

Spirituality, religion and social work in recovery *Spiritualitás, vallás és szociális munka a felépülésben*

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Abstract

This study addresses the potential role of spirituality in promoting mental health and wellbeing and argues for its utility in the helping professions. Spirituality, as a common human orientation, has long been a central notion in recovery movements. In the first part of the paper the author discusses the differences and overlaps between spirituality and its traditional form, religion. In the second part a questionnaire was used to study laypersons', and professional helpers' views on spirituality. The convenience sample comprised 137 persons. Professionals could find spirituality an important resource in their practice and included it in their interventions mainly when their clients had introduced the theme first. Most of the laypersons in the sample were concerned with spiritual issues and regularly practiced meditation or prayer. They conceived spirituality to cope with mental or physical illnesses.

Keywords: spirituality, religion, social work, recovery, addiction

Absztrakt

A tanulmány a spiritualitás lehetséges szerepét vizsgálja a mentális egészség és a jóllét növelésében, és a segítő pályákon való alkalmazása, hasznossága mellett érvel. A spiritualitás mint alapvető emberi irányulás, már régóta a felépülési mozgalmak központi témája. Az írás első részében a szerző a spiritualitás és hagyományos megjelenési formája, a vallásosság közötti különbségeket és átfedéseket tárgyalja. Az írás második része egy hivatásos segítő és nem segítő foglalkozásúak körében lefolytatott kérdőíves kutatás eredményeit mutatja be. A kényelmi mintavétel során összesen 137 főt vont be a kutatásba. A szakemberek saját gyakorlatukban fontos erőforrásnak tartják a spiritualitást, és többnyire akkor jelenítik meg a témát az intervenciókban, ha azt maga a kliens hozza fel először. A nem segítő foglalkozásúak nagyobb része aktívan foglalkozott spirituális kérdésekkel, és rendszeresen meditált vagy imádkozott. Számukra a spiritualitás a mentális vagy testi betegségek leküzdésének egyik eszköze.

Kulcsszavak: spiritualitás, vallás, szociális munka, felépülés, addikció

I would like to dedicate this work for my late father, who has supported me endlessly on this journey we call life. (Pamela Elias Ka'adan El-Nachef)

Introduction

In this work I explore how spirituality helps people find the meaning of life, how it affects people in keeping up their mental and physical health all around the world, and in what ways it is useful in social work in general, and, more specifically, in recovery from addictions. I discuss the relationship between spirituality and mental wellbeing with respect to the psychological environment with its essential cultural aspects, and its close relationship with the “inner self” (Barrett, 2000; Cullen, n.d.; Culliford, 2002; Post & Wade, 2009). This work explains how promoting spiritual development helps to enhance quality of life and how spiritual experience and convictions can be complementary of or even integrated into professional work with clients. (Cullen, n.d.; Delaney et al., 2006; Mason & Hargreaves, 2001; Brown & Ryan, 2003).

The topic of spirituality is very complex, subjectively perceived, and is valued differently between individuals (Cullen, n.d.; Plante, 2007; Worthington & Aten, 2009). Although traditional concepts like religion, agnosticism or even atheism can describe a broad spectrum of spiritual views, they do not cover all possible ways of personally and intimately experienced spirituality (Cullen, n.d.; Miovic, 2004; Worthington & Aten, 2009).

A great deal of recent research has demonstrated a strong connection between religion or spirituality, health, and well-being, illustrating that these protect the person against life stressors (Cullen, n.d.; Kim & Seidlitz, 2002). Cultural manifestations of spirituality have been widespread throughout history, and it has been proposed that it is a significant part of human nature, offering a valuable focus for counseling (Cullen, n.d.; Culliford, 2002). As a cultural factor, it has a natural place in the therapeutic environment, and several approaches can be used to successfully resolve clients’ spiritual issues (Cullen, n.d.; Lukoff, 1998; Plante, 2007).

Definition of Spirituality

Spirituality is a common human orientation, and its meaning is broad and varied (Cook, 2004). Religious spirituality is its traditional form, and religious institutes (e.g. churches, mosques) have helped many people to cope with different types of social problems, such as poverty, illness, and homelessness. People often perceive spirituality as an affiliation with a church, temple, mosque, or synagogue. Others believe in a personal relationship with God or a Higher Power and pray to them or find comfort in them. Some also find significance in their interactions with nature; or through idols. It can also be imagined that some people do not identify themselves as spiritual or religious individuals, but they still believe in a certain kind of “energy” or in other ideas. Moreover, any specific concept of spirituality may develop during one’s life and be shaped by own experiences and interactions.

Spirituality cannot be directly investigated through traditional experimental techniques, since it requires intensely intimate, emotional perceptions, however, we can see several examples of indirect research examining the physical or psychological effects of it; for example, effects of meditation is a quite “popular” field of scientific examinations (see e.g. Sedlmeier et al., 2012). The relationship between science and spirituality can be seen in different ways. It is often said that they are different paradigms, and they have nothing to do with each other. According to a more flexible view, science and spirituality can be regarded as complementary

approaches: science gives us knowledge, while spirituality gives us a perpetual sense of mission and significance. On the philosophical ground of pragmatism, as we can see in the spiritual recovery program of Alcoholics Anonymous, we can go even further and say that anything that “works” and has a justifiable impact on our lives can be seen as “real”, even if we cannot tell exactly or objectively what it is. In this view, science and spirituality or religion can get closer in one system (Alcoholics Anonymous, 2001, 2003; Madácsy, 2011).

Pargament and Mahoney (2009) suggest that for many, spirituality means trying to understand what sacred is, and that this quest can follow either conventional routes (such as organized religions) or non-traditional paths (such as twelve-step community participation, meditation, or retreat center experiences). According to a widespread definition “Spirituality, which comes from the Latin ‘spiritus’, meaning breath of life, is a way of being and experiencing that comes about through an awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers the Ultimate” (Elkins et al., 1988, p. 10). Spirituality can also be defined as a belief that people can connect with something that is beyond mind and matter (Decker, 1993).

Therefore, spirituality is a multidimensional phenomenon that transcends gender, race, color, and national origin. One of the key concepts of spirituality is the centrality of the relationships between self, others, and God. Another fundamental aspect of spirituality is the essence and intent of life. A spiritually oriented healing process considers the individual’s wholeness; it proceeds through the path of one’s life; and it is a way of living that flows from, expresses, and nourishes one’s spirit (Holloway, 2006).

When individuals develop an interest about spirituality and how it helps themselves and others, they often experience spiritual awakening. The twelfth step of Alcoholics Anonymous can be mentioned here: “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs” (Alcoholics Anonymous, 2001, p. 60). Another example, taken from a non-scientific source, can be Luna (2021) who touchingly writes in her book on spiritual awakening:

“Spiritual awakenings are the soul’s cry for freedom. [...] If you have experienced a spiritual awakening, you have come to see through the lies and illusions of this world. Deep in your soul, you realize that nothing external has ever, and can ever, bring you true happiness or fulfillment. This profound realization leaves you craving for something richer, more fulfilling, and something that will make you feel whole once again.”

Religion

The presumptions that religion has to do with God, or angels and divine forces or a metaphysical or spiritual aspect or greater truth are very popular beliefs. Nevertheless, none of these is strictly necessary to define religion, because there are religions that ignore several of the above components.

The etymology of the word religion comes from Latin “religio” (what attaches or retains, moral bond, anxiety of self-consciousness) used by the ancient Romans to indicate the worship of the demons. The origin of “religio” was debated even in ancient times. Cicero said it came from “relegere” (to read again, to re-examine carefully, to gather) in the meaning of “to carefully consider the things related to the worship of gods”. “Later, Lucretius, Lactantius and Tertullianus saw its origin in »religare« (to connect) to refer »the bond of piety that binds to

God«. Initially used for Christianity, the use of the word gradually extended to all the forms of social demonstration in connection with sacred” (Atheism, n.d.).

Adler (2014) collected some definitions of religion by different authors:

“[Religion is] the belief in Spiritual Beings” (Tylor, 1871).

“By religion, then, I understand a propitiation or conciliation of powers superior to man which are believed to direct and control the course of nature and of human life” (Frazer, 1922).

“[Religion is] the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine” (James, 1902).

“A religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden – beliefs and practices which unite into one single moral community called a Church, all those who adhere to them” [...] “[Religion is] the self-validation of a society by means of myth and ritual” (Durkheim, 1995).

“[Religion is] the state of being grasped by an ultimate concern, a concern which qualifies all other concerns as preliminary, and a concern that in itself provides the answer to the question of the meaning of our existence” (Tillich, 1966).

“[Religion is] a system of symbols which acts to establish powerful, persuasive, and long-lasting moods and motivations in men by formulating conceptions of a general order of existence and clothing these conceptions with such an aura of factuality that the moods and motivations seem uniquely realistic” (Geertz, 1993).

“Religion, like culture, is a symbolic transformation of experience” (O’Dea, 1966).

“[Religion is] a system of symbols (creed, code, cultus) by means of which people (a community) orient themselves in the world with reference to both ordinary and extraordinary powers, meanings, and values” (Albanese, 2013).

Therefore, we can conclude that religion is a social institution, which has a set of common rules, doctrines, and practices shared by followers, and unlike spirituality, religions usually have representatives and/or mediators between individuals and Gods. Spirituality is less organized and regulated, and more individual; although it can also be practiced collectively, for example, in 12-step recovery communities, it promotes the individual’s autonomy in defining and connecting to a spiritual entity, in which a given person believes in a way that is suitable for her or his life. Practicing spirituality is a more internal process unlike religion, in which the objects of faith are defined by “holy books” and institutes. Nevertheless, religion on its own can be very spiritual, promoting one’s spiritual wellbeing, and connecting people to each other and the natural and supernatural world. Overall, we can say that spirituality and religion do not differ entirely, since spirituality is an essential element of all religions, but they are not the same, because their settings are different. Spirituality can be seen as a broader concept than religion; it includes different forms of religious faith, while religions do not cover all possible forms of spirituality.

Spirituality and religion in social work

“Religious organizations in the western world historically have been major sources of both funds and services for social welfare” (Westhues, 1971, p. 60). Charity and social help started in religious institutions. Churches of diverse denominational, ethnic and racial origins have played a distinctive role in discussing social issues and concerns (Placido, 2015). For example, “For generations, the Black Church has been a literal haven from relentless oppression, abject poverty, and their attendant consequences” (Hardy, 2014, p. 4). It has traditionally served as a “social service organization” to address the spiritual/cultural, economic and social needs of its members and societies. “The goals are to assist the new immigrants, provide emotional support, support one’s ethical identity, and provide connection to other communities. As a denomination, »the Roman Catholic Church in the United States remains deeply involved in social welfare«” (Placido, 2015; Westhues, 1971, p. 60).

The *Standards for the education and training of the social work profession* mentions that trained social workers must be prepared to understand how social determinants impact on spiritual wellbeing (International Association of Schools of Social Work & International Federation of Social Workers, 2020). We can also say that “helpers”, “carers” or “support workers” are expected to respect other persons’ values and beliefs. Many social workers provide social services involving the spiritual aspects of their personality, even if they often do it unknowingly. For example, when treating people with respect; when they empathetically listen to their stories; when the clients feel that the social worker sees and treats them as an individual. “When we recognize that all human beings have an innate capacity for receiving health, welfare and self-righting, which is a drive, and a life force that has the capacity to provide healing and transformation”, (Weick, 1992, as cited in Pulla, 2014, p. 191), and “when we recognize that almost always, that people know what is right for them we seem to be working with our clients from a strengths based perspective” (Pulla, 2012, as cited in Pulla, 2014, p. 191), then we are spiritual.

Belcher & Mellinger claim that spirituality helps clients to use it as a tool to make sense of the larger picture and to understand how they are connected to the community (Garcia-Irons, 2018). Stevenson and his colleagues also suggest that the usage of spirituality for clients in direct practice work “is ethically, historically, and scientifically suitable” and important in psychology (Garcia-Irons, 2018, p. 11). In her study, Garcia-Irons concluded that the area of social work is currently witnessing a growth in the demand for resources and best practices about the inclusion of spirituality into practice, but there is little literature offering this kind of knowledge. Spirituality is accepted as an integral aspect of the client’s existence; therefore it is essential in the practice of social work. The lack of training and instruction to tackle this part of the client’s lives leaves social workers feeling unsatisfied at work.

The different spiritual practices improve health outcomes. Benson conducted a research in the 1960s on the impacts of spiritual practices on health. He observed that 10 to 20 minutes of meditation twice a day leads to lower appetite, lower heart rate, lower respiratory rate, and stronger brain waves. Furthermore, the technique has been effective in the treatment of chronic pain, nausea, fear, aggression, depression, premenstrual syndrome, and infertility and has been a valuable supplement in the treatment of patients suffering from cancer or HIV. He called this effect “the relaxation response.” “Benson concluded: »To the extent that any disease is caused or made worse by stress, to that extent evoking the relaxation response is effective therapy«” (Puchalski, 2001, p. 354).

Rice and McAuliffe (2009) examined how social workers evaluate spiritual interventions. They analyzed two studies that questioned social workers about their use of spiritual interventions with clients and whether they believed that using such methods in social work practice were ethical or unethical. The studies were carried out using an online survey sent to members of the Australian Association of Social Workers (AASW). Both studies found that most of the respondents felt some spiritual interventions, such as praying with clients, using herbs, yoga, tai chi or reiki ethical when they were initiated by the clients, and the professionals were trained in the method they used, though praying with clients had actually done by very few of them. Most of the participants found unethical to discuss their own religious beliefs with clients, however nearly half of them had used this. Interventions, such as psychic readings, astrology, spiritual healing or inspirational cards proved to be quite divisive. Dwyer also examined the willingness to support the use of faith and spirituality in practice and found that social workers who participated in a spiritual tradition were more willing to use spiritual interventions than those who did not (Wilkinson, 2012).

Others, such as Hodge, argue that social workers ought to be careful not to “inadvertently fall into the role of a spiritual director when exploring issues of spirituality” (Hodge, 2011, as cited in Wilkinson, 2012, p. 18). Hodge warns practitioners that not everyone is open to discuss spiritual topics in a client–helper relationship. He points out that “clients have a right to expect that mental health professionals have some degree of expertise in the interventions they implement” (Hodge, 2011, as cited in Wilkinson, 2012, p. 18) and the clergy are the professionals who have expertise in the field of spirituality. “The NASW Code of Ethics (2011) standard 1.04, Competence, echoes Hodge’s assertions, stating that: »social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience or other relevant professional experience«” (Hodge, 2011, as cited in Wilkinson, 2012, p. 18).

Spirituality and religion have proved to be a particularly important tool in recovery from addiction. Developing strategies in addiction treatment, people have found spirituality as a significant source of healing for as long as history has recorded and a large proportion of people continue to find spirituality, including religious involvement, as an important source of meaning and sustenance (Waters & Shafer, 2005). Miller states that, as an alternative to addiction, there are several areas where spirituality can be useful: we can use it as a prevention, a cure, and a road to change. “Given the enormous suffering linked to addiction,” he demands, “we can scarcely afford to overlook this relatively untapped source of healing” (Miller, 2003, as cited in Waters & Shafer, 2005, p. 4).

Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and many addiction-related mutual-aid fellowships turn to spirituality and the help of God or a “Spirit” or a “Higher Power” understood individually in the recovery process. Spirituality is not restricted to a specific religion in this mutual aid fellowships; it is therefore an individualized and a private experience. The 12 steps in AA and other 12-step communities are clearly and specifically spiritual: surrendering to a “Higher Power”, handing over one’s will to and asking for guidance, confessing and amending wrongs, praying and meditating, and trying to adapt to the will of the Higher Power. The text of the 12 step itself may seem to be religious, mentioning God; it is so because the recovery program of AA is of Christian origin, but during its history, AA clearly defined itself as not a religious but a spiritual community (Alcoholics Anonymous, 2001, 2003; Madácsy, 2011).

Inaba and Cohen listed some important skills that are learnt in a spiritual community. They include self-reliability, self-esteem, problem solving, inspiration, wisdom, decision-making and a sense of mission and purpose. Most importantly, the client is to be spiritually active. Good outcomes and sustained abstinence are associated with positive activities such as commitment, praying, reading the scriptures and meditation (Frances, 2008).

A practitioner needs a range of skills that make them open not only to cultures but also to spiritual needs of the client:

- A non-judgmental, respectful and empathetic client bond.
- An openness to spend time to consider the faith of the individual, because it could be linked to health problems.
- Certain familiarity with cultural traditions that are common among clients.
- Comfort in talking about spiritual issues.
- A willingness to receive guidance from competent practitioners and coordinate care concerning clients' spiritual traditions (Miller, 1999, as cited in Waters & Shafer, 2005, p. 4).

Empirical research

Method and sample

This study focuses on both professional helpers' and laypersons' relationship with religion or/and spirituality: what methods they use to connect with God or a Higher Power; and how these are related to recovery/respondents' wellbeing. The survey was conducted in October 2020 by using two questionnaires in Google Survey. The questionnaires were shared on social media platforms, especially on Facebook. A methodological limitation of the survey is that convenience samples were used, therefore the results are not representative and making wider generalizations is not possible. There were some common questions for professionals and laypersons to enable some comparisons.

One hundred thirty-seven persons responded to the questionnaires: seventy-five respondents to the general questionnaire for laypersons, and sixty-two to the professional one.

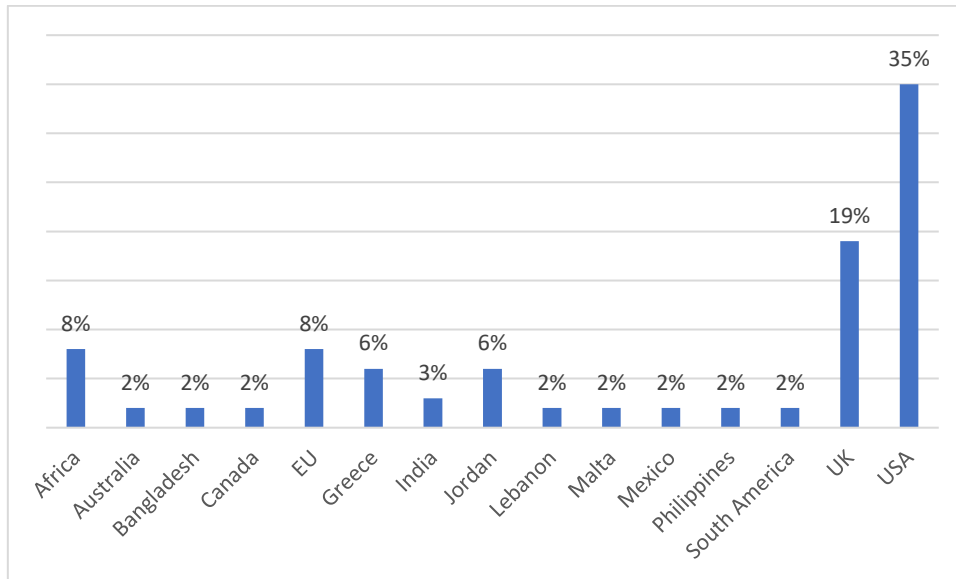
Results

Professionals

82% of the respondents were female, 16% were male, and the remaining 2% were of other gender. Their ages ranged from 18 to 71. The largest age groups were the 20-30 and the 40-50-year-olds. The majority were social workers (73%), but there were psychologists (16%), and some general practitioners, professionals with human services diploma, counselors, intervention and social development professionals, and social politicians in the sample (some had two or more degrees). Most participants in this sample were MA graduates; all the others at least with a minimum of secondary level education. Participants were mostly from the United States of America and the United Kingdom, but there were several people from Europe, Africa, Asia, North and South America, and Australia (see Figure 1).

Figure 1

Nationality of the participants

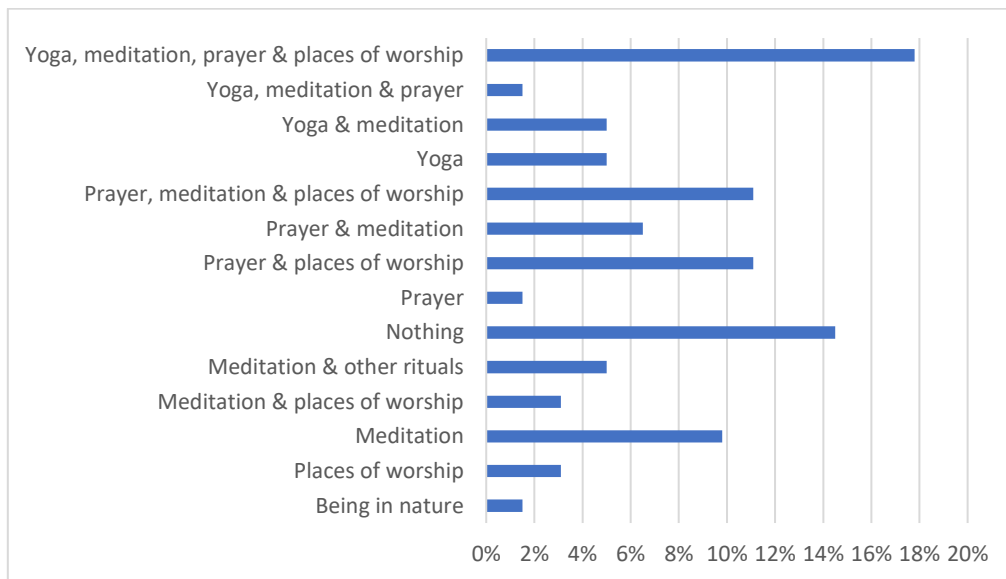


84% of the respondents identified themselves as spiritual or religious; most of them were spiritual (55%), 15% were religious, and 28% said that spirituality and religiousness cannot be separated, so they are both (the remaining 2% said “not religious”). The majority of the religious respondents were Christians, though there were also some Muslims and Buddhists among them.

They were also asked about their relationship with God/Higher Power. Most of them (52%) said that they believe in God and they have no doubts about it, 13% believe in God but have doubts, 8% do not believe in God, and 27% do not believe in God but believe in a Higher Power.

Figure 2

Types of spiritual/religious interventions



As far as spiritual/religious interventions are concerned, different types were mentioned. Most respondents mix yoga, prayer, meditation, and attendance at places of worship. A considerable percentage of respondents do not practice anything similar (see Figure 2). To the question “As a professional helper, do you think spiritual interventions would help with your work?”, almost three quarters of respondents, especially the ones who had already identified themselves as spiritual or religious answered in the affirmative. They were also asked if this topic was discussed with their professors or clients: 68% answered “yes”, while 24% did not discuss this topic, and according to 8% it would be unethical. The majority elaborated their answers: “when the client/professor brings it up then we discuss”. The next question in the survey was how the professors or clients respond when the topic is discussed. Typical answers were “They were unbiased and discussed with ease” (44%), “They were closed off” (15%), and “I discussed only when they brought it up” (11%). The reasons why some respondents do not speak about this topic or do not listen to people who want to do it vary: some think it is a taboo and consider this topic too “personal”, while others say that the setting is not appropriate.

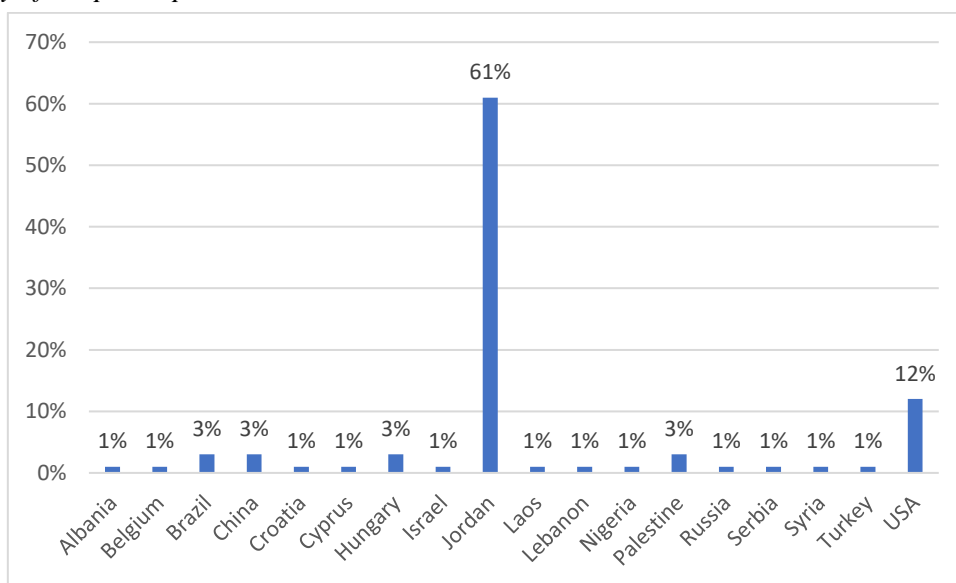
In the final section of the questionnaire, respondents were asked if following a certain spiritual or religious path would help with mental and/or physical illnesses. Most of them answered “yes” or “depending on how they follow a certain path”, and only 3% answered “no”. One of the most important questions in this survey was “If you are aware that your client experiences any type of addiction, do you think following a religious or spiritual path can help them recover?”. Respondents had to clarify their answers in a few words. Most respondents answered “yes” and clarified their answers with because it helps with inner peace, inner strength, it changes your viewpoint (well needed in recovery), it gives meaning to one’s life and motivates them to have a community. The second most frequent reply was “it depends” on the client’s willingness to integrate spirituality in their recovery process and the client’s determination. The few who said “no” had several reasons, such as: some people they dealt with said that AA/NA was too spiritual for them, or most religions condemn addicts or preach, and that they would relapse faster. To the last question, “Should trainings and classes that involve spiritual and religious beliefs be added to the curriculum?”, most respondents said “yes”.

Laypersons

As for their gender, 53% of the respondents were female, 45% male, and 1% identified themselves as other. Their ages ranged from 18 to 57, but 95% of them were under 31. Participants were mostly from Jordan and the United States of America, but there were respondents from Europe, Asia, Africa, and South America (see Figure 3). Most of them were BA graduates (45%); undergraduates pursuing their BA studies (24%), and MA graduates (16%). Respondents with a secondary level education were 15%.

Figure 3

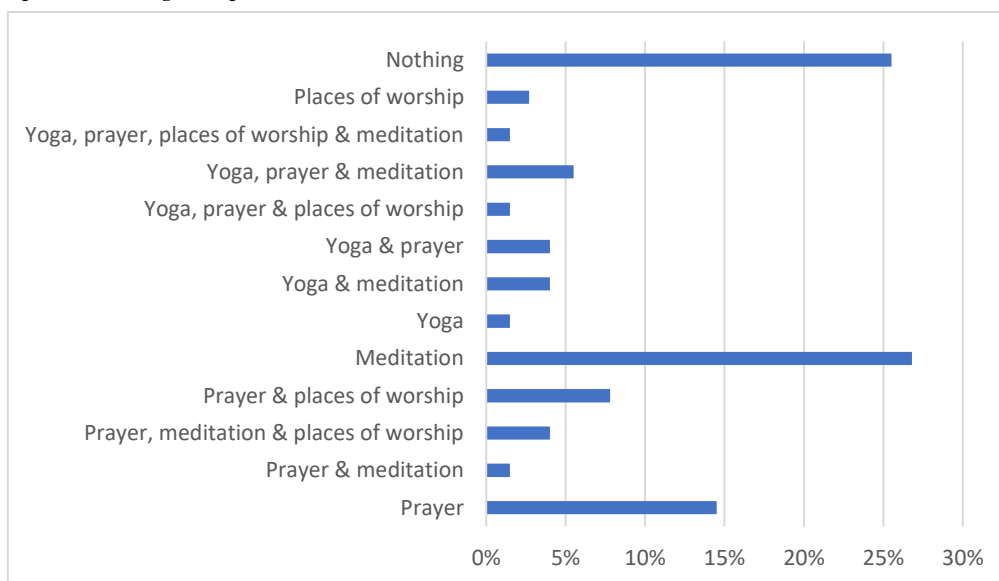
Nationality of the participants



Most respondents in this sample identified themselves as spiritual or religious (68%); many of them were spiritual (41%), 16% were religious, and 21% said that they are both spiritual and religious because, according to them, the two cannot be separated. 21% were neither spiritual nor religious. Religious respondents were mostly Christians and Muslims, and there were also some Buddhists in the sample. Just like professionals, laypersons were asked about their relationship with God/Higher Power. 47% of them said that they believe in God and they have no doubts about it, 28% believe in God but have doubts, 8% do not believe in God, and 27% do not believe in God but believe in a Higher Power.

Figure 4

Types of spiritual/religious practices



As for spiritual/religious practices, most respondents meditate, pray, or do not practice anything at all (see figure 4). When asked, “Have you ever had a helper?”, less than half (40%) of the

respondents answered “yes”. They were also asked if they ever discussed their spiritual or religious beliefs with their helper. Just over half (52,5) of those respondents who have ever had a helper discussed this topic with the professional, while 47,5% did not do it. The reasons why they do not speak about this topic vary: some think their beliefs differ from the common beliefs of their society, while others consider this topic personal.

In the final section of the questionnaire, respondents were asked if following a certain spiritual or religious path would help with mental and/or physical illnesses. Most of them answered “yes” or “it depends on how they follow a certain path”, and only 1% of the respondents answered “no”. One of the most important questions in this survey was “If you are aware that you experienced any type of addiction, do you think following a religious or spiritual path can help you recover?”. 73% of the respondents answered “yes” and 20% “no”, while 4% said that “it depends”, and 3% do not know it. To the last question, “Should trainings and classes that involve spiritual and religious beliefs be added to the helpers’ curriculum?”, most respondents said “yes”.

Conclusion

This study analyzed respondents’ concepts on faith and spirituality; and how they expect to integrate spiritual and/or religious practices in their emotional and physical health. The results confirmed that spirituality is an important issue in most people’s lives, and they think it can promote recovery. Professionals who are religious or spiritual think that including faith in their work can have a positive effect on clients provided that the clients bring it up first. Whereas, professionals who do not relate to faith as much think it is not so important.

We can also conclude that laypersons find faith as a good coping mechanism with the hardships or life. The study suggested that the respondents tended to be open to religious and spiritual approaches indicating that they would want meditation, yoga, directed visualization, music, and time spent in nature to be integrated into their treatment.

Mental and physical health services are required to respond to the needs of the individual and to provide more affordable treatments. Social workers should promote adequate education and introduce programs to ensure that the spiritual needs of their clients are addressed.

In conclusion, faith is an important factor in people’s lives and has helped many people recover and deal with trauma. Spirituality has a distinguished role in our era, when a pandemic has taken over our lives, and we need to maintain hope in a better future.

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