0	C = 15 X = 1 U = 0 Non-response = 1
93	Share your own religious/spiritual beliefs with the client*^	17	F = 0 O = 7 S = 4 R = 6 Non-response = 0	C = 15 X = 2 U = 0 Non-response = 0
94	Help client discover/express/honour her/his authentic/genuine/real self *	17	F = 11 O = 2 S = 4 R = 0 Non-response = 0	C = 13 X = 4 U = 0 Non-response = 0
107	Help the client find/express meaning and purpose to his/her own life, death, suffering, joy, life-path/journey ^	17	F = 12 O = 4 S = 1 R = 0 Non-response = 0	C = 14 X = 3 U = 0 Non-response = 0

112	Help client distinguish/resolve their realistic and unrealistic guilt	17	F = 10 O = 5 S = 2 R = 0 Non-response = 0	C = 14 X = 2 U = 1 Non-response = 0
122	Encourage surrender/release/letting go of negative cognitions/emotions e.g. judgements of self/others, control issues, guilt, blame, shame, conflict, expectations of others, assumptions/ stereotypes, holding onto the past	17	F = 8 O = 7 S = 2 R = 0 Non-response = 0	C = 13 X = 3 U = 0 Non-response = 1
18	Help clients clarify their religious/spiritual/existential needs	16	F = 4 O = 7 S = 0 R = 4 Non-response = 1	C = 15 X = 1 U = 0 Non-response = 0
37	Determine the client's source(s) of hope, faith, trust , unity, belonging, belief, resilience, transformation \$=	16	F = 13 O = 3 S = 0 R = 0 Non-response = 0	C = 13 X = 2 U = 1 Non-response = 0
40	Invite client to describe their understanding of/relationship to that which is sacred, divine, transcendent, eternal, or ultimately real \$=	16	F = 7 O = 7 S = 1 R = 1 Non-response = 0	C = 12 X = 4 U = 0 Non-response = 0
42	Determine the relationship the client perceives between his/her religious/spiritual beliefs and their present experience \$	16	F = 5 O = 8 S = 2 R = 0 Non-response = 1	C = 14 X = 1 U = 1 Non-response = 0
45	Set clients ' homework ' tasks for between-sessions that promote deeper personal/interpersonal/ transpersonal awareness and growth	16	F = 5 O = 8 S = 2 R = 1 Non-response = 0	C = 14 X = 1 U = 0 Non-response = 1
48	Help clients develop therapeutic ritual(s)* to help them manage/resolve their feelings/thoughts (e.g. to create sacred space/time, to connect meaningfully with self/others/Ultimate Reality, to recharge)	16	F = 9 O = 3 S = 3 R = 0 Non-response = 1	C = 13 X = 1 U = 1 Non-response = 1

53	Doing ' shadow work ' with the client (e.g. working with the client's disavowed, rejected, avoided aspects of self, the client's inner woundedness and vulnerability)+	16	F = 9 O = 3 S = 3 R = 1 Non-response = 0	C = 11 X = 4 U = 1 Non-response = 0
55	Assist in healing of memories , releasing of past hurts, forgiving those who have caused hurt+	16	F = 10 O = 4 S = 2 R = 0 Non-response = 0	C = 9 X = 4 U = 2 Non-response = 1
57	Explore the paradoxes , contradictions, mysteries, puzzles, confronting the client+	16	F = 9 O = 5 S = 2 R = 0 Non-response = 0	C = 11 X = 2 U = 2 Non-response = 1
66	Recommend creative arts to facilitate client's psycho-spiritual expression/insight (e.g. mandalas, drawing, painting, clay modelling, mask making, sculpture)	16	F = 4 O = 9 S = 2 R = 1 Non-response = 0	C = 12 X = 2 U = 0 Non-response = 2
89	Discuss/explore the client's religious/spiritual hopes, goals, aspirations, direction	16	F = 6 O = 8 S = 1 R = 1 Non-response = 0	C = 10 X = 5 U = 1 Non-response = 0
90	Discuss/explore the client's religious/spiritual fears, regrets, guilt , anxiety, doubts, concern, shame, disillusionment, anger, resistance, blaming	16	F = 7 O = 5 S = 3 R = 1 Non-response = 0	C = 10 X = 4 U = 2 Non-response = 0
108	Help the client gain a sense of some order existing beyond the chaos of his/her immediate experience=	16	F = 7 O = 5 S = 4 R = 0 Non-response = 0	C = 12 X = 3 U = 1 Non-response = 0
110	Assist the client's outward directed growth/awareness (i.e. interpersonal fulfilment, co-responsibility, interdependence, collaboration with others/environment)`	16	F = 12 O = 2 S = 2 R = 0 Non-response = 0	C = 14 X = 2 U = 0 Non-response = 0

120	Encourage client's capacity to live fully in the ever-present NOW	16	F = 10 O = 5 S = 1 R = 0 Non-response = 0	C = 13 X = 2 U = 1 Non-response = 0
41	Explore the significance/importance of the client's religious/spiritual practice in his/her daily life\$	15	F = 7 O = 6 S = 1 R = 1 Non-response = 0	C = 12 X = 2 U = 0 Non-response = 1
46	Review clients' progress regarding their 'homework'	15	F = 5 O = 7 S = 2 R = 1 Non-response = 0	C = 14 X = 1 U = 0 Non-response = 0
51	Explore the religious/spiritual/existential elements in, and meaning of, client's dreams*	15	F = 7 O = 0 S = 5 R = 2 Non-response = 1	C = 8 X = 4 U = 2 Non-response = 1
54	Assist client to de-repress/re-engage with his/her deepest anxieties/hurts etc in order to work with them consciously#	15	F = 5 O = 7 S = 3 R = 0 Non-response = 0	C = 8 X = 5 U = 1 Non-response = 1
61	Encourage self-monitoring/self-mindfulness so client can notice (and release/act on) the nature of his/her thoughts/feelings/actions~+	15	F = 12 O = 3 S = 0 R = 0 Non-response = 0	C = 14 X = 1 U = 0 Non-response = 0
71	Encourage/reinforce the client's creativity/imagination/intuition #	15	F = 7 O = 7 S = 0 R = 1 Non-response = 0	C = 12 X = 3 U = 0 Non-response = 0
72	Help the client listen to his/her conscience/consciousness beyond the dictates of the superego#	15	F = 8 O = 5 S = 2 R = 0 Non-response = 0	C = 10 X = 3 U = 2 Non-response = 0

85	Recommend restorative beliefs/practices* (e.g. forgiveness, penance, retreats, prayer, meditation)	15	F = 4 O = 8 S = 2 R = 1 Non-response = 0	C = 11 X = 4 U = 0 Non-response = 0
97	Recommend/provide the client with tapes/videos/books* that encourage religious/spiritual/existential/holistic awareness, exploration and appreciation*	15	F = 3 O = 4 S = 5 R = 3 Non-response = 0	C = 13 X = 1 U = 1 Non-response = 0
109	Facilitate an integrated sense of self, plus acceptance of this self=	15	F = 10 O = 4 S = 1 R = 0 Non-response = 0	C = 13 X = 2 U = 0 Non-response = 0
111	Help client name/explore what s/he has done – and can still do - to fulfil their destiny, their deepest aspirations and highest goals =	15	F = 8 O = 7 S = 0 R = 0 Non-response = 0	C = 12 X = 3 U = 0 Non-response = 15
125	Encourage completion of unfinished business : be it personal, inter-personal or transpersonal @	15	F = 11 O = 2 S = 1 R = 0 Non-response = 1	C = 14 X = 1 U = 0 Non-response = 0
126	Support client's mourning process(es) , assimilation of associated changes and reprioritisation/reorganisation of new goals/meanings @	15	F = 9 O = 4 S = 1 R = 0 Non-response = 1	C = 13 X = 2 U = 0 Non-response = 0
4	Identify/explore the benefits/rewards of the client's religious/spiritual belief system to establish how their beliefs support/enhance/nurture their orientation to life`	14	F = 6 O = 5 S = 1 R = 2 Non-response = 0	C = 12 X = 1 U = 0 Non-response = 1
9	Pray privately for clients outside the session*	14	F = 11 O = 3 S = 0 R = 0 Non-response = 0	C = 14 X = 0 U = 0 Non-response = 0

24	Refer clients to religious/spiritual/existential counsellors for specialist counselling*	14	F = 4 O = 6 S = 1 R = 3 Non-response = 0	C = 12 X = 1 U = 0 Non-response = 1
35	Encourage clients' personalised/subjective insights/awareness/meaning from their psycho-spiritual issues and experiences	14	F = 8 O = 5 S = 1 R = 0 Non-response = 0	C = 13 X = 1 U = 0 Non-response = 0
43	Explore/alleviate tensions between the client's religious/spiritual/secular beliefs, and his/her presenting problem	14	F = 7 O = 6 S = 0 R = 1 Non-response = 0	C = 12 X = 2 U = 0 Non-response = 0
44	Challenge incongruencies between clients' behaviours and religious/spiritual beliefs	14	F = 1 O = 5 S = 7 R = 1 Non-response = 0	C = 6 X = 5 U = 1 Non-response = 2
59	Promote cognitive restructuring through positive-thinking, positive self-talk, positive self-concept~	14	F = 10 O = 4 S = 0 R = 0 Non-response = 0	C = 11 X = 3 U = 0 Non-response = 0
62	Rehearse with the client his/her desired behaviours/imagery/feelings/thoughts~	14	F = 2 O = 6 S = 5 R = 1 Non-response = 0	C = 9 X = 4 U = 1 Non-response = 0
69	Invite experiential growth by the client (e.g. acting out feelings, using the Gestalt "empty chair" technique, psychodrama) to help client express innermost feelings/thoughts#	14	F = 4 O = 6 S = 4 R = 0 Non-response = 0	C = 8 X = 3 U = 2 Non-response = 1
74	Help the client step outside/detach from/transcend his/her ego self#	14	F = 5 O = 7 S = 2 R = 0 Non-response = 0	C = 9 X = 3 U = 2 Non-response = 0

95	Encourage/support a client's acts of appreciation for others (e.g. through poetry to express deep gratitude to a loved one, through a gift to acknowledge the depth/breadth of their love)	14	F = 3 O = 9 S = 1 R = 1 Non-response = 0	C = 10 X = 2 U = 2 Non-response = 0
113	Encourage/assist client to link with external sources of strength/regeneration (e.g. spiritual support group, natural places of beauty, people they admire)	14	F = 6 O = 8 S = 0 R = 0 Non-response = 0	C = 14 X = 0 U = 0 Non-response = 0
129	Exploring the client's sense , and understanding of his/her own soul/spirit/essential life force ()	14	F = 7 O = 3 S = 2 R = 2 Non-response = 0	C = 12 X = 2 U = 0 Non-response = 0
5	Identify/explore the harmful implications of the client's religious/spiritual belief system to establish the negative impact of certain beliefs upon his/her self-concept/functioning	13	F = 2 O = 7 S = 1 R = 3 Non-response = 0	C = 9 X = 4 U = 0 Non-response = 0
27	Encourage/facilitate ' life reviews ' (e.g. promoting a life review through the lens of guilt/regret/disempowerment; and/or another through the lens of (re)empowerment/compassion/ triumph)	13	F = 6 O = 5 S = 1 R = 1 Non-response = 0	C = 11 X = 1 U = 1 Non-response = 0
38	Offer/explore alternative perspectives on the client's religious/spiritual/existential beliefs	13	F = 1 O = 8 S = 1 R = 3 Non-response = 0	C = 8 X = 5 U = 0 Non-response = 0
60	Encourage concrete actions that serve as confirmations of the client's self-affirming statements^	13	F = 8 O = 4 S = 1 R = 0 Non-response = 0	C = 11 X = 2 U = 0 Non-response = 0
106	Help the client plan/execute meaning-filled rituals (e.g. planning a funeral/memorial, honouring the sadness/loss that comes with divorce/separation/miscarriage, celebrating entry into adulthood or menopause, celebrating the sacred dimension to life)	13	F = 4 O = 6 S = 3 R = 0 Non-response = 0	C = 10 X = 2 U = 1 Non-response = 0

116	Encourage the client to reconnect with all those memories, places, relationships, strengths, sights, colours, sounds, tastes, smells, movements etc that have inspiring/healing/helping significance`	13	F = 6 O = 4 S = 3 R = 0 Non-response = 0	C = 11 X = 2 U = 0 Non-response = 0
118	Assist client's resolution of his/her nadir experiences (intense life-changing events that shatter client emotionally/mentally/spiritually`	13	F = 9 O = 3 S = 0 R = 1 Non-response = 0	C = 11 X = 1 U = 1 Non-response = 0
119	Assist the client's Inward directed growth/awareness (i.e. her/his integration of belief and practice, balance in mind-body-spirit, wholeness in sense of self)`	13	F = 9 O = 2 S = 2 R = 0 Non-response = 0	C = 11 X = 2 U = 0 Non-response = 0
123	Promote peace of mind, trust, faith, surrender to a Higher Power	13	F = 4 O = 8 S = 0 R = 1 Non-response = 0	C = 8 X = 3 U = 1 Non-response = 1
31	Encourage the client to explore the mental/emotional/physical/social dimension to their spiritual/existential/religious understanding (' Interpret down ')+	12	F = 5 O = 6 S = 0 R = 1 Non-response = 0	C = 8 X = 3 U = 0 Non-response = 1
33	Model your own celebratory "YES!" to life's purpose, rewards and responsibilities	12	F = 8 O = 3 S = 1 R = 0 Non-response = 0	C = 9 X = 1 U = 1 Non-response = 1
47	Explore the client's plateau experiences (moments when usual awareness is elevated through feelings of deep happiness, peace, contentment; moments confirming the preciousness of life)`	12	F = 5 O = 6 S = 1 R = 0 Non-response = 0	C = 10 X = 2 U = 0 Non-response = 0
75	Promote and affirm the client's ability to de-reflect on self and reach out to others or causes s/he believes in#	12	F = 3 O = 7 S = 0 R = 2 Non-response = 0	C = 8 X = 4 U = 0 Non-response = 0

114	Discuss/promote client's experiences of profound communion with others/life`	12	F = 3 O = 6 S = 1 R = 1 Non-response = 1	C = 9 X = 2 U = 0 Non-response = 1
124	Support the client's adjustment during periods of anticipatory grief as preparations are made for significant loss(es) and the sacrifice of goals/hopes/expectations/meanings @	12	F = 8 O = 3 S = 1 R = 0 Non-response = 0	C = 11 X = 1 U = 0 Non-response = 0
130	Facilitating the client's expression of inner soul/spirit ; and their movement towards conscious and intentional wholeness, balance, non-attachment, authentic power, inward security, completeness, understanding, trust, loving relations, compassion and full hearted living/being in the world ()	12	F = 8 O = 3 S = 1 R = 0 Non-response = 0	C = 11 X = 1 U = 0 Non-response = 0
50	Recommend the client record his/her dreams (e.g. in a dream journal)	11	F = 5 O = 2 S = 3 R = 1 Non-response = 0	C = 8 X = 1 U = 1 Non-response = 1
63	Encourage/support the benefits of biophilia – the sense of connectedness and awe that comes from experiencing nature/scenic beauty/flora and fauna	11	F = 2 O = 5 S = 1 R = 3 Non-response = 0	C = 6 X = 2 U = 2 Non-response = 1
65	Explore/integrate the client's past/current peak experiences (life-changing events that prompt euphoric feelings, profound insights, a sense of unity and connectedness)`	11	F = 6 O = 5 S = 0 R = 0 Non-response = 0	C = 9 X = 2 U = 0 Non-response = 0
82	Recommend/use other psycho-spiritual techniques to facilitate client's mind-body-spirit insight and wellness (e.g. chakra-balancing, psychic healing, free writing, visualisations, guided imagery)	11	F = 1 O = 4 S = 5 R = 1 Non-response = 0	C = 7 X = 2 U = 2 Non-response = 0

84	Assist client in his/her efforts at rapprochement (i.e. renewed closeness/intimacy with people/belief systems/organisations that were previously supportive/nurturing)`	11	F = 4 O = 5 S = 1 R = 1 Non-response = 0	C = 7 X = 3 U = 0 Non-response = 1
88	Discuss/explore the client's mystical experiences and their meaning/impact	11	F = 4 O = 3 S = 4 R = 0 Non-response = 0	C = 6 X = 4 U = 1 Non-response = 0
103	Read religious/spiritual/existential texts/books suggested by client	11	F = 0 O = 3 S = 5 R = 3 Non-response = 0	C = 7 X = 3 U = 1 Non-response = 0
117	Explore with the client his/her spiritual emergencies (i.e. occasions when usual sense of identity/reality/esteem/coping/equilibrium is severely disrupted, or client's spiritual development is too rapid/dramatic)`	11	F = 2 O = 7 S = 2 R = 0 Non-response = 0	C = 8 X = 1 U = 2 Non-response = 0
30	Encourage the client to explore the spiritual dimension to their bio-psycho-social circumstances/feelings/thoughts/actions (' Interpret up ')+	10	F = 5 O = 4 S = 0 R = 1 Non-response = 0	C = 8 X = 1 U = 0 Non-response = 1
52	Explore the client's deepest desires and 'seeds' or 'whispers' of the client's possibility/potential+	10	F = 7 O = 2 S = 1 R = 0 Non-response = 0	C = 8 X = 1 U = 1 Non-response = 0
58	Promote a client's tolerance for such ambiguity and uncertainty	10	F = 6 O = 2 S = 2 R = 0 Non-response = 0	C = 8 X = 1 U = 1 Non-response = 0
64	Be a spiritual director /mentor/coach to the client	10	F = 0 O = 5 S = 4 R = 1 Non-response = 0	C = 6 X = 2 U = 2 Non-response = 0

99	Encourage/facilitate the client's self-healing/restorative practices (e.g. through holotropic breathwork, dis-identification, visualisations of wholeness, work with crystals)+	9	F = 1 O = 5 S = 3 R = 0 Non-response = 0	C = 6 X = 1 U = 2 Non-response = 0
100	Help client tap into his/her inner truth, deepest dimension, and transrational resources+ (e.g. intuition, inner vision, inner or transcendent guidance, Higher Self, spiritual core/essence, the deepest truth of who they are)	9	F = 4 O = 2 S = 3 R = 0 Non-response = 0	C = 7 X = 1 U = 1 Non-response = 0
104	Discuss such texts/books/ with the client	9	F = 0 O = 6 S = 2 R = 1 Non-response = 0	C = 7 X = 1 U = 1 Non-response = 0
105	Encourage/help the client to express their deepest thoughts/feelings/hopes through messages/mementoes (e.g. memory boxes, diaries, letters/cards, taped messages)	9	F = 2 O = 4 S = 3 R = 0 Non-response = 0	C = 8 X = 0 U = 1 Non-response = 0
70	Help the client's self-expression to move from the somatic (physical) to the spiritual#	8	F = 0 O = 5 S = 3 R = 0 Non-response = 0	C = 3 X = 1 U = 3 Non-response = 1
76	Recommend religious/spiritual music	8	F = 1 O = 3 S = 2 R = 2 Non-response = 0	C = 5 X = 2 U = 1 Non-response = 0
77	Recommend evocative/ consciousness-altering music (e.g. meditation music, shamanic drumming, crystal bowls, chanting)	8	F = 1 O = 1 S = 5 R = 1 Non-response = 0	C = 4 X = 0 U = 3 Non-response = 1
79	Recommend/undertake movement rituals/practices that raise mind-body-spirit awareness/ expression (e.g. walking-meditation, spiral/labyrinth walk, tai-chi, dance, yoga, fire-walking)	8	F = 1 O = 2 S = 5 R = 0 Non-response = 0	C = 4 X = 1 U = 3 Non-response = 0

80	Use visual aids to facilitate client's psycho-spiritual expression/discovery/ exploration/well-being (e.g. Soul cards, Angel cards, Mind Lights, Strength cards, colour therapy, religious iconography)	8	F = 1 O = 1 S = 6 R = 0 Non-response = 0	C = 4 X = 0 U = 4 Non-response = 0
101	Encourage self-transcendence e.g. through awareness of wholeness, balance, harmony, going beyond ego, experiencing a cosmic connection+	8	F = 1 O = 3 S = 4 R = 0 Non-response = 0	C = 5 X = 1 U = 2 Non-response = 0
6	Teach spiritual meditation to clients*	7	F = 1 O = 1 S = 2 R = 3 Non-response = 0	C = 5 X = 1 U = 0 Non-response = 1
8	Debrief the client after their meditative experience	7	F = 0 O = 4 S = 1 R = 2 Non-response = 0	C = 5 X = 0 U = 0 Non-response = 2
11	Model/teach clients subjective/personalised prayer	7	F = 2 O = 2 S = 1 R = 2 Non-response = 0	C = 5 X = 1 U = 0 Non-response = 1
49	Participate in the client's therapeutic rituals during a session	7	F = 0 O = 1 S = 4 R = 1 Non-response = 1	C = 5 X = 1 U = 0 Non-response = 1
115	Explore/encourage client's trans-egoic realisation/experience (i.e. transcending ego-bounded self identity, awareness of fundamental connectedness and unity with all of life)	7	F = 3 O = 2 S = 2 R = 0 Non-response = 0	C = 5 X = 1 U = 1 Non-response = 0
121	Invite the client to compile a Joy Profile – a list of all the people, experiences, places, activities and accomplishments that prompt deep joy, and to connect with these joys often >	7	F = 1 O = 3 S = 3 R = 0 Non-response = 0	C = 6 X = 1 U = 0 Non-response = 0

3	Compile a spiritual cosmology/anthropology with the client of his/her core beliefs/assumptions/ views about the overall meaning to life, notions of an Ultimate Reality, and relationship thereto	6	F = 2 O = 2 S = 1 R = 1 Non-response = 0	C = 4 X = 0 U = 1 Non-response = 1
25	Refer clients to other non-traditional practitioners: faith healers, shamans, traditional healers, psychic healers, witchdoctors, mediums or other cultural or mystical therapeutic practitioners	6	F = 0 O = 1 S = 4 R = 1 Non-response = 0	C = 5 X = 0 U = 0 Non-response = 1
78	Listen to such music with the client in session	6	F = 0 O = 2 S = 3 R = 1 Non-response = 0	C = 3 X = 1 U = 2 Non-response = 0
81	Recommend/use tactile aids to elicit client's awareness, exploration and celebration of their psycho-spiritual dimension (e.g. sacred objects, sand tray work, play therapy)	6	F = 0 O = 3 S = 3 R = 0 Non-response = 0	C = 3 X = 0 U = 3 Non-response = 0
92	Arrange/perform other purifying rituals intended to cleanse/bless the mind-body-soul (e.g. last rites, anointing with oils, communion, incense, detox programmes)	6	F = 0 O = 1 S = 2 R = 2 Non-response = 1	C = 4 X = 0 U = 1 Non-response = 1
98	Watch/discuss videos, or listen to tapes, with the client in session	6	F = 0 O = 3 S = 3 R = 0 Non-response = 0	C = 4 X = 1 U = 1 Non-response = 0
2	Compile a spiritual genogram/map/timeline with the client of all significant people, events, periods shaping the clients' spiritual/religion awareness and development from childhood to adulthood	5	F = 0 O = 3 S = 1 R = 1 Non-response = 0	C = 4 X = 0 U = 1 Non-response = 0
13	Touch client for 'healing' or other therapeutic purpose* (e.g. aromatherapy massage, reiki, holistic pulsing)	5	F = 1 O = 1 S = 1 R = 2 Non-response = 0	C = 4 X = 0 U = 1 Non-response = 0

68	Use/facilitate altered states of consciousness in session with the client (e.g. trance states, ecstatic states, profound empathic states, meditative states)	5	F = 1 O = 1 S = 3 R = 0 Non-response = 0	C = 2 X = 1 U = 1 Non-response = 1
86	Participate in such religious/spiritual practices with the client	4	F = 0 O = 3 S = 1 R = 0 Non-response = 0	C = 2 X = 1 U = 1 Non-response = 0
102	Read religious/spiritual/existential texts/books to client*	4	F = 0 O = 2 S = 2 R = 0 Non-response = 0	C = 2 X = 0 U = 1 Non-response = 1
56	Do 'community building' processes with client groups+ (as per Scott Peck)	3	F = 1 O = 1 S = 0 R = 1 Non-response = 0	C = 3 X = 0 U = 0 Non-response = 0
91	Arrange/perform exorcism* to rid the client of malevolent spirits/energy	2	F = 0 O = 0 S = 1 R = 1 Non-response = 0	C = 1 X = 0 U = 1 Non-response = 0

Do you use any other psycho-spiritual techniques/tools not listed above? Please list these in the space below.

Evocative art, drama therapy, chakra balancing, Capacitar (trauma healing and transformation techniques), Tai Chi, Prana Yoga (breathing), massage, emotional freedom technique (Capacitar), Imago dialogues, Brandon Bay's "Journey" techniques (visualisations, meditations, guided imagery, emotional healing work)

Lastly, one respondent reported that her agency uses items 1, 2, 7, 8, 71, 78, 79, 80, 84, 86, 95, 96, 99, 105 in their training courses for crisis counsellors.

KEY TO THE SYMBOLS USED:

* This survey makes use of all 25 of Bullis's researched interventions in his study of 116 licensed clinical social workers, professional counsellors and psychologists in Virginia (USA) – (Bullis, 1996). I have modified (reworded) some of Bullis's interventions in order to provide greater clarity/illustration to my respondents.

^This survey also includes the existential interventions indicated by Krill (1996:271)

#Denotes the interventions of the existential/humanistic approach mentioned by Cowley (1996:670-671)

+Indicates interventions of the transpersonal models, cited by Cowley (1996:670)

~Indicates behavioural interventions that can have spiritual application (Cowley, 1996:693)

\$Interventions suggested by White in her spiritually sensitive nursing interventions (2000:484)

=Indicates interventions suggested by Rajakumar on pastoral counselling (1997:171-5)

`Interventions indicated by Canda & Furman (1999) on spiritually sensitive social work.

> Suggested by Nezu & Nezu (2003).

| Noted by Jampolsky (2000)

@ Noted by Joubert (1993)

() Recommended by Zukav (1990)

All remaining interventions are those the researcher has experienced and used with clients/colleagues/others.

APPENDIX 12. Results of the Client Questionnaire

These tables indicate how many client respondents are willing/keen to experience the interventions listed. Results are sorted in descending order in each category.

YOUR SOCIAL WORKER COULD HELP YOU TO IDENTIFY AND EXPRESS:	Would you be willing/keen to experience this?			
	? = undecided			
	NR = no response			
	Yes	No	?	NR
The deeper meaning your past/current situation has for you in light of your own personal religious/spiritual/existential beliefs and practices	6	0	0	0
Your deepest needs, goals, hopes (for self/Self, and your life in general)	6	0	0	0
Your positive/inspirational/healing/helping memories, places, people, experiences	6	0	0	0
Your strengths, resources, attributes (both internal and external) that help to sustain you in difficulties moments/experiences	6	0	0	0
Your meaning, purpose and direction in life	5	0	1	0
Your understanding of that which sacred, transcendent, Ultimately Real to you	5	0	0	1

YOUR SOCIAL WORKER COULD HELP TO PROMOTE:	Yes	No	?	NR
Awareness and development of fulfilling, collaborative relationships with others/the environment	6	0	0	0
Awareness and development of the inner, personal, authentic you	6	0	0	0
Your capacity to live fully in the ever-present NOW	6	0	0	0
Experiences of (re)union, connection with Life and Ultimate Reality	5	0	1	0
Integration of your religious/spiritual/existential insights into your daily life	4	0	2	0

YOUR SOCIAL WORKER COULD USE HER/HIMSELF TO:	Yes	No	?	NR
Be a caring presence: warm, peaceful, compassionate, understanding, gentle, appreciative, positive, sensitive, intuitive, open, honest, supportive	6	0	0	0
Be a spiritual coach/mentor/guide/facilitator to you	5	1	0	0
Pray for you	4	2	0	0
Share his/her own existential/religious/spiritual beliefs with you	4	1	1	0
Model a celebratory "YES" to life	4	0	2	0

YOUR SOCIAL WORKER COULD RECOMMEND OR INTRODUCE YOU TO:	Yes	No	?	NR
Journal writing – to record and explore your feelings, thoughts, questions, dreams, experiences, etc	6	0	0	0
Homework activities (e.g. reading, writing, reflection, experimenting with new behaviours or thoughts) to promote ever deeper personal awareness and growth	6	0	0	0
Letting go/Forgiveness – ways of releasing past hurts, guilt, troubling memories	6	0	0	0

Self-affirmations – ways of building/sustaining positive inner dialogue/thinking	6	0	0	0
Confirming actions – ways of affirming yourself through constructive behaviours	6	0	0	0
Self-monitoring – ways of becoming more mindful/aware/in-touch with yourself	6	0	0	0
Nature visits/walks – to feel the sense of connectedness/peace that comes from experiences of nature/natural beauty	6	0	0	0
Acts of appreciation for others, or helping others, or renewed closeness with others	6	0	0	0
Books, tapes, videos that encourage/support your personal/spiritual/religious awareness, exploration and appreciation for this human experience	6	0	0	0
Meditation/visualisation – to aid relaxation, concentration, inward attunement, altered states of awareness, inner peace, self-discovery	5	1	0	0
Experiential exercises – to help you express/experience your innermost feelings, thoughts and meanings	5	1	0	0
Rituals – to help you honour special moments, relationships or experiences; to create space/time in your life for acknowledging that which is meaningful to you	5	0	1	0
A spiritual map/timeline recording the significant people, periods & experiences that shaped your spiritual/religious awareness/development from childhood to adulthood.	5	0	1	0
Creating a unique chart to help you record and explore the beliefs/views you hold about the overall meaning and purpose of life/death, the existence of an Ultimate Reality, and the nature of your relationship with this Reality	5	0	1	0
Creative arts to facilitate expression of your emotional, mental and spiritual dimensions – e.g. painting, sculpture, drawings, clay modelling, sand-tray work, play therapy, mask-making, picture collages	5	0	1	0
A Joy Profile – a list of the people, accomplishments, experiences, places, activities that give you deep joy during the pleasures/struggles of everyday living	5	0	0	1
Spiritual/religious programmes – (e.g. church groups, prayer circles, retreats, 12-step programmes, meditation groups, growth-groups, discussion groups)	4	1	1	0
Music – evocative, religious, spiritual, or mood-altering music to promote a sense of well-being, or a sense of connection to an Ultimate Reality	4	1	1	0
Messages/mementos to express your inner self to loved ones - e.g. diaries, letters, cards, taped messages, memory boxes, collages	4	1	1	0
Personalised/subjective prayer – to aid a sense of connection to an Ultimate Reality	3	2	1	0
Touch – for purposes of emotional comfort (e.g. holding your hand, giving you a hug, wiping away your tears)	3	1	2	0
Altered states of consciousness – e.g. trance/meditative/ecstatic/empathic states – that raise awareness and appreciation for the	3	1	2	0
Movement – tai-chi, dance, yoga, spiral/labyrinth walks, exercise to raise mind-body-spirit awareness and wellness	3	1	2	0
Visual aids – e.g. use of Soul cards, Angel cards, Mind Lights, Strength cards, colour therapy etc - to encourage alternative forms of expression/discovery/connectedness	3	1	2	0

Non-traditional/alternative practitioners, e.g. faith healers, shamans, traditional healers, psychic healers, mediums, or other cultural therapeutic practitioners	2	2	2	0
Touch – for purposes of physical well-being (e.g. Reiki, aromatherapy massage, 'holistic pulsing', Indian head massage)	2	1	3	0
Restorative spiritual/religious practices – e.g. retreats, prayer, making amends, purifying rituals – that help to re-establish meaningful connection with others/Life	2	1	3	0
Religious/spiritual/pastoral counsellors	1	2	3	0

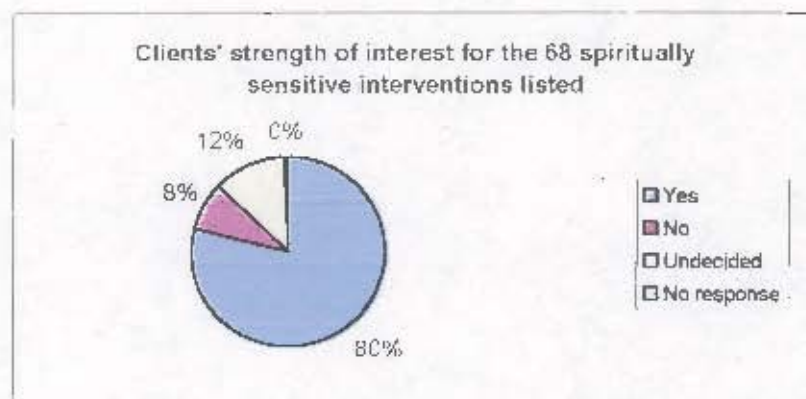
YOUR SOCIAL WORKER COULD HELP YOU TO EXPLORE:	Yes	No	?	NR
Your deepest concerns, fears, shame, guilt, moral/ethical issues, tensions, hurts	6	0	0	0
Your growth-promoting and growth-blocking attitudes/beliefs/choices that help or hinder your personal understanding, growth and intimacy needs	6	0	0	0
The path your life has taken – its joys and struggles, successes and failures	6	0	0	0
Your deepest wishes/hopes/goals/desires and the 'seeds of potential' in you	6	0	0	0
Your spiritual emergencies – those periods when your usual sense of self is severely disrupted and you are thrown into periods of deep doubt/depression/crisis	6	0	0	0
That which promotes and supports your inner peace, trust, faith, surrender to an Ultimate Reality	6	0	0	0
Your unfinished business - your experiences that have left you with unresolved grief/mourning/sadness	6	0	0	0
Your adjustment to significant losses experienced during your life, and the sacrifice of the goals/hopes/expectations/dreams you held	6	0	0	0
The meaning, importance, benefits of your religious/spiritual beliefs & practice	5	1	0	0
The harmful implications of your beliefs and practice - to establish how they	5	1	0	0
Your plateau experiences – moments when your usual awareness is elevated through feelings of deep happiness, peace, contentment, etc.	5	1	0	0
The opportunity/gift/lesson/growth/invitation in your current situation	5	0	1	0
Your 'shadow' side – those aspects of your inner self that you would usually prefer to reject, deny, avoid facing fully and honestly but that block your growth/transformation	5	0	1	0
Your peak experiences – life changing events that provoke profound/deep insight, joy, a sense of unity/belonging/connectedness	5	0	1	0
The meaning and impact of your childhood religion/spirituality/philosophy (or absence thereof) on who/how you are now and your response to life's joys/struggles	4	1	1	0
Your deepest/highest values in life and your expression of these in your life	4	1	1	0
Your conscience and consciousness – to help you find authentic self-expression	4	1	1	0
The order that exists beyond the chaos/struggle/tension of your immediate experience	4	1	1	0
Your creativity, imagination, intuition, inner truth, Higher Self, your spiritual essence	4	0	2	0

Your nadir experiences – those intense life-changing events that shatter you and bring you to a very low/dark/confused/lonely place/state of being	4	0	2	0
What it is that life/Life asks of you; the unique meaning your life has for you; the invitation it holds out to you	4	0	2	0
Alternative perspectives on your religious/spiritual/unique beliefs/meanings	3	3	0	0
The contradictions/puzzles/ambiguities/mysteries/unanswered questions of your religious/spiritual/personal beliefs/practice	3	2	1	0
Your mystical experiences – events/moments when you sense/feel or experience a reality that is beyond rational, physical, intellectual explanation	3	1	2	0
Totals	322	34	50	2

Respondents stage of faith development:	Stage	No.
<i>I have a religious/spiritual belief system, but I don't give it much thought.</i>	1	0
<i>I am very devoted to my religious/spiritual belief system, and see no need to question it.</i>	2	1
<i>I am sceptical of religious/spiritual belief systems that cannot be scientifically proven</i>	3	0
<i>I continually reconsider my religious/spiritual belief system, as I realise that life has many mysteries.</i>	4	5

No. of methods supported by clients

25 methods supported by 6 clients
 17 methods supported by 5 clients
 14 methods supported by 4 clients
 8 methods supported by 3 clients
 3 methods supported by 2 clients
 1 method supported by 1 client



Appendix 13.
Sample interview transcript

INTERVIEW WITH KATHLEEN DEY – 11/11/04

Privacy needs: none. Also, Kath has secured permission of Rape Crisis Cape Town to use their name, and given permission for this interview transcript to be included in appendices.

BACKGROUND

Age - 39

Qualified 1987, social work Honours, Casework and Community work, UCT

CV

1988-90, Nicro, parole officer, trainer, court reports, casework, rehab of offenders, 2 years

1990-95, Groote Schuur Hospital, Psychiatry Dept, 5 years

1995-96, Private practice, 18 months, Knysna, child victims of sexual abuse

Volunteer Black Sash, End Violence Against Women project

1996→ present, 8 years, Rape Crisis Cape Town, groupwork, casework, community development, social planning, advocacy

Part time private practice, casework

INTERVIEW

So if we go back to the beginning – Nicro, Groote Schuur Hospital, Black Sash, Rape Crisis – have any of these agencies required you to have an understanding of your own spirituality, human spirituality in general, or your clients' spirituality?

No. Well, it might have been something I required of myself, but not the agency, not at all.

So what would you say motivates you to hold awareness of clients' holistic nature, their mind/body/spirit dimensions?

I think because that's been my own growth path for myself and because I, I suppose by now, because it's become so much a part of who I am that it's inevitable that I will see other people in the same way.

Has that always been the case in your social work practice?

When I came back from Knysna, I was referred to an aromatherapist as that being a really good way of de-stressing and debriefing and just doing something for my body. In social work your mind and your emotions are so engaged in what you're doing and to me, to do something physical was a counterbalance to that. And it was specifically directed at helping me do that. It was an amazing year and I went to go and see a fantastic aromatherapist – she introduced me to subtle aromatherapy. She did a form of aromatherapy which would really embrace the spiritual dimension completely. So she would work on the charkas, on the auras, she could sometimes see my aura, and she spoke very naturally on this level. And that brought a greater introduction to me of those kinds of concepts, which I don't think I ever embraced or adopted for myself, but I was very comfortable hearing her perceptions and being treated by her on that level. It was not that I ever wanted to treat anyone else on that level, but it certainly opened me up to my understanding of things that you can't necessarily explain in other ways.

So was it a combination of your own growth, this subtle aromatherapy, this is what got you motivated?

In a way. But it could also be seen as having started much earlier than that. When I started at university I took religious studies as a subject, and I think that was my own way – at the age of 18 – of touching on that very thing. That was all that was available to me, but I just thought to myself “if I’m going to be working with people’s psychological well-being surely it’s important to have an understanding of the spiritual dimension.” And the religious studies course I did in 1st year was actually a fantastic grounding in the major world religions, and fascinating philosophical tutorials that came as part of that, and that was amazing to me. And I was very sad that I had to give it up for sociology in order to continue doing social work. I was angry; I hated sociology. To me, to find out what the workers of the world wanted was really not my idea of social work at all. Whereas to have a good understanding of Islam, for example, to me would have been much more beneficial. And that’s something that at Rape Crisis (Rape Crisis) has been great, because of the organisation’s focus on cultural diversity and embracing of that, to, you know, we’ve got loads of books on different religions and lots of people from different religions that you work with and so you start to understand different religions and cultures, and that’s also very interesting from a spiritual point of view.

In your social work studies did it include any teaching on spirituality, religion, humanism, existentialism?

Let me think really hard [sarcasm] – no.

You’re starting to name then some of the people, training and experiences that equipped you to take the spirituality dimension into account – like Elenor Nash – [a colleague and mentor at Groote Schuur Hospital who was named in the CV data collection stage].

Yes, she was very, very comfortable with the language of symbols and taught me a lot, she had a good understanding of Jungian psychology and so she taught me how to understand metaphor and how to give symbolic interpretations to what my patients were saying. So that was a very, very rich training in understanding the more intangible aspects.

And what other personal or academic or professional influences helped to equip you to assess and respond to your clients’ deeper levels?

I mean other courses that I did – on meditation – that have helped me very much. I did a course on Christian spirituality, um, I did some sort of – I won’t say course, more like, self training - reading of books on things like astrology, and tarot – I actually studied them, I didn’t just read books about them, I actually studied them – especially tarot card reading, to learn more about it, and that led me into things like astrology and numerology which I studied as ways of understanding the tarot. And I did some tarot card readings for people – never very successfully, I must say, because of the whole sort of predicting of the future thing - which I could never really get into, and probably I needed a teacher to help me do that properly. But I gave it up. So I think those were other things that I did.

Any particular authors that have really stood out at that spiritually enhancing level?

No, not really.

Being a feminist organisation would you have also studied feminine spirituality?

No, not particularly. An author that comes to mind actually, there are two, but neither were really focused on spirituality or spiritual sensitivity, but somehow you picked it up anyway – one was Patrick Casement, and the other was a Jungian analyst – I had his name in my head a second ago, but it's gone. But Patrick Casement was brilliant in the sense of introducing the concept of what's called 'the internal supervisor' and the internal supervisor sits on your shoulder like Jiminy Cricket, and listens to the interpretations of the client and tells them to you as you listen, so you are both listening to your client and supervising yourself, listening to what your supervisor would be telling you as you listen to the client. And that was very helpful, and I think I read that about the time I was being supervised by Elenor so I had Elenor Nash, like Jiminy Cricket, on my shoulder [laughs] to help interpret the client's behaviour and also the symbolic messages in terms of what they might be telling you. And that, I think I worked very hard at that, and it was 5 years that I was at Groote Schuur, to the point where it simply became a part of the way that I – for want of a better way of explaining it - the presence that I call on when I sit and listen to a client. I think it's a quality of intention, but I'm sure you'll ask me more about that lately.

And the Jungian analyst has written on?

Basically, what he really wrote about was mothering.

Mothering oneself?

No, no.

Or parenting?

Ya.

And then any workshops that stood out as influential?

I did some workshops on Tai Chi, and that was really amazing, and I went to Body Stress Release which I think is something amazing. Um, I can't think of anything else right now, but if it comes back to me ...

And the Body Stress Release is "amazing" because it's responding to you holistically, it's not just physical stress?

Absolutely, it's a mind. body and spirit kind of thing. And also the practitioner I go to is spiritually sensitive. Like, I don't really have to tell him where the pain is; he knows from the moment I sit down in the chair, which I find quite magical.

And if you could make a distinction between traditional, secular social work as it's taught, on the one hand, and spiritually sensitive social work on the other, would you see them as being 2 different approaches?

Yes.

And what is that distinction, would you say?

Well, I think we get taught to use theories rather than our intuition and I think that's a grave error, if I could be so bold. There are things, you know, like 'go with your gut,

your gut feel' and whatever, but there isn't enough experiential teaching really in the way we teach our students to develop a quality of attention **really**. I mean, that's what it is. How, how do you know what it means to be feel grounded, how do you know what it means to feel centred, how do you know what it means to extend the area of your attention beyond yourself to your client and then beyond that? How do you know how to do that? How do you know how that feels, and what that means? How do you know how to tune in and ...? Tuning-in is talked about but is not really taught properly, you know, that kind of thing. There are things in traditional social work, like mirroring, and all these kinds of things, which could be taught in such a much more subtle and refined way, deeper way than it is. I don't think that traditional social work necessarily excludes these things intentionally, and maybe at its roots there are lots of similarities, but what we do teach our students can be broadened and deepened and just make richer.

So spiritually sensitive social work is, in your experience and understanding of it, about relying on intuition, being fully attentive to the spoken and the unspoken, the seen, the unseen?

Mmmn. Absolutely.

Anything more than that?

I think it's being alert to the magical, definitely. You must look for those magical things that happen, definitely. For example, I'll tell you my greatest belief, if you like, as a social work is that – and I'm sure other people have this too even if they don't call themselves spiritually sensitive. It's amazing how you get the clients you need, that people come to see you that you need to see and who need to see you. There's always a message for you in the kind of clients you get, there's **always** something that clicks into place and kind of know, wow, there's no coincidence that this person came to see me. And I've found that with the students I supervise as well, as you know, just 'cos they have this magical kind of suction for a particular type of client. So I'm always, ya.

I'm interested that you use the word magical. Where other respondents might use the word 'miracle' or 'grace' or 'blessed' with quite a religious connotation to it.

Well, I think for me, because I wasn't brought up in any religion, so although I mention the course I did in Christian spirituality, I was as attached to the idea of Christianity as I was to the idea of, you know, meditation, when I went to the meditation course. And [attached to the idea of] Tai Chi, when I went to the Tai Chi course. Or Islam, when I did the course on Religious Studies. I don't have a religious grounding, so for me it's, something is miraculous or a blessing because you believe in God, and I don't necessarily believe in a God. So, my spirituality is not religious as such, so the word magical is comfortable for me.

And your way of practising with clients – this deep attunement, this being alert to the magical, being perceptive around symbols and deeper meanings, and so on – has this part of your practice since Nicro days, or did it start later?

No, it came at Groote Schuur. I mean, in the Nicro days I was really, like I said, an apprentice in basic social work; all the skills that we'd learnt in 4 years at university and things that you're still learning in your practical placements, you had now had full responsibility for as an adult social work. You had to go out and do it, 100%. And uh, I was so busy focussing on that, and what that meant, that there was no room for anything else. And it was when I made a decision to go more for the

psychotherapeutic side of social work, individual casework on a psychotherapeutic level, that I asked the woman at Groote Schuur who had the job that I wanted to please let me know when she was going to leave. And she did. She said, "look, I'm handing in my notice, you'd better apply for the job". And those kind of jobs are not advertised, well, in those days they weren't advertised very widely, you miss them in the newspaper if you blinked. So I was very lucky. I applied for the job and I got it. And that's when I was exposed to the deeper world of the mind and the spirit.

So since then you have practised with a spiritual sensitivity?

Ya. That's gradually developed since that time.

And Kath what would determine whether you assess a client at a psycho-social-spiritual level, or just the psycho-social?

What comes up in the session, definitely. For example, I've been seeing a client for 2 or 3 sessions and she's been giving up smoking. The 1st session I saw her in, she was still a smoker, and the sessions since then, she wasn't. We got into a conversation about smoking, 'cos we've both done Smoke-Enders as a way of giving up smoking, and she said something very arbitrary, along the lines of "why, why, smoking is such a bizarre thing, who ever thought of lighting, setting fire to leaves, and inhaling it?" and I thought about it, I thought about Sir Walter Raleigh going off to the Americas, and those Native American Indians, and what were they actually doing – smoking the pipe of peace, and it was a whole ritual thing, and blah-blah-blah. So eventually, between the 2 of us, we came down to the conclusion that it is [about] seeing breath made visible, and feeling breath. 'Cos you don't really feel your breath unless you've got a lung full of smoke, and you're aware of your lungs and everything inside of you, and it's really about seeing it there, on the air is like. So suddenly the spiritual dimension is introduced into our conversation and she was extremely comfortable with that. And that led her to tell me of a pilgrimage that she went on – but I'm talking about an actual pilgrimage, they have them in Europe where you go walking as the pilgrims did in Medieval times and you end up at a certain place, and there are things that you do when you get to the place – and what this pilgrimage had meant to her, and how it had changed the course of her life. Now, maybe she would have told me about that pilgrimage anyway, but I think the way that she told me about it and her [tape inaudible] with me understanding came out of our completely spontaneous exploring of spiritual things in conversation. So, it's determined by what comes up in the session. I'd never say to a person "would you like to explore the spiritual aspects of your problem?" without knowing, or trying to gain a sense in other ways, of where that person is at, and it's something ... So what I'm saying is that I allow it occur naturally. I don't necessarily go into a session with a client thinking on that level, I go in on a completely practical, my favourite form of social work is your basic problem-solving model, and in the setting that I'm at at the moment it's crisis intervention. And I go in at that level, I suppose, that's where I begin. And it can broaden, and deepen, and go out from there. And I can tell you that 9 times out of 10 it does. And that's where I come with that [belief] that the kind of clients that come to you. But I use it within myself. I don't know if I've misinterpreted your question. I'm talking about between me and client. If the client doesn't go there, that doesn't stop me from the quality of attention that I pay, and the way that I listen.

So would you say you are still listening for a wellness at deeper levels, at the level of their spirit or soul. You might not be responding to it, but are you listening for it?

Ya, I would say so.

But you would tend to wait for the client to introduce it into the dialogue.

Yes.

So given then that you're waiting for the client to raise their religious/spiritual/existential dimensions of wellness, you'd usually wait for it to be quite explicit?

Mmmn.

What do you feel are other implicit indicators that signal a client's distress or tension at those deeper levels of being?

Um, I don't know how to describe it, 'cos I'm not the kind of person who can see auras or do anything like that. I do, I suppose, sometimes, in the way that I listen to people, enter into a kind of trance state where I'm listening, and I'm hearing the things that they're saying, but that's not necessarily what I'm paying attention to. And I pick up something more energetic, something more in the energy of the person. And it's as though I allow part of my mind to drift, and quite often that part of my mind that is drifting will put a question in my mind, it's not necessarily based on what the person has been saying to me. And I can't explain how, or why that happens, because it's not rational.

Does this feel transpersonal, that it's coming from beyond you?

I don't know. Maybe, maybe not. [laughs] You mean, like a message from the Universe, as it were?

Mmmn. Like tapping into the Collective Unconscious.

Yes, I suppose.

But I don't want to be putting words into your mouth!

What does it feel like? It definitely feels like something beyond the rational, beyond the interaction that's going on between the 2 of us. Oh, I know how I would describe it! I would describe it more as a soul connection, between myself and the other person, that somehow she has an energy, and the quality of my attention becomes vague enough, open enough, it sort of drifts there, and then her soul can then prompt the question for me, if you like, to tell me something that's ready to be made into words. And then, ooh, I never hold back, I never hold back on those questions. I never think "oh God, I can't ask that". I might think "oh dear, can I ask this or not?" but I always ask.

So sometimes you are initiating dialogue of a very deliberate spiritual, non rational nature?

Yes, although the question itself wouldn't be a spiritual question. I might ask a question about "so what did you brother say at that point?" – do you know what I mean? It might be absolutely nothing esoteric in and of itself, it could be a completely practical question. But it hasn't come about, it hasn't come from the conversation itself.

Some of the thoughts and energetics that emerge, would they take on an esoteric nature, some of them?

I suppose they could, but I can't think of a specific example, so I'm hesitant to answer. Um. The kind that I have will be a pretty esoteric relationship, although I also tried at one stage to keep it very grounded because she was very frightened by it. She had an experience on taking LSD and she had a drug trip that led her to start questioning other worlds – whether other worlds existed or not – so with her, yes, our explicit conversation was very esoteric in nature. Where, I actually gave her things to read by – who were those chaps that did the drug thingey, who wrote "The Joyous Cosmology"? Aldous Huxley, Timothy Leary, those fellows. And we spoke a lot about that, a lot about that. And she magically disappeared. [laughs] She went away to Australia and when she came back she phoned me. I had no idea who was speaking to me at the other end of the telephone, absolutely no idea, and when I realised who it was, we spoke. And um I had absolutely no way of avoiding that I didn't know who she was. Obviously when I realised who she was I said to her "I just didn't recognise your voice over the phone at all." And um, it had been several months. So when I came back after my maternity leave, I phoned her, and she's been just completely uncontactable. And I've had her e-mail, and her home address, and her tel. no. and all of those connections have resulted in a complete and utter blank. I've written to her, I've e-mailed her, and I've left messages on her phone. Nothing – she's just gone.

And that was a Rape Crisis client?

Ya. But with her it was very, very difficult – in terms of being guided as to how to counsel her and what to say. She was very, very definitely Christian but questioning her Christian values for some years prior to this incident, experimenting a lot with drugs, trying to reconcile the 2 things – Christianity and her long, badly behaved things that she was doing - but then this whole understanding of another world, and did Christianity explain this other world, because she didn't feel that it was a world that was only accessible through drugs. She felt that it was another world that actually existed but was very difficult for her to try and tease that apart. So, for me, I suppose, in a funny kind of way, we were explicitly talking about esoteric things but trying to help her to decide on her own reality, and not to impose that on her.

And to stay grounded despite the esoteric nature of her experiences.

Yes, absolutely. I relied a lot on my psychiatry and I consulted a lot with a particular doctor while I was seeing her.

So being able to pick up on a client's energy, you used the word intuition earlier, would you say you're talking about one and same thing here?

Yes.

And you've gone some way to explaining that you're putting your thoughts to one side, and your soul is connecting with theirs, any way else you can describe what this intuitive, energetic attunement to your client is like and how it helps?

It helps in that sometimes what I get are visual images or pictures of the clients, like I might suddenly imagine the client under a cloud, just as a sort of very obvious image that I might have – a person who's very depressed, seeing them somehow shadowed, you know, under a shadow. Um, how else? Um.

And you've come to trust these pictures you see, these promptings you get.

certain clients, because they can't work on a spiritual level, or you can't, or something – and so you have to analyse, and to me then it becomes very complicated, very bogged down, very muddled, and you have to kind of plod through it – like unpicking knitting, or picking up the stitches again and putting it all together, do you know what I mean? Whereas with the spiritual angle - no, not angle - the spiritual connection it becomes much more simple, it slows, you don't really have to think about things too much, it's there, it much more immediate, it's much more present, it moves, even when it's stuck, it still is moving somehow.

Any other indicators?

Um. You still want the implicit rather than the explicit? I suppose those co-incidences, those magical things, I do sometimes get guided by that, I must say. An example? I can't think of one right now. [long pause] But I definitely pay attention to co-incidences. If a client mentions something and then I hear that same thing mentioned somewhere else in the week, to me, it's always a message to go back to what the client said – you know, little things like that, I think. Those will also be indicators.

So you don't believe in coincidences, nothing happens by chance?

[laughs loudly] Probably. [laughs] I certainly treat them as opportunities, they do jog me. It happens inevitably, you think "ooh that's a coincidence" [but then add] "now let me think more about it." [laughs again]

And then explicit indicators? I remember my time here when clients would say things like "where was God when this happened to me?" What other explicit indicators tend to come up?

Definitely "I don't know how to pray anymore", "I'm so angry with God I can't connect" - it will generally be things about their religious faith, generally. Um, obviously with some clients it's often things about taboos, they'll talk about their past, you know, different things will come up around customs and traditions that they speak about and how it affects their lives. With African clients [they speak] also different meanings and different things have happened to them. When I was at GSH I saw a psychotic boy who 'd become psychotic after his initiation ceremony. And he walked into my office absolutely convinced that he was having a vision of the land of milk and honey and big breasted woman, and he was there, [in that place], and it was a message to his ancestors especially for him. I had a lot of that, working in psychiatric emergency, where people's psychotic episodes were deeply spiritual in nature, deeply spiritual.

And were you able to respond to them at a spiritual level?

Completely.

So you didn't pathologise and take a medical model of response.

Not at all, not at all. No, not at all. I always entered into the delusion, completely. It was scary, that was very, very scary 'cos when people have paranoid delusions it's frightening, it's really very scary.

For both you and them?

Well ya, because if you're having a paranoid delusion you're frightened, and you, the trust issues between you and the person you're speaking to is huge, absolutely huge, and so you tread on eggs like anything if you're the counsellor or therapist or

somebody like that. And you're terrified of what might happen if you betray their trust 'cos you don't even know that you're going to be do it, you know, or how you're going to be doing it. I had a friend with bi-polar disorder who I had to persuade to go into hospital and to persuade him that he would be safe there. I, you had to enter into that person's delusion, you had to speak to them as though they're completely sane, you have to. There's no other way to reassure a psychotic person. And sometimes it was hard, like there was one particular woman I spoke to who was seeing monkeys running around the room. Now I couldn't really enter into her delusion there – [for example] 'yes there's one sitting in the dustbin', d'you know what I mean? - so you have to then say something that relates to her truth. I just said to her: 'you must be so tired of these monkeys' something like that where you're not actually refuting that the monkeys are there but you're not exactly agreeing with her either.

And where the delusions or hallucinations might have had a spiritual component would you be looking to find the spiritual meaning behind it, or was that not always possible?

I was, no, look, I was very young and inexperienced then, and I was just open to it because I wouldn't speak to the medical model like my colleagues. And that made it safe for me 'cos I knew they were there and could bring the syringe out [laughs] at any opportunity if what I was doing with the person was ineffectual, or went off track somehow. So that was very safe; I had the safety of working in a multi disciplinary team, and being able to confide in and get advice from these people every step of the way. But certainly I remember there was one family that wished to perform an exorcism and they were absolutely convinced their daughter was possessed by a demon, and I supported them in that. I said "do you know someone who can do the exorcism?" and I completely entered into their ..., that's how things were for them. And who am I to say that that's not how things were for them? And so we did it on that level, and they went and did the exorcism, and I never really heard from them again, which was such a pity, I would absolutely have loved to have heard, I'm assuming that she was OK in the sense that she didn't come back for further treatment, but who's to say? But I think because I always, because I'm not grounded in any religious belief myself, that gave me a certain freedom in terms of believing anything.

Not constrained.

Ya, so, like, with the exorcism who's to say that that wasn't the reality for this family, I was able to be in that space. And also that chap who came with the [delusion of the land of milk and honey] he was on a grandiose delusion of huge proportions and you could sense that the flip side of that coin was a terrible paranoia. But the euphoria that he was experiencing, um, it was very meaningful. I think everybody's delusions, everybody's hallucinations in a psychotic state are very, very meaningful. That is what delusion is, it's an emotion, and a thought, a picture imbued with meaning – too much meaning for everyday life – but who's to say the heart of that meaning is not completely valid? So there's a truth in everybody's meanings in life.

You mentioned that your clients at Rape CrisisCT might be explicit about their religious crises, if they are faith-based clients. Where a client doesn't have a faith, how do you find they indicate their existential or spiritual despair, tension and so on?

Um. I suppose then overwhelming emotions [tape inaudible] so somebody who's very freaked out, I often turn to something like visualisation, which can or can't be seen as a spiritual technique - and I can think of ways when it can't be seen as a spiritual technique - but that's where I go, I think. If somebody's saying "I actually can't get

the thought of the perpetrator out of mind, it feels as though he's with me all the time" you know, that feeling of being contaminated by the presence of the perpetrator is something that I feel is a spiritual thing – ya, I think sexual energy gets exchanged, and stays with the person long after the event - and some kind of cleansing, purifying, decontaminating ritual has to take place and bathing isn't enough. All these women [survivors] will tell you that bathing isn't enough. And that's where Rape Crisis developed a technique of visualisation. We looked for, and found, that technique as being something used a lot in the medical profession with cancer patients. You know, it's got a lot of grounding in the psycho-medical model. So it felt comfortable and not too esoteric as something we could all agree to adopt. And so we would do things like saying to the person "you're going to bath, use something cleansing in the water of the bath. If you can afford bubble bath, great. Or crystals, great. Otherwise just a handful of salt, or Epsom salts – a little bit stronger - or anything that they can add to the water to make it more powerful. So that would be the 1st thing. And then to be in that bath and to do a visualisation where you imagine that contamination as soap or ink, you know, something in your veins or in the vessel of your body as something it's containing. And now get it out, imagine it's coming out of your mouth, your nose, your eyes, the top of your head, the soles of your feet, the palms of your hand, your belly button, your vagina, any of those places, but it's going out of you into the bath water and down the drain. Or it's smoke and it goes into a cloud, and drips through the air and back into the perpetrator. Those are the kinds of visualisations and counsellors are encouraged to, we encourage our counsellors to come up with a lot of those [techniques]. I think also, in the psychiatry dept, the adolescent clinic, we did a lot of evocative art, and those kind of evocative techniques, I think, border completely on spiritually sensitive ways as a counsellor.

Did you add that technique to the questionnaire?

I don't think so. You'll notice I put T/C next to a lot of the methods, that means we use that technique frequently in our training courses.

So if I could take a look at the questionnaire, and add evocative art to the list?

Absolutely. And drama therapy. Cos I did a lot of drama therapy as well, which is great stuff, at William Slater.

I found it very difficult to put the questionnaire into my practice. To see the words on paper was one thing, and I might even have said "no, we never do any cleansing rituals" [laughs] meanwhile I've just described it in detail to you, so probably we should go through the questionnaire. Oh dear.

I see you've marked a lot of them. But before we get there I've still got one more question to ask - on the assessment side. Do you use any formal assessment instruments, either here at Rape Crisis or the other agencies you've worked in?

No, I can think of a collage, and drawing, and reflection journals. Those are probably the most, sort of, formal assessment tools that I've used. But no, I don't use cards or astrological tarot cards of any of those things.

Here is a list of other instruments that measure specifically things like spiritual wellness, quality of life, religious wellbeing. [hands list over]

Gosh where did you find all of these, on the internet?

No, it came from a journal article on transpersonal psychology. So you've never been introduced to any of these at any of the agencies you've worked at?

No. No. [reads] Oh assessment tools as in questionnaires. They look like they're all questionnaires. No, we don't ever use questionnaires.

So you tend to rely on the assessment methods that you would have been trained in, with a couple of others, like journals.

Absolutely. I think, even though, what I think I really fall back on are the assessment methods I would have used in the psychiatry dept. – the mental state examination. Ya, the MSE and then from social work the genogram – those 2 instruments are probably the most, that's what I fall back on definitely.

And from your many intervention methods that you are using, how did you learn them, where did you learn them?

They came to me [joking]. I don't know. [laughs]

They wouldn't have been part of your social work training?

No, no, no. It's all been since then. Um, but I think, when I mention my CV, and the different courses that I did, I suppose I'm just open to some things. So I do just check them out. I mean, I did my final Honours placement at the Cancer Assoc and that's where I learnt about visualisation. There was a couple of doctors there [gives names] who did this whole thing of imagining your cancer cells as rubbish and the chemotherapy as the dirt men coming to take the rubbish – putting it into their vans and taking it out of your body, kind of thing - and how much helped patients on chemotherapy, and they've studies to prove it and everything like that. And so when I saw a book of visualisation I would buy it. So those kind of little ... um pathways.

Would it be safe to say that the methods you use with clients are also methods you yourself have experienced?

Ya, I would say so.

Is that what gives you the confidence in using them.

Ya, absolutely. Ya, probably. I mean, I have a physical illness that is incurable and I did visualisation a lot. But I have to say it didn't always work. Sometimes it helped, sometimes it didn't.

Yes, it's not a quick-fix.

No, not always. But I certainly didn't come to any harm as a result of it, and that's what guides me in terms of what it is that I do with clients.

And then these other methods that you use on the training courses, how would Rape Crisis have been informed to use those ways of enhancing people's growth?

Well Rape Crisis actually works quite hard to find literature, to find other training manuals, to send its community educators who are also volunteers for Rape Crisis on courses where they learn techniques. And the workshop techniques have a lot of evocative exercises, experiential exercises, and I think a lot of those are very spiritually attuned. For example, the very 1st exercise we do our training course is a

body image exercise, where, if we do it properly like it should be done, a person literally lies down on an enormous sheet of paper, has someone draw the outline of their body, and they then have that outline and they draw their history on their body. It doesn't have to be their physical history, but yes if they did break their leg as a child they can draw that break on the body. If they'd had children they can draw a big heart over their wombs, you know what I mean? But they're also encouraged to put psychological and emotional pictures into that. Like, I remember one woman drawing herself as a sylph like figure, but then drawing an enormous fat person around that cos that's how she felt herself to be. So it would be, all sorts of, things that a person does. I mean, I love this postcard, [pointing to the wall above her desk] it was done by art students about HIV, and that's some of the pictures that they came up with. I love this one [points to one]. But also these kind of [symbols], the representation of disease in the body and that exercise is extremely powerful and extremely evocative. Does that make it spiritual? Not necessarily. But I do think it's beyond what we were taught at university by a long, long, long, long way.

I get then the sense that Rape Crisis consciously, intentionally, deliberately does want to address holistic well being in their clients?

Completely. Oh ya. Absolutely. Absolutely. In fact our volunteers, one of the journal exercise and homework that they have to do during the training course - and it's part of their personal growth and awareness - they have to discuss with us their personal philosophy about life, so that when somebody asks them "what does it mean that I was raped?" we know what personal philosophy they're falling back on. And we encourage them to develop one if they don't have one, or they haven't thought about it, so they've at least explored the possibility of having one. You know, we've even got articles about how to eat healthily for stress, things like that, so it's definitely making a connection [between mind, body and spirit].

Then I asked you to label yourself in this questionnaire, Kath - your overall approach to social work - and I see you've chosen 'eclectic'. So, I'm wondering, why not 'existential', or 'spiritually sensitive', or any of the others?

Purely because I don't really know what they mean, whereas I know what eclectic means. [laughs] And I certainly do feel that I draw from here, and there, and draw from the other place, and draw from that other place. I deliberately don't follow a particular path, deliberately don't adopt a particular theory or approach, deliberately open myself to doing, to piecing together bits of everything. And that's what I image eclectic social work is.

So if you were to choose one of the other labels, you would then feel somewhat constrained by that label?

Ya.

You definitely don't want to be constrained.

No. But also I mean, I totally understand what, I know what pastoral social work is, I definitely don't do that. spiritually sensitive social work I suppose I could have ticked that but I've come to understand more what that means from my conversation with you then what I did purely from the questionnaire. It's definitely not religious or faith-based. It's definitely not purely spiritual otherwise I would work on that level with all my clients and I don't. Transpersonal I've only just come to understand through our conversation, and I don't think it's that. And the existential - what do you mean by that?

That's informed by say, someone like Viktor Frankl and Logotherapy, answering all those profound questions: Why me, why now, why this, why here?

No I don't go there, not really, cos I think with trauma, part of the healing of trauma is to have those questions left unanswered, not un-asked, they can be asked ...

Cos often there isn't an answer.

...and that's important and you shouldn't get stuck on the seeking of the path, you have to sit with the fact that you don't have an answer, just a question. I guess that's why I don't [label myself that], it's also an eclectic part of the whole. It's not something that I don't do but it's not ...

So should clients raise those kind of questions you're not going to avoid them ...

No, but I'm not going to go "well, let's make that our mission"

"Lets find THE answer, for you".

No.

So if you didn't choose 'eclectic' you'd choose 'spiritually sensitive', as a fallback?

Definitely. Definitely. No, that's what I've come to understand, through our conversation of what work I do.

And then we come to all the different models, approaches, theories, orientations that inform our social work. [hands over list] I'd like to know which of these you use, but which directly enhance your spiritually sensitive response to clients?

Empowerment approach. We use crisis intervention but that doesn't enhance anything on that [spiritual] level. Existential. Feminist. Feminist I think is the most, if I can, the most of what we've talked about so far, [a] spiritually enhancing approach because it encourages you to do things like: give the client a book, which you think is absolutely amazing for them to read, and they even call it bibliotherapy. The feminist approach is very eclectic in itself. It encourages you to do things like visualisation, it encourages you to do things like talk about health and eating, and all of those kinds of things, which is very, very holistic. Um, I wish I knew how to do hyp— oh! I did do a hypnotherapy course once, I haven't told you that, I'd forgotten, but I don't use it, I'm not qualified, I wouldn't feel comfortable using it. And then I don't know what some of these are.

You mentioned a Jungian analyst, that author on mothering. So would you say that Jungian theory is also spiritually sensitive?

Yes. Funny, the Past Lives Therapy, now there's a coincidence.

Or not! [both laugh, given the previous comments on 'coincidence']

Or not - if you take a synchronous, Jungian approach. Um. With 2 of my clients recently I've thought "I wonder if this has happened to you in a past life?" came up. And for the 1st time, well not the 1st time, I just suppose it was one of those times when I didn't, I couldn't obviously have asked the question 'cos they would have said:

"are you mad?" Ooooh, very weird question. So ya, it probably does inform some of what I do.

Yes it's interesting to know that we'd hold ourselves back just because we imagine the clients will think we're crazy.

Oh, absolutely [laughs]. Not that I would mind that too much, but I would feel sorry for them. [laughs] [reads on] no, that's it, about. I really want to learn more about the 12 Steps [programme] and Sexual Abuse [therapy]. There's a whole 12 step programme around sexual abuse and I'm fascinated to find out more.

So does that answer my next question: what would you still like to learn that would enhance/deepen your spiritually sensitive social work?

That one definitely. There is a programme called "Capacitar" run by a Dr Pat Cane which is an eclectic approach taking all kinds of alternative theory and therapy – like acupuncture, Tai Chi, and a whole bunch of different things. She and her team have come up with a whole series of exercises which anyone can learn; you don't have to be a trained professional, you can be a peasant in Nicaragua and you can learn these techniques and you can use them, and they're specifically for stress and trauma. They help people calm down, come out of shock states, heal, get through resistances, all kinds of things. I'd really, really like to do her course, but like many of these things it's very expensive and kind of out of my reach at the moment. Although I wouldn't mind looking for some sponsorship to do that. Um, and then the other thing that I've heard a lot about, but I'm a bit way of, is something that quite a few of the Rape Crisis counsellors have attended – Family Constellation [therapy]. Um, I don't know that I'd like to go to one of the workshops, but I'd certainly like to read a bit more about that. But somehow as a result of the interventions you can do, with complete strangers in a room, you can actually shift and change patterns in your own family. But some of the counsellors have said "no, no, it's a bit odd" [laughs]. And they're not the kind of people to be easily scared. [laughs] And, you know, like I say, I think I'm confident with all of the things but I do believe you have to have support and I do believe you have to stay grounded, I do believe that you have to, um I mean it's been very useful for me to speak to you in this way, in a sense everything that I'm describing to you I'm aware of, but haven't analysed. I haven't consciously sat down and analysed and said "oh, this is the way I do these things, this is why I do it, this is how it benefits, etc, etc" but I think there is a cautionary part – because I have worked with very, very mad people – that you do have to be very clear about your own concept of reality and stay in touch with that, and to not go off believing a whole bunch of stuff. I think some of these belief systems are very, very alluring, you know, in a magical, the magical side of things can be very, very seductive, so you can think "oh, I can magically help people, or I can magically be cured, or I can, you know, if I have faith and I use the right techniques, and I do this, and I do that, then you know, all will be well". I think a lot of those things [are examples of magical thinking] and I think the danger comes for me, from what I've learnt in past experiences, those [magical, seductive] belief systems which completely deny the negative, where it's all about the positive, seeing the good in everything, "if you just believe in love everything will be fine" – those kinds of belief systems that are imbalanced and can lead to a an unbalanced reaction in you and therefore in your clients if you try working that way. So, ya, you have to cautious.

And other challenges that emerge from practising in a spiritually sensitive way? Earlier you mentioned clients can be frightened by esoteric experiences. What other challenges have you found?

Well, I suppose the risk we always feel. If you haven't been trained in something, if it's not been formally sanctioned by your university, or your mentors, or whatever it is, that you actually don't know what the hell you're doing and you could get into a lot of trouble. And I suppose that's a risk you take. It is a risk. As long as you take it knowingly and try and be aware, and try and be careful, but I suppose those are the fears of harming our clients [that] are true, no matter what approach you come from, if I listen to my students, they're terrified of completely harming their clients. So you do have to remember that people have their defense mechanisms in place, you know, that's important.

Other challenges? Perhaps a specific example, either here or in another context.

Well, the client that I mentioned previously who had been in such a delusional state and had taken drugs or whatever. I used to get scared. I used to – I don't know whether I was contaminated by her fear or whether the incidents she was describing were touching on, and invoking, my own fears – but that's a challenge.

And how you reconcile that, how would you handle that challenge?

Well, I had to be aware of the possibility of both things. You know, if I was being contaminated, the scariest thing was, the most challenging thing was she knew that I was scared. She knew I was scared. Oh, she was the most perceptive individual, she could see straight through this world and into another, so of course, was very perceptive of people, even without realising it. And she said to me, we were standing at the door, to go out, we'd come out of the counselling room and actually were leaving the building, I was opening the security gate for her to leave the building, and she turned to me, and said "I hope you don't find this too disturbing." She was on to me. And of course honesty's always the best policy and so I said "I do find it quite disturbing actually." And she said "why?" and I could see the panic clearly in her eyes, and I said "because I've had so many experiences myself, after taking drugs, and you're reminding me of how scared I was at that time. But memory is disturbing, to remember how scared one was." And I said to her "but I also know I came through that fear, and it was OK, and I remind myself of that. And you'll be OK too, let's hope." [laughs] Not to offer her any false reassurance but to make her laugh, you know, and she did laugh, and was fine with that – and there'd been an honest exchange between us. And that is the challenge is it touches on things that are scary and other overwhelming emotions. You know, it can also be, I think to experience any overwhelming emotion in the presence of a client is quite challenging – whether it's joy, whether you're moved to tears, what ever it is – we have this whole idea that we are ones in control and we must be immune to feelings, and I think if you take an intuitive and spiritually sensitive approach you do open yourself up emotional, definitely, you open yourself up spiritually, you do all of those things and you have to be up for it in terms of what the consequences will be. That is true of all social work I guess, it's the darker side, it is the shadow that I mentioned earlier. You know, if you work, like at GSH I worked a lot with very, very severely depressed patients and although Elenor was supervising me she was also very specific to particular cases. I would mention this case, or that case. I never actually went to her and said "you know I'm seeing 10 severely depressed people at this moment in time". I think she knew though, cos she's an experienced person, but she never opened the door to that conversation. And I never did. And I became profoundly depressed myself. Ya, so you can end up being troubled by the things that are troubling your clients, it's very challenging.

So this example of where you took on board the depression of your client, then how did you get out of that challenge?

Well, I went for therapy, that was the 1st thing. And I also, I allowed myself to be depressed, and in fact learnt unbelievable lessons about how to effectively counsel people. I can remember it like it was yesterday. I can remember the client, the time of day, the room, everything, and I was sitting there in that office, looking at this woman, thinking "lady, you are so fucking not depressed it's not funny, compared to me!" [laughs loudly] "I am MUCH more depressed than you are!" And I can't help you. I'm really, really sorry.

You said that?

No!!! This was the conversation I was having with myself, in my head! "I would never be able to help you, I'm incapable of helping anybody right now." And so I thought "what the heck do I do?" So I just listened. And you know, when she asked for an answer, I went, in my mind: "oh, shut up!" [laughs]. Imagine if she'd been able to read my hostility!! And eventually I just said to her "you know, I can't help you." That's what, the words that came out of my mouth as a result of all that thinking in my head "you know I actually don't know what to tell you. I don't know how to help you. I don't know what you can do." And I left it at that. I didn't then say "maybe you could this, or maybe you could that." And this woman, Eve, I wish you could have seen her, she fell together, she pulled herself together before my very eyes. It was almost as if all her atoms just clicked into place. She literally, visibly, before my eyes, shook herself right. It was phenomenal. She knew she had to take responsibility for herself, and she obviously knew she could, because the expert was saying "I can't do it for you", and that's when I learnt to stop taking responsibility for my clients. And my depression resolved very shortly after that, and I stop being burdened by my clients, and I started doing much better work with them. And that was 7 years after I qualified! And I've always said to people, to the students, "it took me 7 years of floundering around in the dark before I learnt how to counsel". So, ya, that's what I mean when I say you've got to be up for it.

Hence the power of that Empowerment Approach.

Ya. And you've got to, you've got to realise that, I sort of realised this somehow when I was studying social work and I remember saying it to Shona Sturgeon actually, or Ada Kahn, one of the 2 social work supervisors that I had, um, was that I knew I wasn't in social work for altruistic reasons, although I care deeply about other people, and humanity, and had those ideals. I knew that I was really in it for my own journey, to learn to what I needed to learn about myself and for myself, my own inner truths. And that I knew this was a path that would teach me this more than any other.

And has?

Indeed.

So thank you, Kath, some fabulous examples there of challenges we face in this work. Now the rewards. What joys come from working in this way?

Well, that was very rewarding [laughs]. The learning. I do feel wise, but humble about that, do you know what I mean? – wise and foolish, all at the same time. I've definitely, definitely learnt so much from my clients, so much about people, and the world, and this time that we're living in right now, um, and the wonder of that. It really is wonder-full. Um. I did say to a friend of my parents recently, "God, if I'd known how difficult social work was going to be, I would never have done it!. Never!" But the rewards are that if you work hard at something, even though it's very, very difficult,

when you get it right, it's such a fantastic feeling. And the privilege of seeing a client become more whole, seeing a client have a flash of insight, like that particular client, seeing her pull herself together, those are phenomenal moments. That's what it must be like to cross the finish line 1st in a race – that feeling that athletes get from winning [laughs]. That's how I get my endorphin rush I suppose. It is, it's a feeling of complete and utter privilege when you, when you see somebody's spirit triumph. You know, I can count maybe on one hand the times that I've seen it and it makes all the hundreds of times when I didn't see it worthwhile. You know. That sounds dreadfully corny, I know, but that's exactly how it is. And I've seen other counsellors experience that when they, the joy on their face when they say "she got it! And she so completely understands something, and it totally changed the way she's going to be." You know.

And the joy/reward that comes from having this energetic, intuitive promptings, these visual images that you see, 'cos that's also enhancing your response to your clients?

Mmn I think it's um ...

Is that also part of this wonder-full nature of the experience?

Well, no, I mean I do think, I do respect the value of the traditional training I got, that you see that kind of thing if you adopt that approach as well. I think the thing of it is, um, that it's new and exciting – that's the rewards of that. That it's freeing, very freeing.

To you? To the client? To whom?

And to the students. Don't you remember, Eve, when I said to you [during your placement at Rape Crisis] "forget theory" [laughs]. I suppose anyone could say that, but it does free one. [tape ends] Find the freedom to express yourself, to go out on a limb, and not rely on anything known, try to open yourself up to something that is new, just to explore. You know, the whole thing of the listening technique where you must listen to somebody without thinking of what you're gonna say. And that really is opening the mind. Having an open mind is being a completely blank page for the other person to write on. It's that quality of deep, deep attention, where you don't know anything, you know absolutely nothing and this other person is going to teach you, and tell you everything about what it is they know, feel, and experience. That, I think, is a very spiritual experience. That's the very spiritual nature of what it is that we do. You know, to go in there, and you don't know the answers, you don't know the theories, and there isn't a map, or a recipe for success. It's just you and another human being having a conversation, and where it ends up? - who actually knows? So I think that's the rewards: you end up in places you never expected to go, it's very interesting, fascinating one would say.

And connecting with a client at a soul level?

Agh, it's just beautiful [laughs]. Listen to me now! [laughs more] It's again that feeling, you can't really describe it 'cos it's not something that we're given the words or the tools to describe, is it? But that feeling of connection with someone else, at that level. Like I think of that client that I told you of, that I learnt so much from, whose tears were like rain, who was so fragmented. If I think about sitting with her, um, in more sessions than I can possibly count, the connection that we have, the unspoken connection that we have, it's just very deep acceptance of each other. I feel as accepted by her as she does by me, you know. And it's not a friendship. It's more than a friendship in some ways. It's another sort of connection altogether. And it's

not a therapist/client relationship in the traditional sense, in that I'm the expert and she takes

[interrupts] is this a sacred encounter?

Ya, absolutely a sacred encounter. That's what I mean by 'beautiful'. I think. Definitely. There's something very, very special and indescribable about the way that that feels for me when you can connect. The other client that I told you about smoking, she's a brand new client, and we're still really in the assessment phase of the relationship, the introduction phase, the testing out. And I see glimpses of the potential to have that same kind of understanding [with her as I do with my other client mentioned above]. You know what? It allows also for humour. There's something horribly humourless about the psycho-social approach, isn't there? Not necessarily that it's intended that way but that is how it comes across. [laughs] like I had a volunteer say to me the other day "my client was asking very difficult questions, a lot to do with guilt and self blame, and all that kind of thing." And I said "give me an example". So she said to me "well, she asked me how could she make her father believe her story?" So I burst out laughing and I said "did you burst out laughing just as loudly as I've just done when she asked you that question?" And she packed up laughing. And I just know that because she laughed about her client, she's going to be 10 times more confident when she goes into the room next time. You know what I mean? There's something about, you know, letting go, there's something about letting go, even though you don't know what's out there, that is very, it allows you to laugh.

Letting go of structure, of theory, of ...

Constraint. You never really let go of it, but just letting go, let go of it, it's still there, it's still round about you, it's still there to be, if you do need to. You know, it's amazing how, I'll be working on that level with a client and some detective will come along and ask me to write a court report. A what!?! [laughs] I haven't the faintest idea what I've been doing with this client, or how she feels, but the structure just falls into place around it and it all just comes out in the wash. You can actually sit down and apply the theory, make a very, very structured and professional report that even the most unsympathetic judge in the High Court would be happy to listen to. Do you know what I'm saying? It doesn't, um, controvert the theory that we've learnt, it's not alien to it, it's not in opposition to it, it's not antithetical. It's actually part of [the whole], and that's the beauty of it, that's one of the biggest rewards, that it encompasses and enhances, definitely. It's not exclusive. The sacred and the profane - no, not the profane - the mundane.

And I see you are saying that agnosticism is the perspective you're most closely aligned with.

Ya, it's a bit like the word 'eclectic' isn't it? [laughs]

Perhaps I could ask you just to clarify then what you understand by that.

Well as I said, I wasn't brought up in a religion and that does free me not to believe in God, but I don't exclude the possibility that there is a God, or Gods, out there, in there, in here, around us. Um, because quite often I do sense that. I do sense that feeling of a Higher Power, I do sense that feeling of an eternal, an endless, an all-encompassing, what they call The Tao, you know? Taoism, I suppose, is something I'm attracted to, but I don't know enough about it to say that's my, that's what I believe. I felt most, it's the most humorous of all the religious religions [laughs]. It

gives room to laugh, lots of joking around, and stuff. And it's the most free in its constraints. And there's not too many doctrines to follow, or rituals to practice, or discipline. I think I have a problem with discipline; [e.g.] a true religion, being a disciple and having practices, and I really struggle with that. I did flirt with secular Buddhism for a while, a lot of chanting and incense and always felt that I didn't quite measure up. [laughs]

And still you want to choose agnosticism rather than humanism or existentialism?

Mmm [long sigh] can't I have both?

Yes you can [both laugh]

Cos I don't really know, I don't really know enough about those things to place myself there. You know, I'm lazy. When it comes to reading and studying and all that kind of thing – except for that brief thing with the tarot – and Christianity I studied quite clinically for a while, and I absolutely loved that. I did a Christian spirituality course but I also did my own analysis of the bible where I – what did I do? – I took the basic things: Ten Commandments, Lord's Prayer, and a couple of things like that, and totally interpreted them deeply. Like, took the dictionary and found 100 words for that one word, and expanded on the meaning of all of those things, and I was completely comfortable with this, "yes, I totally understand this, and if I had to choose a religion then it would have to be Christianity because that's what I'm most comfortable with." But I'd also have to be very challenging and critical of the church within that, cos my experience of the church has been very iffy. Um, so, ya, I had to go with 'agnostic'.

And then my very last question Kath. Do you think spiritually sensitive social work can be taught?

Yes, absolutely, oh ya, we teach it all the time, don't we? In Rape Crisis with our training course, with our volunteers, and everything. We're not teaching social work, so definitely. I found it interesting with um – I won't mention her name, but one of the students that we had, you'll know who when I talk about her – she brought a deck of Angel Cards at the end [of her placement, and final session with her client]. Did she show them to you?

Ya, she showed me.

She asked me about it and I interpreted that as somebody with a desire to learn spiritually sensitive social work. She didn't have the words to ask for what she wanted, she didn't have a way of saying, and she didn't say it at the beginning of her placement, which would have been helpful. *[Doorbell rings and interrupts interview]*. ... You were saying "can we teach it?" and I think what I want to say in addition to that is that I think we should be teaching it because there are students out there asking us for it. Definitely. They might not be asking for it explicitly, but they're definitely asking. And when I think about the number of Christians who've come through here, as social work students who've spoken about their faith and said "look, can't I use my faith in the way that I counsel people?" and because it's explicitly Christian, I've had to say 'no, because what if I see another client who's also Christian?' and you have to say 'no, because' and I think they [those students] are spiritual and should follow their wisdom in terms of, you know, it's definitely another 3 strings to your bow, your repertoire of helping, and therefore should be deeply and carefully thought about.

[Interview is then brought to a close as Kath's lift home has arrived to collect her]