

The Importance of Allowing for a Spiritual Component in Clinical Strategies

Nelida Machicote

The purpose of this paper is to emphasize the role of spirituality in social work practice and to note how it can be the motivational force that transforms people's thoughts, feelings, and behavior. Spirituality can lead a person to feel empowered and to be mentally healthy. Knowing a client's spiritual beliefs can assist social workers in building interventions for them. This is especially true when it comes from people in the many diverse cultures that social workers encounter. Often, people in diverse multicultural populations have strong spiritual beliefs that are integral to their identity and values.

Studies have shown that many people rely on spiritual beliefs to cope with various life issues. Lower rates of depression have been seen in the elderly who depend on religion for support (Bosworth, et al. 2003). Mental illness studies have found that those who were spiritually inclined had fewer suicide attempts, less substance abuse, higher levels of hope, better adherence to treatment, and better social integration whereas those who had no spiritual beliefs reported more symptoms of social isolation, more suicide attempts, more substance abuse, and poorer adherence to treatment (Harris, J. I., et al 2015).

In an interview with Dr. Switzer, a local spiritual counseling center director, he commented that many clients come to his office seeking spiritual counseling because they feel unworthy and think they need to earn God's love and acceptance. He stated, "We all fall short of His glory and no one can ever do enough to earn His love. His grace and unconditional love are sufficient and are given freely." Through the teachings of grace, Dr. Switzer has seen broken souls transformed into confident, bold, and empowered people. People who can grasp the concept of grace begin to shake off past guilt, shame, and doubt, leading to a transformation that awakens new possibilities and restored identities.

Having a focus on the whole person is essential in clinical practice (Barnett, 2016). Barnett (2016) suggests that it is unethical to focus only on a few areas of our clients' lives. He suggests that we must begin to understand our client's differences from their perspective. Spirituality and religion, for many, are essential parts of everyday life as the clients participate in organized religions, believe in God, practice spiritual rituals, engage in daily prayer, and allow for their biblical principles to guide them in everyday decisions.

Until recently, social workers tended not to address spirituality in their practice with clients (Barnett, 2016). In order to understand clients' lives, however, social workers need to be sensitive to client spirituality. To accomplish this, social workers must be aware of their own biases to not impose their own beliefs on the client, but instead to be respectful and nonjudgmental.

Essential to social work practice are several values that define the approach with clients. Considering that religion and spiritual beliefs are forms of diversity, the profession requires that social workers follow the National Association of Social Workers code of ethics, which includes a statement on cultural competence and social diversity: The statement reads:

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, **religion**, and mental or physical disability (National Association of Social Workers, 2008) (*italics added*).

When clients feel valued and respected this way and when they are able to express themselves, they begin to open up in many areas. They then welcome clinical strategies that can foster growth and change. The following review of the literature and testimonials are intended to help social workers understand the importance of spirituality in the clinical setting and to see how it may be effective in empowering lives.

REVIEW OF LITERATURE

Spirituality is the energy that brings life to the mind and body. It leads to personal fulfillment, peace, and unity with God or nature. It operates in tandem with psychology and both have been connected, almost inseparable, throughout history with the spirit representing the

religious aspect of the person and psyche representing the soul or psychological. Importantly, the original translation for *therapia* was “soul healing” (Kahle, & Robbins, 2004), which can be understood as spiritual healing.

Many of the founders of American psychology integrated religion and psychology (Kahle & Robbins, 2004). Stanley Hall, the first president of the American Psychological Association, established the *American Journal of Religious Psychology* (Kahle & Robbins, 2004). He taught the Psychology of Religion in 1887-88 at John Hopkins University and at Clark University from 1913-15. William James founded the Harvard University Psychology Department, integrating psychology and religion. He claimed that religious feelings were very important and interesting in anyone who was practicing psychology. He noted that religious feelings gave people a sense of power and control over their lives, and ultimately, religion and spirituality led to sense of unique happiness that is not as easily attained elsewhere (Kahle & Robbins, 2004).

Carl Jung, a psychoanalyst, saw religion as helping a person towards feeling whole. He conceptualized that a person’s mental illness was connected to losing a spiritual sense of himself that needs to be rediscovered in order to be healed (Kahle & Robbins, 2004). In the 1950s, Erick Erickson suggested that religion, as a life foundation, provided people with hope and wisdom which was needed to attain maturity (Kahle & Robbins, 2004).

Therapist Mary Detweiler, the author of *When therapy isn’t enough*, struggled with alcohol for years. As a therapist for more than 20 years she was well educated in counseling techniques and therapies but could not shake off her problem with alcohol. She would counsel for hours and then come home feeling empty and helpless. Her everyday struggle with alcohol soon took its toll and she was forced to leave her practice. She then writes about rediscovery of God’s love:

...Though I felt supported and cared about in therapy and in secular recovery, there was something missing. That something was God’s love. When God is at the center of the process, the love and acceptance has a depth and a quality to it that is difficult to describe. It not only surrounds and envelops you, it gets inside and warms your very bones. It was this unconditional love coming from the outside that eventually led me to begin to love and accept myself, thereby healing the toxic shame (Detweiler, M., 2011, p.109-110).

Detweiler further explains that although psychotherapy taught her to identify and understand her unhealthy lifestyle, it did not fill the emptiness or heal the aloneness and disconnection. Spirituality gave her a sense of being valuable and worthwhile (Detweiler, M., 2011).

SUPPORTS OR HARMS TO SPIRITUALITY

Examining our own biases, respecting our client's belief system, having a knowledge base on religion/spirituality, and providing referrals as needed, will help support the session. On the other hand, debating theology, making assumptions, discriminating, or trying to rescue or mold the client can harm the session (Kahle & Robbins, 2004).

CONCLUSION

Based on the social work professions intention to respect a person's culture and therefore, his or her spiritual life, it is essential to incorporate this into any direct practice intervention. "In viewing cultural diversity, the question is not whether spirituality is more important in one culture compared with another, it is the extent to which spirituality is recognized, integrated, and celebrated" (Crompton, 1998, p.29). Therefore, one can assume that there is a mandate that suggests that social work professionals either become competent in the area of spirituality or refer the client to someone who is competent. "Avoiding religious issues or routinely redirecting spiritual concerns in therapy is no more justifiable than refusing to deal with the death of a family member or fears of social encounters." (Kahle & Robbins, 2004, p. 98).

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