

A COMPARISON BETWEEN RELIGIOUS AND NONRELIGIOUS SOCIAL WORKERS' APPROACHES TO PRACTICE

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The study reported in this article compared the use of religious and spiritual approaches to care by religious and nonreligious Jewish social workers. It found that all the professionals who used spiritual or religious material shared one characteristic—they all acknowledged their own religious and/or spiritual self and the impact it had upon the clients served. Agencies that were supportive of religious issues also encouraged their exploration in practice.

The struggles that professionals and clients experience with their own spiritual and religious expression have received little attention in our professional literature (Canda, 1988; Joseph, 1987; Millison, 1988). Discussion of the religious or spiritual component of care has been largely ignored in our professional training programs as well (Dudley & Helfgott, 1990; Sheridan et al., 1992). Lowenberg (1988) has stated that "the social work literature has generally ignored or dismissed the impact of religion on practice" (p. 5).

This qualitative study examines the effects of religiosity upon the practice interventions of religious and nonreligious Jewish social workers. Whether religious practitioners are more likely to engage in spiritual interventions with their clients than are nonreligious practitioners is a primary focus of this research.

For purposes of this study, religion is visualized as encompassed within spirituality, whereas spirituality is seen as broader than religion. A distinction may be made between the two, so that religion refers to formal institutional contexts for spiritual beliefs and practices, and spirituality refers to the human experience of discovering meaning, purpose, and morality (Brower, 1984; Siporin, 1985). This distinction implies that spirituality can also be expressed outside a religious context. Although the respondents in this study were classified on the basis of religion, no attempt was made

to categorize them on the basis of spirituality. Both groups of respondents were compared, however, on how they responded to the spiritual needs of the clients they served.

REVIEW OF THE LITERATURE

Canda (1989) believes that, without preparation to help with spiritual and religious matters, practitioners are not likely to respond effectively to such issues and may mistake spiritual growth for psychopathology. This corroborates a study by Highfield and Carson (1983) of 35 oncology nurses showing that the nurses' inability to distinguish spiritual problems from psychological ones led to inappropriate interventions.

Siporin (1985) has described an anti-religious bias in much of psychotherapeutic literature. Lowenberg (1988) has detailed trends in social work that hinder or demean working with client's religious feelings. He believes that since most U.S. citizens describe themselves as religious, that we need to prepare practitioners to practice with religiously oriented clients.

Spiritual areas of care can present opportunities for growth and healing that might not be available in other areas of care (Millison, 1988). Canda (1988) argued that the client can be helped to transform suffering into an opportunity for growth. Krill (1979) urged the professional to help the patient find meaning in his or her suffering and not to discredit or eliminate anxiety or

guilt; rather, the professional should affirm suffering as directional and necessary. Doka (1983) felt that although the professional cannot create meaning, he or she can help clients find significance in past experiences and allow them to reflect upon the meaning of life. This would mean being comfortable enough to allow "God talk" without changing the topic.

Several studies have been done on the use of spirituality in practice interventions. Sheridan et al. (1992) found that professionals value the religious or spiritual dimensions in their lives, respect the function it serves for people in general, and address, to some extent, religious and spiritual issues in their practice with clients. Million and Dudley (1990) found that, although many professionals are highly spiritual in their personal lives, they are less likely to carry that spirituality into their professional lives, particularly in their interaction with clients. It is the intent of this study to explore the issue in depth with a small selective sample of Jewish social workers.

METHODS

To explore whether religious practitioners are more likely to engage spiritual concerns in their work with clients than are nonreligious social workers, 12 in-depth interviews were conducted with MSW-level social workers employed in direct service positions. All of the respondents were female, and all were Jewish. One-half of the respondents were defined as religious, and the other half were defined as nonreligious. The religious social workers were drawn from the membership of a traditional minyan group, whereas the nonreligious group was composed of their Jewish co-workers. Although there was no attempt to classify the respondents on the basis of spirituality, some respondents, from both the religious and nonreligious groups identified themselves as spiritual.

Religiosity was determined by self-declaration and by religious observance, i.e. by regular attendance at religious services and/

or by consistent observance of religious rituals. This determination is consistent with the definition of religion stated earlier—the formal institutional context for spiritual beliefs and practices. For the most part, religious respondents attended services regularly, observed Shabbat, and maintained strict dietary laws, whereas the nonreligious practitioners attended services less frequently or not at all, did not observe Shabbat, and did not ascribe to the dietary laws. There was great variability in the nonreligious group, from a social worker who attended services once or twice per month to a social worker who almost never attended a service. This is seen as a limitation of the study. The reason for selecting only female Jewish MSW-level social workers in direct practice was to be better able to compare the two groups without the confounding variables of gender and education. However, this small selective sample makes it difficult to generalize to all social workers, or even to all Jewish social workers.

Each interview lasted between 60 to 90 minutes. The subject material of the open-ended interviews covered such areas as religious observance, professional training, personal religious practices, or ways in which their agencies either encourage or discourage religious or spiritual expression. The major focus was on the social workers' own approaches to helping clients with their spiritual or religious needs. Participants were asked to respond to a list of approaches to helping clients with religious or spiritual needs. The approaches varied from more religiously oriented ones, such as reading the Bible or praying with a client, to more spiritually oriented approaches, such as meditation and guided imagery. For purposes of this study, meditation and guided imagery were defined for the participants as spiritual approaches and not simply as techniques for reducing stress or assisting with relaxation.

DESCRIPTION OF RESPONDENTS

The agencies where the respondents were

employed included a hospice program, a Jewish family service agency, a parent-child center, a center for cancer patients, an in-home service for the elderly, and a program for people with eating disorders. Only the Jewish Family Service was under Jewish auspices.

Religious Identification and Observance

All of the respondents in the religious group identified themselves as very religious. All but one religious respondent attended religious services weekly. The one who did not said that her religious observance is home based, which is very much in keeping with Orthodox Jewish tradition. All of the religious group observed kosher dietary laws, all kept Shabbat, and all observed holiday rituals. In addition, they all identified religion as a major source of strength for them.

The self-identification of the nonreligious group members varied from somewhat to not at all religious. Synagogue attendance varied from once or twice per month to once every 2 to 3 years. Their ritual observance was mostly confined to Jewish holidays. Religion was not a source of strength for most.

As stated earlier, although there was no attempt to classify the respondents on the basis of spirituality, some respondents did identify themselves as spiritual. In one hospice program, a nonreligious social worker described herself as quite spiritual and readily "tuned in" to patients' spiritual needs, whereas her religious counterpart avoided spiritual involvement with patients. An Orthodox social worker at the cancer center employed many spiritual approaches in her practice, but so did her nonreligious counterpart. The difference was that the nonreligious social worker did not connect them with God.

FINDINGS

Importance of Religious Orientation on Practice

Regardless of religious orientation, most of

the respondents felt that the importance of spirituality to their practice was dependent upon the client, i.e. how spiritual was the client, how receptive was the client to the topic, etc. In response to the question of how religious or spiritual material is introduced into the counseling situation, all of the nonreligious practitioners responded that it is initiated by the client only, whereas most of the religious respondents responded that there was no pattern; sometimes this material was initiated by the client, other times by the worker.

Use of Spiritual Interventions

Religious practitioners tended to use a greater variety of approaches to helping patients with their spiritual needs. Such approaches ran the gamut from the more religiously oriented ones, such as prayer and meditation with the client, to the more spiritually oriented approach of exploring the meaning of events. Only one of the religious respondents responded that she did not use any of the approaches mentioned, whereas only one of the nonreligious respondents used a variety of the approaches with her clients. Perhaps the greatest distinction between the two groups was the degree to which they helped clients with their spiritual needs or involved themselves in spiritually oriented practice.

Comfort Level with Clients of Particular Religious Beliefs

The respondents were asked whether they were more or less comfortable relating to clients who held different religious beliefs. Two of the nonreligious social workers expressed difficulty in dealing with Orthodox Jews, whereas two other nonreligious respondents stated that they were more comfortable in dealing with Jewish clientele than with non-Jewish clients because of their common backgrounds.

Linda is a religious Jew and a medical social worker for a hospice program. She attends weekly synagogue services, observes

Shabbat, and maintains kosher dietary laws. She is very careful not to interject her religion into the workplace. She views the religious or spiritual area as the domain of the hospice chaplain, and routinely refers patients to him. For her, religion did not play a role in her practice. She did not use her religious orientation and knowledge in her practice.

Laura, a religious social worker at Jewish Family Service, said that religion plays a varied role in her work with clients—its role depends upon the client. Sometimes she will use a religious metaphor to reach a client. For example, in dealing with a group of incest survivors, while discussing the issue of “emptiness,” she brought in a reading from a Jewish source to help the group express their feelings. With an Orthodox Jewish client who was abused by her husband, she discussed Jewish law. This was extremely important to the client. On occasion, she has shared her own spiritual thoughts with clients and has explored the religious or spiritual meaning of events when the topic is client initiated. Laura shares a great deal of religious/spiritual information and resources with her clients and fellow staff. By working for a Jewish agency, Laura has found a good fit between her religious lifestyle and her professional work.

Rosalie is an Orthodox women who is employed as a social worker in a private cancer center. She employs many of the spiritual approaches to helping that were identified in the questionnaire. She has listened to clients discuss God, has shared her own spiritual thoughts with clients, worked with dreams and fantasies, explored religious or spiritual meanings of events, and used guided imagery with her clients. She feels that the values of her workplace and of social work are very congruent with her Jewish values. She is a good example of someone who is highly religious and highly spiritual and who uses her

religiosity and her spirituality on behalf of her clients.

Wendy is a religious social worker who is employed by a hospital day care center program. When religious or spiritual material is discussed, she takes her lead from the client. On a very few occasions, she has talked about God in relation to a child she is serving. Other than that, she does not engage in approaches that have been defined as spiritual in nature.

It seems that, based on the interviews, religious practitioners employed more treatment approaches that were identified as spiritual approaches than did nonreligious practitioners. This varied, however, depending upon the agency where they were employed. Religious social workers seem to engage more readily in spiritually based practice and are able to contrast that with religious practice, which they view as the domain of clergy.

Agency Encouragement or Discouragement of Spirituality and Religiosity

The respondents, both religious and nonreligious, were asked to rate their agencies in terms of the degree of encouragement or discouragement of the expression of one's religion or spirituality with one's clients. Two nonreligious participants felt that their agencies did encourage the expression of spiritual material. In contrast, their religious counterparts at the same agencies did not view the agencies as encouraging spiritual expression. When asked in what ways their agencies either encourage or discourage religious or spiritual expression, only the social workers from the cancer center spoke of staff training and development on the topic. One worker at Jewish Family Service stated that there were two camps in her agency—one group in favor of bringing Jewish values into the counseling situation and the other group that felt that the introduction of Jewish values had no place in a

counseling setting. One respondent at a center for eating disorders said that "Feminist Empowerment" served as her agency's religion.

Laura, the religious social worker at Jewish Family Service, stated that religion is at the top of her list of things important to her. Her agency does not encourage "religious counseling," but does encourage efforts toward a greater sense of Jewish identity for workers and clients. Laura enjoys working in a Jewish agency because, among other reasons, she can be off for the Jewish holidays and leave early on Fridays to begin Shabbat.

Debra also works for Jewish Family Service, but her experience is quite different. She is not at all religious, attending synagogue once every 2 to 3 years. She too finds that her agency encourages a Jewish perspective. She sees conflicting viewpoints held by the staff about promoting Jewish values and Jewish identity. She feels that Jewish values have no place in a counseling agency. Debra said that most of the clients that she sees are not religious, and as she is nonreligious, she does not see involvement with religious or spiritual issues as a part of her work with clients.

Rosalie, the religious social worker at the private cancer center, found her workplace to encourage the expression of spirituality with clients. The staff members understand that spirituality is an issue for some clients and, therefore the agency has an active chaplaincy service. Staff development time is allocated to a training session on clinical skills and spirituality. Her center does a routine spiritual assessment on each patient. Social workers are very much encouraged to consult with clergy. If a client expresses an interest in discussing spiritual material, Rosalie will deal with that. On religious issues, she will refer to clergy. She recalls one patient who saw cancer as God's punishment. Her own beliefs help her get through difficult times

and help her to find meaning in events.

Rebecca works at the same cancer center as Rosalie. She is not at all religious, but sees herself as quite spiritual. She agrees with Rosalie that her place of employment encourages staff to express their spirituality with clients.

Wendy and Susan are both employed by a hospital day care program that stresses parent involvement. The center is under the auspices of the hospital that houses the program. The hospital is very neutral about encouraging spiritual expressions with consumers of service. Religious expression is frowned upon. Wendy felt that her hospital was not at all encouraging in this area, but was unsure whether the hospital was discouraging or if she discouraged herself from being more forthcoming in this area. Susan also felt that the hospital was either neutral or discouraging when it came to spiritual or religious expression with clients. She feels very much in a non-Jewish environment.

The degree of encouragement varied from agency to agency. It is interesting to note that nonreligious participants viewed their agencies as more encouraging of spiritual or religious expression. Perhaps nonreligious practitioners have a different standard for what encouragement of religious or spiritual material might be, or have less of a stake in spiritual content. Agency auspices was an important factor. Social workers at Jewish Family Service experienced a great deal of support for expressing their Judaism whereas social workers at the day care program did not. In only one of the agencies was there any mention of staff development relating to spirituality. This seems to be a real weakness, as many agencies seem not to value assisting staff in this critical area. Cerniss (1980) noted that management style and the internal support system of a program may influence the professional's sense

of freedom in being able to express her spirituality on the job. This could certainly be a focus for further research.

Another important factor was the type of agency. More spiritual and religious material was discussed in programs for the sick and the elderly. As Rebecca pointed out, "When people are dying, spiritual concerns become more relevant." One cannot help wonder though, had the day care program been under religious auspices, would the results have been the same? In those institutions where a chaplain was on staff (hospice, cancer center), material thought to be religious was referred to him or her.

Why Some Social Workers Draw upon Their Belief System, Whereas Others Do Not

All of the respondents surveyed who used spiritual or religious material shared one common characteristic—each acknowledged her own religious and/or spiritual self and the impact it had upon the clients served. Agency auspices or degree of support is another important factor. Where a chaplain was present, the religious social worker deferred to him or her in spiritual or religious matters.

In the Jewish Family Service, the religious social worker interviewed felt a great deal of support for religious or spiritual expression. The nonreligious social worker at Jewish Family Service felt that since she was not religious and the majority of her clients were not religious, there was no need to enter into any conversation about religion. When clients wanted to talk about God, she encouraged them to speak to a rabbi.

In the cancer center, both the religious and the nonreligious social worker pursued spiritual and/or religious material. Both were spiritual, and both felt supported by their agencies.

In the hospital day care program, neither social worker was involved in spiritual or religious issues in their practice. Neither was encouraged in this area by the hospital. Susan, the nonreligious social worker, felt

that her experience was consistent with her MSW training, where religious or spiritual conversation was looked at from a psychological perspective. She feels that her training was so strong relative to not imposing your own values on the clients you serve that she tries very hard to be as neutral as she can be.

DISCUSSION

As professionals, we cannot ignore the impact of religion on the people we serve. A recent Gallup poll disclosed that 94% of Americans believe in God, 90% pray, and 75% reported that religious involvement has been a positive experience in their lives. We have to stop thinking of spiritual concerns as pathology, rather than as important life issues. Although almost all of the respondents used some spiritual approaches to helping their clients, both religious and nonreligious social workers shied away from the more religious approaches, such as reading the Bible or praying with a client. Almost all would listen to a client talk about God. It seems that, although social workers do not want to take the place of clergy, they do want to deal with religious or spiritual material at a level that they believe is appropriate for helping professionals. Discussion of spiritual or religious material need not be the exclusive domain of clergy. Social workers and other helping professionals should not be discouraged from exploring these issues with their clients.

Spiritual interventions can be quite appropriate or can be inappropriate. Appropriate interventions would respect the clients' beliefs, support the family belief system, and clarify spiritual and religious issues and values. Inappropriate interventions would impose one's own beliefs upon clients, use one's own values as a model, or conflict with client beliefs. The professional social worker has to be able to determine the meaning of spiritual/religious issues to the client and to evaluate the positive or negative impact of engaging the is-

sue. The agency's receptivity to those issues determines whether or not they are pursued by the professional.

Are those social workers who deal with spiritual issues better practitioners than those who do not? Does religiosity have a direct impact upon practice? This exploratory, descriptive study cannot answer those questions definitively. Future study needs to be undertaken with a much larger and more diverse population of professionals.

We can no longer ignore the religious or spiritual dimensions of practice. Too many social work professionals are discouraged from exploring these areas with their clients. By examining spiritual or religious issues, we are not necessarily imposing our own values onto the client. We must take the religious and spiritual areas seriously as we prepare the next generation of communal professionals.

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