

SOCIAL RESEARCH

SW 250-2

WURZWEILER SCHOOL OF SOCIAL WORK

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Spring, 1991

When therapists recognize the relevance of
spiritual issues to their client's situations,
they are more willing to discuss them.

INTRODUCTION

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During the past year and one-half in social work school most of the clinical literature that I have read regarding client assessment suggests that the caseworker explore relevant issues having to do with the bio-psychosocial nature of the individual. Man is seen as a biological, psychological and social being. There seems to be no inclination to explore his spiritual nature. One would even think, after reading this literature, that such a dimension of man does not even exist. Peter Cohen (1986) states that this selective inattention to religion, on the part of clinicians, becomes particularly striking when it is placed in juxtaposition to the Gallop Poll finding (1984) that 97% of the American public reports "a belief in God and belief in prayer," and with the Group for the Advancement of Psychiatry's report (1968) that "manifest references to religion occur in about one-third of all psychoanalytic sessions" (p. 54).

In Peter Cohen's study (1986) he tells us that Paul Pruyser (1971), editor of the Menninger Bulletin, notes that case records are "conspicuously devoid of articulate reference to religion" (p. 272). Pruyser concludes that "religion (along with money) is one of the two important facets of life of which there is a conspiracy of silence in both diagnostic interviewing and in psychotherapy" (p. 272). Cohen further tells us that W. W. Meissner (1984), a Jesuit Boston training analyst, contends that not only are analysts uncomfortable, but that "they tend to regard religious thinking and convictions as suspect, even to hold them in contempt at times." He maintains that there is a "latent persuasion, not often expressed or even articulated within the inner voice, that religious ideas are inherently neurotic, self-deceptive, and illusive" (p. 5).

One naturally wonders about the origin of this disdain for, and ignoring of, man's spiritual side. Ana-Maria Rizzuto, M.D. (1979) speculates that the dilemma stems from contradictory ideas set forth in the seminal teachings of the father of psychoanalysis, Sigmund Freud:

"Throughout his long life, Freud was preoccupied with the question of religion and most specifically with the psychological origins of God. He made a strong case for a direct correlation between the individual's relation to the father, especially with regard to resolution of the Oedipus complex, and the elaboration of the idea of God. After Freud, however, nobody undertook a study of that correlation or its implications. Freud himself--contradicting his own findings about the lifelong importance of the father--insisted that people should not need religion, called it a cultural neurosis, and set himself up as an example of those who could do

without it. (See Freud's Future of An Illusion, (1927b),(Strachey, 1961) also see Oskar Pfister's rebuttal called The Illusion of a Future (Meng, H. and Freud, E. (1963). Intentionally or unintentionally, he gave the world several generations of psychoanalysts who, coming to him from all walks of

life, dropped whatever religion they had at the doors of their institutes. If they refused to do so, they managed to dissociate their beliefs from their analytic training and practice, with the sad effect of having an important area of their own lives untouched by their training. If they dealt with religion during their own analyses, that was the beginning and the end of it."

I believe there is a need for graduate programs to formally incorporate spiritual training curriculum into their programs. By hiring or training teachers and supervisors who are adept at teaching such a course, our schools can enable social work students to begin to explore their own thoughts about the nature of spirituality as well as learning how to incorporate the client's spiritual perspective, or lack thereof, into the biopsychosocial assessment. The purpose of this study, therefore, is to discover whether the degree of spiritual awareness influences the willingness to explore these issues with the client.

The study of the literature leads me to believe that there is a core group of individuals within the health and education community who are already incorporating the exploration of spiritual values into their practice. My hope is that this study and the accompanying literature will encourage those therapists who are already immersed in a spiritual practice to "come out of their closets" in order to help facilitate their clients' "journey to reality" (Gourgey, (1990).

We are reminded of what Philip Kapleau (1980) says in his book The Three Pillars of Zen: "Realization of the Self-nature is the sole cure for all (mind) illness. Do not rely on any other method." (Gourgey 1988).

REVIEW OF THE LITERATURE

Ana-Marie Rizzuto (1979 tells us that "as early as 1938, R. P. Casey, talked about the importance of case studies in the psychoanalytic study of religion. He said: `The source of reliable knowledge...is at our doors, and studies are urgently needed which are based directly on contemporary clinical experience...Careful collections and study would provide a solid and secure basis for understanding the place of religion in the dynamics of human life.' Casey's words fell on deaf analytic ears. Except for brief case reports or passing references, no systematic analytic clinical study of religious experience exist."

The 1990s may be a turning point in this arena of interest. The front cover of the September/October issue of The Family Therapy Networker, a family therapy journal, devoted itself to the topic, Psychotherapy and Spirituality: Rethinking Age-Old Questions. Within the journal were such articles as, Spirituality and the Limits of Psychotherapy: Spirituality Reconsidered and The Meditative Therapist. The

Editorial section stated:

"Some of you may be a little worried that we are about to embarrass the field of family therapy with this issue on spirituality. Maybe you're afraid that suspicious insurance claims adjusters will start quizzing you on whether you consider discussions of the meaning of life a reimbursable therapeutic treatment. Or maybe you are fearful of the disapproval of the old-guard, systems purists who will take one look at our cover and wonder, 'Whatever happened to the science of psychotherapy?' But Science teaches us a respect for empirical results, and during the past few years it has become increasingly apparent that Alcoholics Anonymous and the spate of spiritually based 12-step programs modeled on it have achieved some very respectable results indeed. These programs seem to have made a concrete difference in the lives of vast numbers of people with whom psychotherapy has traditionally had mediocre results. They have shown that spiritual ideas like forgiveness and trusting a "higher power" can help people make changes every bit as profound as anything that goes on in therapy sessions."

(Author's note: My judgement is that the combination of psychotherapy and 12 step traditions can work harmoniously together. This is based on Thomas Hora's (1983b, 17-18) assessment "that problems are psychological, but solutions are spiritual." In Dialogues in Metapsychiatry, (1977) Dr. Hora has, in fact, developed an 11 "step" guideline called "Parameters of Progress" which are

spiritually discerned existential principles to live by. In Beyond The Dream (1986) Hora states that psychological problems and their meaning can be discerned phenomenologically but spiritual solutions can only be realized. (See also Gourgey's (1985) study, Psychospiritual development: Metapsychiatry, Psychoanalysis, and the Journey to Reality, for further explication of how Husserl, the father of phenomonological discernment has influenced the unfoldment of Thomas Hora's Existential Metapsychiatry.

The Networker editorial continues:

"This issue on spirituality and therapy isn't arguing that all therapists should meditate an hour a day (couldn't hurt), or go to church on Sunday. It is suggesting that the rigid divorce between spirituality and psychotherapy may no longer be necessary, that the two are more compatible than we once thought. Whether or not therapists are a secular priesthood, therapy is, at its core, grounded in a set of ideas that it shares with most of the world's great spiritual traditions: the ever renewing possibility of hope, the belief that the various travails of our lives have real meaning, and the faith that, in some final analysis, our existence matters. When people who share these beliefs get together, there is the opportunity for establishing a connection that some call "sacred," a connection that affirms the value of human life and deepens our compassion for each other. And whether they take place in a medieval cathedral or a therapist's office, it is in those moments of connection that we most directly experience meaning in our lives."

Through the literature search there seems to be a "still small voice" composed of individuals working in diverse disciplines within the health and education professions who are endeavoring to examine what Viktor Frankl (1962, 1978) calls "Spirituality as Meaning and Purpose in Life."

In her paper, The Experience of Spirituality in the Well Adult: A Phenomenological Study, professional nurse Paulette Gail Burns (1989) tells us that while nursing has long been concerned with the complete health of the patient, the spiritual well-being is often subsumed under the physiological, psychological or sociocultural categories or not considered at all. Highfield and Cason's (1983) study found that a majority of nurses identified most signs of spiritual health as, or part of, psychological health. The spiritual dimension remains an ambiguous, secondary entity.

Spirituality is in need of systematic study so that nurses, Ms. Burns declares, will be better able to recognize the client's spiritual needs and resources. In order to intervene appropriately and effectively in regard to spirituality, it is imperative to know what constitutes spirituality, particularly how this orientation was experienced by the well adult.

Ms. Burns interviewed ten well adults in an open-ended, audio-taped format. Each participant was asked to give a personal meaning of spirituality and to describe an experience of spirituality. These descriptions yielded 102 personal meanings of spirituality and 22 protocols of the lived experience of spirituality. Data were analyzed using Giorgi's (1985) psychological phenomenological method.

Peter Cohen (1986) states that "Ana-Maria Rizzuto's (1979) clinical study is ground-breaking, not only for the questions she poses (having to do with the relation of early object relations to the formation of a God representation; to the sense of self development in relationship to God; to the modification of the God representation when relationships change; and finally to question what conditions differentiate between people who maintain a belief and an ongoing relationship with

God and those who abandon their belief) but to an equivalent degree for the methods she employs to answer them."

Cohen continues, "...Decrying the lack of solid clinical inquiry in response to the hypotheses initially tendered by Freud, ("How do people come to possess and use an actual belief in the existence of God?"), she adopts a comprehensive clinical method. Her initial research (1974) was carried out on a sample of 88 patients at Boston State Hospital. Her final project (1978) was done with ten male and ten female patients admitted to a psychology unit of a private Boston Hospital. Using data compiled from intensive interviewing, special projective assessment techniques focusing on the patient's religious experience, and clinical observation and records, Rizzuto constructs a formulation for each patient's religious experience and God representation. She contrasts these with the patient's psychodynamic formulation in the hopes of exploring both the individual's development and utilization of their God representation."

In an article called Religion and Social Work Practice which was written for the Journal of Social Casework in September of 1988, M. Vincentia Joseph (1988) explained that in response to social work practice's minimal attention on the dynamic interaction between religious and spiritual aspects of the personality, she designed a study to examine and identify religious and life phase issues which emerged in clinical practice. The study also endeavored to determine how practitioners deal with these issues and how they impact on other life-cycle dynamics. An ecological framework was utilized to examine the functional and dysfunctional aspects of religion along a life-cycle continuum.

A basic assumption of the research, based on the literature, is that everyone, believers and nonbelievers, have a notion of God, a God representation and a view of religion and its relevance. The research, Dr. Joseph states, is concerned with the significance of religious issues and the notion of God as they emerge in clients' situations. The central questions asked in the study consisted of the following: (1) Do social workers consider religious and spiritual issues a significant parameter of the client situation? (2) Do they explore and assess these issues as being relevant to other psychosocial dynamics? (3) Do they actively deal with these issues in the treatment process? The study also sought to identify the central religious and spiritual issues that emerge at various stages of life and to determine whether religious and spiritual content was a relevant component of the practitioner's

professional preparation for social work practice.

Her research instrument consisted of an original seven-page questionnaire consisting of four sections. The first section was designed to elicit information about the social and professional background of the respondents. Section two consisted of fifteen questions about religious issues in social work, which were placed on a Likert-type scale with response options ranging from 5 (very important) to 1 (not at all important). In addition, a Functional and Dysfunctional Use of Religion Inventory was developed for the study.

Linda May Haapanen Johnson (1989) (a family therapist) in her study Psychotherapy and Spirituality: Techniques, Interventions and Inner Attitudes states that a basic premise of psychotherapy is that there is a separation between religion and psychotherapy (Freud, 1966). This premise has fostered a split in the way the human being is viewed. Family therapy, for instance, trains therapists to consider

systemic patterns in relation to mind and body that develop in families, but it creates only a limited context for these patterns by ignoring the spiritual component (Bowen, 1978: Satir, 1983). Clients, she feels, have a difficult time finding psychotherapists who will address the spiritual component in their therapy.

Dr. Johnson's research produced data in two areas. The first purpose of her design was to describe various ways that therapists consciously incorporate a spiritual dimension into professional practice. She was able to identify a number of practitioners who could articulate how they use various techniques, interventions and inner attitudes. She went on to identify the connection between the therapist's developmental level, and how intentional and articulate they are about the incorporation of spirituality into their psychotherapeutic practice, by utilizing James W. Fowler's (1981) instrument of faith development to verify her hypothesis that there is a correlation between the faith developmental level of the therapists.

Dr. Johnson's premise, based on Ken Wilber's (1979) suggestion, is that the transpersonal therapies are not generally sought after until the higher levels of consciousness have been approached. She also showed that the spirituality of the therapist was a key issue, indeed a prerequisite for the incorporation of spirituality into psychotherapy.

Another very interesting study which I came across was by Albert L. Brewster (1989) on The Relationship Between Spiritual Awareness and Recovery from Alcoholism. Brewster's central hypothesis is that "the higher the spiritual awareness of a recovering alcoholic, the better will be measures of recovery from alcoholism." Like Whitfield (1984a, 1984b, 1984c) Brewster also believes that alcoholism is a "spiritual illness, a disease of the soul" (1984a p. 17). Whitfield concludes that "spirituality plays a major role in recovery. Indeed...recovery is spirituality" (1984c p.38). Brewster found that his study supported the Jungian notion that people with greater awareness of the spiritual, unconscious elements in life will be relatively more healthy and whole than others.

Brewster's study analyzed data collected on a random sample of 110 persons treated for alcoholism at Gateway Rehabilitation Center between 1984 and 1988. A theoretical model connecting spirituality to recovery was explicated and a method to test the hypothetical relationship was developed.

In the winter of 1990 a new Journal came upon the social work scene called the Spirituality and Social Work Communicator. The editor and originator is Edward R. Canda, Ph.D., a Professor at the University of Iowa School of Social Work. Dr. Canda is also the author of a paper entitled Spirituality, Religious Diversity and Social Work Practice (1988), published in Social Casework of April, 1988. Dr. Canda states in this paper that "social workers should develop self-understanding regarding existential issues and spiritual growth. Spiritual concepts emphasize that where there is suffering, there is most likely alienation--from self, others, nature, and one's ground of being."

In this same article he continues "... Max Siporin and Irene Brower argue that because spirituality is a basic aspect of the human experience, both within and outside the context of religious institutions, it should be explored more fully through social work research, theory building, and practice. Their understanding of spirituality encompasses human activities of moral decision making, searching for a sense of meaning and purpose in life, and striving for mutually fulfilling

relationships among individuals, society, and ultimate reality, however conceptualized. In that these aspects of human activity are common to all people, they are necessarily relevant to all areas of social work practice."

Finally, Dr. Canda invited Max Siporin (1990) to write the lead article for the new Spirituality and Social Work Communicator. Dr. Siporin chose appropriately the title Welcome to the Spirituality and Social Work Communicator. In this article Dr. Siporin states:

"We can aim to further a social work practice that is in Canda's phrase 'spiritually sensitive.' We can creatively develop and test helping procedures that will enable clients to deal effectively with their existential anxieties, feelings of alienation, meaninglessness, and powerlessness, and with their moral, interpersonal estrangements and conflicts. Such creative helping should also enable clients to grow, function, and fulfill themselves as members of a spiritually-nourishing and supportive society."

In his article, Contribution of Religious Values to Social Work and the Law, published in the Journal, Social Thought, 12(4):35-50, Max Siporin, D.S.W. (1986) stated that "A major need is to know what social workers are actually doing with regard to religious and spiritual matters in their practices. We know little about how, in their work with clients, practitioners apply their value systems, their knowledge of religious beliefs and practices, and their religious or nonreligious beliefs. Very little has been studied or written about actual practitioner behavior in regard to religious and spiritual issues, beliefs, and practices."

HYPOTHESIS

When therapists recognize the relevance of spiritual issues to their client's situations, they are more willing to discuss them.

Operational Definitions:

When therapists recognize the relevance of spiritual issues:

The therapist has to be first willing to recognize the relevancy of spiritual well being to his or her own situation before he or she can discuss and explore this with the client. The therapist needs to view herself and the client as products of the interrelationship among a variety of systems and subsystems. Spiritual relevance means that the therapist sees that "each subsystem affects and is affected by the others, though none can be totally reduced to the other. At a minimum human beings are biological, cognitive, interpersonal, emotional and spiritual beings. As a result, our sense of spiritual well-being is in part a reflection of those other dimensions." [(Ellison 1983 p.336-7) Brewster, 1989, p. 59]

The client's situation:

Many clients seeking out services are experiencing personal problems which are reflective of our cultural crisis. "Clients are facing a situation of severe social, moral and spiritual disorganization which is expressed as a breakdown of the family group and the development of an underclass of chronically dependent, poor individuals and single parent families. Clients are affected by a marked decline in private and public morality and are experiencing pervasive feelings of personal alienation, a lack of acceptance of social authority, and a lack of faith in the fairness of the law." (Siporin, 1986) "All of these developments both express and

contribute to a moral chaos and confusion that has been overstressful and overwhelming to many people." (MacIntyre, 1981).

They are more willing to discuss them:

The recognition that the client's spiritual well being is as important an area for exploration and discussion as is the biopsychosocial history will free the therapist to gain a broader perspective of the client's situation.

The following definitions which will be referred to in the study are from the article The Religious and Spiritual Aspects of Clinical Practice: A Neglected Dimension of Social Work. (Vincentia, 1987)

"Faith is an inner structure through which one knows the ultimate sources of power and value which influence life and are beyond personal control." (Fowler, 1975, p.2).

"Religion seems best understood...as the communal expression of faith in institutional forms or the embodiment of a world view and value system in the lives and practices of historical individuals and communities." (McNamara, 1974, in his book quotes Westerhoff and Neville, 1979).

"Spirituality is the underlying dimension of consciousness that openly waits and searches for a transcendent fulfillment of our human nature. Spirituality differs from faith and religion in that it is at the ground of our being and seeks to transcend the self and discover meaning." (Edwards, 1980, p. 234) "Spirituality is the person's search for meaning in life." (Viktor Frankl, 1962, 1978).

God representation is the precipitate of internal weavings, unconscious feelings and ideas around internal objects, such as parents, which converge in our notion of God. Early memory tracings, established in formative years, exert lasting impressions which are reworked throughout life with other object relations (relationships with significant others) and in a dialectic with the self-representation. Once the representation of God has been formed, it takes on "all of the psychic potential of a living person who is nonetheless experienced in the privacy of conscious and unconscious processes." (Rizzuto, 1979, p. 87).

METHODOLOGY

I would like to investigate a diverse population of practitioners in studying the relevancy and willingness to explore spiritual issues with clients.

I plan to distribute the questionnaire to six groups of practitioners, four of which are in the first or second year of a master's program at Yeshiva University's Wurzweiler School of Social Work. The fifth group is composed of interns and professional therapists working at an independent outpatient clinic in New York City which serves an ambulatory population at modest fees. Its primary goal is to provide the public, on a non-profit basis, with facilities for examination, diagnosis, care, treatment, and referral of persons suffering from behavioral or emotional disturbances. The clinic provides psychoanalytically oriented psychotherapy and couples treatment. The sixth group is composed of practitioners who attended the Albert Einstein Cape Cod Conference on Spirituality and Psychotherapy during July 16th through 20th, 1990.

The questionnaire recipients, then, are:

1. Twenty-six second year casework students participating in a Jewish Social Philosophy course at Wurzweiler School of Social Work.
2. Eight members of a clergy casework group at Wurzweiler.
3. Fourteen second year Wurzweiler School of Social Work clinical casework interns practicing at the Fifth Avenue Center for Counseling and Psychotherapy.
4. Eighty-five professional therapists and interns (from other universities) who are practicing at the Fifth Avenue Center for Counseling and Psychotherapy.
5. Sixty-six practitioners who attended the 1990 Cape Cod Institute Conference on Spirituality & Psychotherapy will be mailed questionnaires with stamped self-addressed return envelopes.

In total I plan to distribute 200 questionnaires with an expectation of receiving back half. The questionnaires will be numbered so as to indicate which group the respondent belongs to. The questionnaire will be accompanied by a cover letter stating the intention of the study, the hypothesis and an explanation of the operational definitions. They will be sent out at the beginning of February, with a request for return no later than March 1, 1991. At that point, I will analyze the data and hope to have the results of the study ready to publish no later than mid April.

With the permission of Sr. M. Vincentia Joseph, DSW, Professor and Chair, of the Catholic University of America, National Catholic School of Social Service Doctoral Program, I will be using some of her questions, which were employed in a study on Research on Religion and Social Work. The questionnaire was sent to ninety practitioners who were field instructors in a master's degree program of a church related school of social work in Washington, D.C.

I have also utilized some parts of a questionnaire which Linda May Haappan Johnson, Ph.D., initially sent out to therapists for screening purposes, in her study, Psychotherapy and Spirituality: Techniques, Interventions and Inner Attitudes, (1989).

For the purposes of my study I will manipulate Dr. Joseph's questions in such a way as to make them relevant to the population that I am questioning. My emphasis will also focus more on the spiritual issues ("spirituality as purpose and meaning in life") (Frankl 1962, 1978) looked at by the therapist and client, rather than the religious.

The first section of the questionnaire will elicit social and professional background of the respondents.

The second section will ask eight questions about what role spirituality plays

in social work practice. A sample question is: "How important do you think it is to elicit spiritual issues in the client situation?" These will be placed on a Likert-type scale with response options ranging from 5 (very important) to 1 (not at all important).

The third section will utilize Dr. Joseph's Functional and Dysfunctional Use of Religion Inventory. Sixteen questions related to respondents' perceptions of clients views of God will be solicited. Functional items include such questions as "View God as forgiving?" Dysfunctional asks "View God as punishing?" The third section is also designed on a five-point Likart scale with response options ranging from 5 "very often" to 1 "not at all."

The two Likart-scale sections will be scored. For example, a score of 40 from section two would indicate that the practitioner thought that the role of spirituality to the client's situation was "very important" to be explored. A score of 8 would indicate that another practitioner thought spirituality "was not at all important" to the client's situation. A score of 24 would indicate practitioner thought the issue was "somewhat important" and so on. The study will take the scores of the five groups of respondents and analyze how they compare to each other. I will also examine demographic data and compare, for example, how women and men compare on these issues.

My plan is to initially look at and report on the frequency distributions of the five research groups. I will then use correlation coefficients to try and prove my hypothesis. I will compare the spiritual relevancy scores of therapists (SPIRSCOR) with the willingness to discuss these issues with client's scores (CLISCOR). By using correlation coefficients I will try and determine the strength and direction of various statistical relationships. I will also use Cross-tabulation tables and Analysis of Variance (ANOVA) to look for significant spiritual differences between the five research groups.

RESULTS, DISCUSSION AND INTERPRETATION

200 research questionnaires were distributed to five different groups composed of therapists and 2nd year clinical casework graduate students from the Wurzweiler School of Social Work. 89 questionnaires were returned.

The hypothesis is:

When therapists recognize the relevance of spiritual issues to their clients' situation, they are more willing to discuss them.

Out of a total of 24 questions, 8 asked about the importance of spiritual issues to the Social Worker's practice (SPIRSCOR measured the independent variable). SPIRSCOR answers were scored using the following Likart Scale: NOT AT ALL IMPORTANT was scored as 1, SLIGHTLY IMPORTANT as 2, SOMEWHAT IMPORTANT as 3, IMPORTANT as 4, and VERY IMPORTANT as 5.

16 questions focused on whether the practitioner discussed these issues with

the client (CLISCOR measured the dependent variable). CLISCOR answers were scored using the following Likart Scale: NOT AT ALL as 1, RARELY as 2, SOMETIMES as 3, OFTEN as 4, and VERY OFTEN as 5. When we analyzed our data using Cross-tabulation analysis we collapsed the scores down to a LOW, MEDIUM AND HIGH score in order to compare percentages of differences between the five groups. This also helped us compare our study to Dr. Joseph's (1988) study on The Role of Religion in Social Work Practice since she also used a Likart scale to measure VERY IMPORTANT, SOMEWHAT IMPORTANT and SLIGHTLY IMPORTANT.

To prove the hypothesis we correlated the strength, direction and significance of the SPIRSCOR to the CLISCOR and found that the probability of error in our sample to be less than 1 in 1000 or $p = .000$. We found a significantly positive correlation between therapist's SPIRSCOR and CLISCOR of .4091. The hypothesis is one-tailed and we could reject the null hypothesis because there was less than a 5% chance of making a Type I error (rejection of a true null hypothesis). Therefore, the correlation proves the hypothesis.

We then went on and took the .4091 correlation and compared it to other demographic data. The following are the results.

THE BREAKOUT FOR THE FIVE GROUPS WERE:

14 respondents are MSW interns from Wurzweiler School of Social Work whose field placement is at the Fifth Avenue Center for Counseling and Psychotherapy.

15 are professional therapists from the Fifth Avenue Center.

8 are in the Clergy group at Wurzweiler School of Social Work.

23 are 2nd year casework students from the Wurzweiler School of Social Work.

29 are therapists who participated in a conference on spirituality and psychotherapy at the Albert Einstein 1990 Cape Cod Conference.

When we compared the five different groups with how they scored on spiritual relevance (SPIRSCOR) and willingness to discuss spiritual issues with clients (CLISCOR), we found that the Fifth Avenue professional therapists had a significantly positive correlation of .6014 with a probability error of .011, whereas the Cape Cod group's correlation was .1766 with a probability of error of $p = .184$. Since the Cape Cod group was clearly the more spiritually inclined of the two groups we found this result surprising. When we did an Analysis of Variance statistical test on SPIRSCOR BY GROUP we saw that the hypothesis held truest among the groups who were clearly "non-spiritual." What this means is that among the Fifth

Avenue Professionals there was a wide spectrum between those who said spirituality was NOT AT ALL IMPORTANT to those who said it was VERY IMPORTANT. Since there was more homogeneity with the Cape Cod group, i.e. they were more consistently on the high end of the spirituality score, though their mean score was 30.0356, nevertheless their Standard Deviation was 4.2989. The Fifth Avenue Professionals mean score was only 21.0000, and their standard deviation was 6.1143. When we looked at the Analysis of Variance test, the hypothesis was significantly meaningful in that the probability of error was .0001. This also held true when we compared the CLISCOR by GROUPS, where the significance of error was .0001.

AGE

24 research participants were under the age of thirty-five.
41 were between the age of 35 and 50.
23 were older than 50.
1 respondent's age was missing.

When we looked at the correlation of the therapist's age to their spiritual score (SPIRSCOR) and willingness to discuss spiritual issue's with client's (CLISCOR), we found that therapists who were over the age of 50 had a positive correlation of .5536 with a probability of error of $p = .004$. The correlation for therapists under the age of 35 was .4505 with a probability of error of $p = .014$. For those between the ages of 35 and 50 the correlation was .1362. with a high probability of error of .201. We found the high probability of error for the 35 through 50 age group a surprisingly low figure. We would have thought they would have been higher than the less than 35 year olds.

SEX

There were 33 male respondents and 56 female.

When we looked at the correlation of the therapist's sex to their SPIRSCOR and CLISCOR we found that men had a high positive correlation of .7186 with a low probability of error of $p = .000$. The women scored .2135 with a high probability of error of $p = .057$. This was another surprising correlation as I would have thought that women would be more spiritually inclined.

MARITAL STATUS

39 respondents were married
17 were divorced
28 were single
3 were separated
2 were widowed

When we looked at the correlation of the therapists' marital status to their SPIRSCOR and CLISCOR we found that single therapists scored .5945 with a low probability of error of $p = .001$. Married was .4962 with also a low probability of error of $p = .001$ and divorced was .4228 with a higher probability of error of .051.

Separated and widowed correlations were negative: separated $-.9730$ and widowed, -1.000 . Once again we thought that married therapists would have had a higher correlation than single therapists.

ETHNICITY

85 respondents were Caucasian
2 were Hispanic
2 marked other
No Blacks or Orientals responded to the questionnaire.

When we looked at the correlation of the therapist's race to their SPIRSCOR and CLISCOR we found that white's had a positive correlation of .4074 with a low probability of error of .000. Hispanics had a negative correlation, $-.1.000$ and Other was 1.000. The Hispanic correlation was too low to draw any conclusions.

RELIGION

43 were Jewish
42 were Christian
2 responded none
2 responded other
No Buddhist or Hindu responded.

When we looked at the correlation of the therapist's religion to their SPIRSCOR and CLISCOR we found that those of the Jewish faith had a moderately positive correlation of .3560 with a probability of error of $p = .010$. Christians scored .2073 with a high probability of error of .100. Those who said None or Other

scored 1.000. It was interesting to find that Jews had more of an inclination toward spiritual issues than Christians.

AGENCY AFFILIATION:

10 respondents worked in a public agency
12 in a religious agency
52 in private agencies
13 in other agencies
2 were missing.

When we looked at the correlation of the therapists' agency to their SPIRSCOR and CLISCOR we found that those working for religious agencies had a strong correlation of .7641 and a low probability of error of $p = .002$. Private agencies were .5070 with a low probability of error of $p = .000$, Other agencies were $-.3178$ with a high probability of error and Public agencies were .2583 with a high probability of error.

YEARS OF EXPERIENCE

46 respondents had less than five years experience
26 had five to twenty years experience
16 had more than twenty years experience
1 was missing.

When we looked at the correlation of the therapists' years of experience to their SPIRSCOR and CLISCOR we found that those therapists with 5 to 20 years of experience had a strong positive correlation of .6372 with a low probability of error of $p = .000$. Over twenty years was .5175 and under 5 years was .2574 each of which had a low probability of error of .024 and .042.

EDUCATION

1 DSW
6 MSW
13 MSW/CSW
44 MSW/Intern
24 Other
1 Missing

SPIRSCOR and CLISCOR we found that those therapists who were MSWs had a strong positive correlation of .9304, with a low probability of error of $p = .004$. MSW/CSW were .7317 with also a low probability of error of .002. Other was .4540 with a high probability of error. MSW/Interns were .1862 with the highest probability of error. There was only 1 DSW.

DAILY PRAYER OR MEDITATION

46 said Yes
41 said No

When we looked at the entire population and compared SPIRSCOR BY DAILY PRAYER/MED using an Analysis of Variance test we found .0000 probability of error.

Yes respondents mean score was 30.3912 while the Noes mean score was 24.1707. 2 were missing.

When we used a cross-tabulation table to compare the five research groups by whether they prayed or meditated daily we found the Chi=quare to be 18.74519, and the Degree of Freedom 4. This meant that the probability of error .005 (only 5 times out of 1,000). The percentage of those therapists who prayed or meditated each

day by group follows:

15.7% - Fifth Avenue 2nd year Wurzweiler Interns
16.9% - Fifth Avenue Professionals
9.0% - Wurzweiler Clergy Group
25.8% - Wurzweiler 2nd year Casework students
32.6% - Cape Cod Spirituality/Psychotherapy conference attendees.

SPIRITUAL THERAPIST

50 said Yes
37 said No

When we looked at the entire population and compared SPIRSCOR BY SEEING ONESELF AS A SPIRITUAL THERAPIST, using an Analysis of Variance test we found .0000 probability of error. 49 respondents' mean score was 30.3912 and 36 mean score was 24.1707. 2 were missing.

When we used a cross-tabulation table to compare the five research groups by whether they saw themselves as spiritual therapists, we found the Chi-square to be 17.26279, and the Degree of Freedom 4. This meant that the probability of error .005 (only 5 times out of 1,000). The percentage of those therapists who saw themselves as spiritually inclined by group follows: 16.1% - Fifth Avenue 2nd year Wurzweiler Interns
16.1% - Fifth Avenue Professionals
9.2% - Wurzweiler Clergy Group
26.4% - Wurzweiler 2nd year Casework students
32.2% - Cape Cod Spirituality/Psychotherapy conference attendees.

SPIRITUAL TRAINING

61 said Yes
25 said No
3 were missing

When we looked at the entire population and compared SPIRSCOR BY WHETHER SPIRITUAL TRAINING WAS IMPORTANT using an Analysis of Variance test we found .0000 probability of error. 60 respondents mean score was 29.4500 and 25 mean scores was 22.8800. 4 were missing.

When we used a cross-tabulation table to compare the five research groups by whether they believed spiritual training was important, we found the Chi-square to be 17.29924, and the Degree of Freedom 4. This meant that the probability of error was .005 (only 5 times out of 1,000). The percentage of those therapists who believed spiritual training was important by group follows:

16.3% - Fifth Avenue 2nd year Wurzweiler Interns
16.3% - Fifth Avenue Professionals
9.3% - Wurzweiler Clergy Group
25.6% - Wurzweiler 2nd year Casework students
32.6% - Cape Cod Spirituality/Psychotherapy conference attendees.

HOW ALL RESPONDENTS AND GROUPS ANSWERED SPECIFIC QUESTIONS:

The Frequency Distribution of the independent variable question for the entire population was:

	LOW	MEDIUM	HIGH	MISSING	
Are Spiritual Issues Important to Social Work Practice?		16.9%	50.6%	30.3%	02.2%

The Frequency Distribution of the dependent variable question for the entire population was:

Social Worker discusses Spiritual Issues with Client?		31.5%	65.2%	02.2%	01.1%
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It is very interesting to note that although 30.3% of therapists believe that spiritual issues are highly important to their social work practice, only 2.2% bring these issues up with their clients.

Our research instrument was based on Dr. M. Vincentia Joseph's research study on Religion and Social Work Practice (1988) and we may have replicated some of her findings. In her study she states "Although more than four-fifths of the sample believed that it was important to focus attention on religion in social work practice, the data clearly indicate that such issues were dealt with to a much lesser degree. Despite the importance placed on religion in practice by 46% of the respondents, religion was perceived to be less important to the client in practice situations."

Let us now take a look at the frequency distribution of how the other independent variable questions were answered by the entire population:

	LOW	MEDIUM	HIGH	MISSING
How important do you think it is to elicit religious/spiritual issues in the client situation?	<u>32.6%</u>	<u>56.2%</u>	<u>7.9%</u>	<u>3.4%</u>
Do you consider God or a Higher power as important to your own life?		<u>19.1%</u>	<u>25.8%</u>	<u>49.4%</u> <u>5.6%</u>
How important do you think it is to wait for the client to bring up religious/spiritual issues before you engage in any discussion of these?		<u>12.4%</u>	<u>46.1%</u>	<u>39.3%</u> <u>2.2%</u>
How important do you think it is to inquire about your client's thoughts about God?	<u>96.6%</u>	<u>01.1%</u>	<u>00.0%</u>	<u>2.2%</u>
How important has counter-transference been in dealing with the religious/spiritual issues of others?		<u>33.7%</u>	<u>51.7%</u>	<u>09.0%</u> <u>5.6%</u>
How important do you believe it is to deal with value issues in the client situation?		<u>09.0%</u>	<u>52.8%</u>	<u>34.8%</u> <u>3.4%</u>
How important a role do you believe your own spiritual understanding plays in dealing with the religious/spiritual issues of others?		<u>16.9%</u>	<u>36.0%</u>	<u>46.0%</u> <u>2.2%</u>

Once again it is interesting to note that 49.4% of therapists consider God or a Higher Power to be important to their own lives, yet 96.6% did not think it was important to inquire about the client's thoughts about God. This is what Dr. Joseph's found in her study. This statistic leads me to believe that there is an overriding reluctance based on unspoken beliefs in the psychological community that "God or a Higher Power" in the client's situation is a subject to be relegated to the church. The problem with this thinking is that many of our clients do not participate in formal religions. Another problem with this fear of exploring spiritual issues is that more and more of our clients are participating in 12 step programs such as Alcoholics, Narcotics, Gamblers and Overeaters Anonymous and research such as the study on the Relationship between Spiritual Awareness and Recovery from Alcoholism (Brewster 1989) has shown that spiritual awareness can have a positive affect on recovery.

Following are the frequency distribution of how the other dependent variable questions were answered by the entire population:

	LOW	MEDIUM	HIGH	MISSING	
How frequently do you deal with spiritual issues in your practice?		28.1%	64.0%	05.6%	02.2%
The client sees God as magically solving problems?		42.7%	55.1%	00.0%	02.2%
The client views God as loving and forgiving?	22.5%	68.5%	01.1%	07.9%	
Client's God concept very linked with parental imago?		23.6%	50.6%	13.5%	12.4%
When in distress, the client resorts to God/spiritual/ideas/religion.	23.6%	67.4%	04.5%	04.5%	
The client sees prayer/meditation as an important force in their lives?		30.3%	65.2%	02.2%	02.2%
The client's anger is directed to God because of life problems?	38.2%	53.9%	02.2%	05.6%	
Value/moral issues related to religious religious/spiritual values have created conflicts for clients?		18.0%	71.9%	05.6%	04.5%
Spirituality is not an issue with my clients.	31.5%	53.9%	11.2%	03.4%	

Looking at the dependent variable it is interesting to note that 68.5% of clients tend to view God as loving and forgiving and also 67.4% turn to God or spiritual ideas when in distress 67.4%. 65.2% of these clients also pray or meditate daily. 65.2% of therapists in our sample also pray or meditate daily.

When we used the Analysis of Variance statistical test on whether it was important for professional social workers to give attention to spiritual issues in their practice:

15 answered LOW with a mean score of 2.1333-Standard Deviation 1.1255
 45 answered MEDIUM with a mean score of 3.5556-Standard Deviation 1.4547
 27 answered HIGH with a mean score of 3.9259-Standard Deviation 1.3280

The probability of error was significantly low at .0004.

When we cross-tabulated Research Groups with the above stated question, we found:

	LOW	MEDIUM	HIGH	
Fifth Avenue 2nd year Wurzweiler Interns		35.7%	42.9%	21.4%
Fifth Avenue Professional's		42.9%	50.0%	7.1%
Wurzweiler Clergy Group 12.5%		50.0%	37.5%	
Wurzweiler CaseWork Students		13.0%	52.2%	34.8%
Cape Cod Pyscho/Spiritual attendees		00.0%	57.2%	42.9%

The Chi-square was 18.11549, with 8 Degrees of Freedom and .0204 probability of error.

THE DEPENDENT VARIABLE - THE SOCIAL WORKER DISCUSSES SPIRITUAL ISSUES WITH THE CLIENT

FOR ENTIRE POPULATION:

28 answered LOW with a mean score of 3.0714-Standard Deviation 1.4123
 58 answered MEDIUM with a mean score of 3.5690-Standard Deviation 1.4998
 2 answered HIGH with a mean score of 5.0000-Standard Deviation .0000

The probability of error was .1118.

When we cross-tabulated Research Groups with the above stated question, we found:

	LOW	MEDIUM	HIGH	
Fifth Avenue 2nd year Wurzweiler Interns		35.7%	64.3%	00.0%
Fifth Avenue Professional's		50.0%	50.0%	00.0%
Wurzweiler Clergy Group 12.5%		12.5%	87.5%	00.0%
Wurzweiler CaseWork Students		47.8%	52.2%	00.0%
Cape Cod Pyscho/Spiritual attendees		13.8%	79.3%	6.9%

The Chi-square was 13.89982, with 8 Degrees of Freedom and .0844 probability of error.

The following independent variable questions were cross-tabulated by group:

HOW IMPORTANT DO YOU BELIEVE IT IS FOR THE PROFESSIONAL SOCIAL WORKER TO GIVE ATTENTION TO SPIRITUAL ISSUES IN THEIR PRACTICE?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	64.3%	28.6%	07.1%
Fifth Aveune Professional's	64.3%	35.7	00.0%
Wurzweiler Clergy Group	37.5%	62.5%	00.0%
Wurzweiler Casework Students	26.1%	60.9%	13.0%
Cape Cod Psycho/Spiritual attendees	7.4%	81.5%	11.1%

Chi-square 22.41486, Degrees of Freedom, 8, Significance .0042

DO YOU CONSIDER GOD OR A HIGHER POWER AS IMPORTANT TO YOUR OWN LIFE?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	28.6%	21.4%	50.1%
Fifth Aveune Professional's	69.2%	30.8%	00.0%
Wurzweiler Clergy Group	00.0%	25.0%	75.0%
Wurzweiler Casework Students	13.0%	26.1%	60.9%
Cape Cod Psycho/Spiritual attendees	3.8%	30.8%	65.4%

Chi-square 30.69503, Degrees of Freedom, 8, Significance .0002

HOW IMPORTANT DO YOU THINK IT IS TO WAIT FOR THE CLIENT TO BRING UP RELIGIOUS/SPIRITUAL ISSUES BEFORE YOU ENGAGE IN ANY DISCUSSION OF THESE?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	00.0%	28.6%	71.4%
Fifth Aveune Professional's	14.3%	21.4%	64.3%
Wurzweiler Clergy Group	12.5%	50.0%	37.5%
Wurzweiler Casework Students	13.0%	47.8%	39.1%
Cape Cod Psycho/Spiritual attendees	17.9%	67.9%	14.3%

Chi-square 18.06696, Degrees of Freedom, 8, Significance .0207

Once again we can see that the one-tailed hypothesis, when therapists recognize the relevance of spiritual issues to their client's situations, they are more willing to discuss them, has been proven since the null hypothesis can be rejected based on the fact that in both cases the error of chance is less than .05.

HOW IMPORTANT DO YOU THINK IT IS TO INQUIRE ABOUT YOUR CLIENT'S THOUGHTS ABOUT GOD?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	100.0%	00.0%	00.0%
Fifth Aveune Professional's	100.0%	00.0%	00.0%
Wurzweiler Clergy Group	100.0%	00.0%	00.0%
Wurzweiler Casework Students	100.0%	00.0%	00.0%
Cape Cod Psycho/Spiritual attendees	96.4%	03.6%	00.0%

Chi-square 2.13164, Degrees of Freedom, 4, Significance .7116

HOW IMPORTANT HAS COUNTERTRANSERENCE BEEN IN DEALING WITH THE RELIGIOUS/SPIRITUAL ISSUES OF OTHERS?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	42.9%	50.0%	07.1%
Fifth Aveune Professional's	41.7%	58.3%	00.0%
Wurzweiler Clergy Group	37.5%	62.5%	00.0%
Wurzweiler Casework Students	39.1%	43.5%	17.4%
Cape Cod Psycho/Spiritual attendees	25.9%	63.0%	11.1%

Chi-square 5.71978, Degrees of Freedom, 8, Significance .6786

HOW IMPORTANT DO YOU BELIEVE IT IS TO DEAL WITH VALUE ISSUES IN THE CLIENT SITUATION?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	14.3%	57.1%	28.6%
Fifth Aveune Professional's	21.4%	57.1%	28.6%
Wurzweiler Clergy Group	00.0%	71.4%	28.6%
Wurzweiler Casework Students	08.7%	39.1%	52.2%
Cape Cod Psycho/Spiritual attendees	03.6%	60.7%	35.7%

Chi-square 8.64599, Degrees of Freedom, 8, Significance .651

HOW IMPORTANT A ROLE DO YOU BELIEVE YOUR OWN SPIRITUAL UNDERSTANDING PLAYS IN DEALING WITH THE RELIGIOUS/SPIRITUAL ISSUES OF OTHERS?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	35.7%	28.6%	35.7%
Fifth Aveune Professional's	42.9%	35.7%	21.4%
Wurzweiler Clergy Group	12.5%	37.5%	50.0%
Wurzweiler Casework Students	08.7%	47.8%	43.5%
Cape Cod Psycho/Spiritual attendees	03.6%	32.1%	64.3%

Chi-square 17.65738, Degrees of Freedom, 8, Significance .0239

The following are the dependent variable questions which were cross-tabulated by group:

HOW FREQUENTLY DO YOU DEAL WITH SPIRITUAL ISSUES IN YOUR PRACTICE?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	35.7%	64.3%	00.0%
Fifth Avenue Professional's	50.0%	50.0%	00.0%
Wurzweiler Clergy Group	12.5%	87.5%	00.0%
Wurzweiler Casework Students	50.0%	45.5%	04.5%
Cape Cod Psycho/Spiritual attendees	03.4%	82.8%	13.8%

Chi-square 22.25540, Degrees of Freedom, 8, Significance .0045
 THE CLIENT SEES GOD AS MAGICALLY SOLVING PROBLEMS?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	35.7%	64.3%	00.0%
Fifth Avenue Professional's	57.1%	42.9%	00.0%
Wurzweiler Clergy Group	25.0%	75.0%	00.0%
Wurzweiler Casework Students	63.6%	36.4%	00.0%
Cape Cod Psycho/Spiritual attendees	31.0%	69.0%	33.3%

Chi-square 7.97402, Degrees of Freedom, 4, Significance .0925

THE CLIENT VIEWS GOD AS LOVING AND FORGIVING?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	38.5%	61.5%	00.0%
Fifth Avenue Professional's	33.3%	66.7%	00.0%
Wurzweiler Clergy Group	12.5%	87.5%	00.0%
Wurzweiler Casework Students	38.1%	57.1%	04.8%
Cape Cod Psycho/Spiritual attendees	07.1%	92.9%	00.0%

Chi-square 12.54254, Degrees of Freedom, 8, Significance .1286

THE CLIENT VIEWS GOD AS PUNITIVE AND PUNISHING?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	092.3%	07.7%	00.0%
Fifth Avenue Professional's	100.0%	00.0%	00.0%
Wurzweiler Clergy Group	100.0%	00.0	00.0%
Wurzweiler Casework Students	095.2%	04.8%	00.0%
Cape Cod Psycho/Spiritual attendees	096.4%	03.6%	00.0%

Chi-square 1.32312, Degrees of Freedom, 4, Significance .8574

CLIENT'S GOD CONCEPT VERY LINKED WITH PARENTAL IMAGO?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	53.8%	38.5%	07.7%
Fifth Avenue Professional's	37.5%	50.0%	12.5%
Wurzweiler Clergy Group	25.0%	75.0	00.0%
Wurzweiler Casework Students	42.9%	42.9%	14.3%
Cape Cod Psycho/Spiritual attendees	00.0%	75.0%	25.0%

Chi-square 20.42117, Degrees of Freedom, 4, Significance .0089

WHEN IN DISTRESS, THE CLIENT RESORTS TO GOD/SPIRITUAL/IDEAS/RELIGION?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	42.9%	57.1%	00.0%
Fifth Avenue Professional's	41.7%	58.3%	00.0%
Wurzweiler Clergy Group	00.0%	100.0	00.0%
Wurzweiler Casework Students	27.3%	68.2%	04.5%
Cape Cod Psycho/Spiritual attendees	13.8%	75.9%	10.3%

Chi-square 11.98455, Degrees of Freedom, 8, Significance .1519

THE CLIENT SEES PRAYER/MEDITATION AS AN IMPORTANT FORCE IN THEIR LIVES?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	42.9%	57.1%	00.0%
Fifth Avenue Professional's	57.1%	42.9%	00.0%
Wurzweiler Clergy Group	25.0%	62.5	12.5%
Wurzweiler Casework Students	22.7%	72.7%	04.5%
Cape Cod Psycho/Spiritual attendees	20.7%	79.3%	00.0%

Chi-square 12.92177, Degrees of Freedom, 8, Significance .1146

THE CLIENT'S ANGER IS DIRECTED TO GOD BECAUSE OF LIFE PROBLEMS?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	50.0%	42.9%	07.1%
Fifth Avenue Professional's	66.7%	33.3%	00.0%
Wurzweiler Clergy Group	37.5%	62.5	00.0%
Wurzweiler Casework Students	52.4%	42.9%	04.8%
Cape Cod Psycho/Spiritual attendees	17.2%	82.8%	00.0%

Chi-square 15.77876, Degrees of Freedom, 8, Significance .0457

VALUE/MORAL ISSUES RELATED TO RELIGIOUS/SPIRITUAL VALUES HAVE CREATED CONFLICTS FOR CLIENTS?

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	42.9%	50.0%	07.1%
Fifth Avenue Professional's	23.1%	76.9%	00.0%
Wurzweiler Clergy Group	00.0%	100.0	00.0%
Wurzweiler Casework Students	33.3%	66.7%	00.0%
Cape Cod Psycho/Spiritual attendees	00.0%	86.2%	13.8%

Chi-square 21.83703, Degrees of Freedom, 8, Significance .0052

SPIRITUALITY IS NOT AN ISSUE WITH MY CLIENTS.

	LOW	MEDIUM	HIGH
Fifth Avenue 2nd year Wurzweiler Interns	14.3%	64.3%	21.4%
Fifth Avenue Professional's	46.2%	46.2%	07.7%
Wurzweiler Clergy Group	12.5%	87.5	00.0%
Wurzweiler Casework Students	22.7%	50.0%	27.3%
Cape Cod Psycho/Spiritual attendees	48.3%	51.7%	00.0%

Chi-square 18.33529, Degrees of Freedom, 8, Significance .0188

It is interesting to note that when we examine the independent variable questions by group as well as by the entire population, we are once again struck with how highly important God or a Higher Power is to four out of the five groups of therapists which we sampled. Yet in spite of this importance for themselves all groups as well as all therapists scored low on the importance of inquiring about the clients thoughts about God! Surely if God is important to therapists why we wonder would they not want to know the thoughts of the client on this subject?

We think if inquiring about the client's thoughts regarding spirituality, or lack thereof, can be incorporated into the bio-psychosocial assessment, (we could call it the bio-psycho-social-spiritual history) the therapist will gain a clearer perspective on the client's situation. Clearly this type of assessment needs to be incorporated into the curriculum so that social work graduate students can learn to become more adept at inquiring into the spiritual as well as physical and psychological well being of the client.

RESEARCH AND POLICY IMPLICATIONS

In the literature review on the relevancy of spirituality to social work and psychotherapy there has been a call to practitioners to remember their roots. "Religious values were equally pervasive in the development of the social welfare service system in our society. Leiby (1978, p.2) stated that religious ideas were the most important intellectual influence on American welfare institutions in the nineteenth century. The first professional social work agencies in England and the United States were called the Charity Organization Society. The social work value system and the 'service ideal' derived directly from the religious traditions of charity. Leiby (1985) reminds us that the early social workers sought to serve God through their social services to people in need. Basic social work values were religious values during the long early years of the profession until recently. The values of social work, love--or what we in social work call acceptance--caring, altruism, and social responsibility, are synonymous with corresponding religious

values." (Siporin,1986)

From as far back as December of 1957 in Sue W. Spencer's article on Religious and Spiritual Values in Social Casework Practice, Social Casework, Vol. XXXVIII, No. 10, to the Winter of 1990 in the new Spirituality and Social Work Communicator, social workers and psychotherapists, in a multitude of articles, research studies and Ph.D dissertations are urging their fellow clinicians to incorporate within their practices the exploration of spiritual and religious issues with their clients.

The literature urges further research studies to explore the impact of incorporating the spiritual dimension into the assessment of our clients along with the biopsychosocial, and what significance this addition may have on the healing process.

Our social work schools are also urged to begin to design curricula which will enable the casework student and supervisor to learn how to incorporate exploration of the spiritual dimension within client assessment and ongoing case or therapeutic work. Those students who are interested in this area of exploration would be encouraged to participate in spiritual practice classes, of their own choosing, in addition to pursuing their own analysis, whatever form that takes.

What is demonstrated in the research study is the fact that therapists are reluctant to initiate exploration of spiritual issues with clients. One can speculate on the reasons for this restraint. Still the hypothesis was proven that openness to spiritual discussion varies with the degree of the therapist's commitment to spiritual practice. One can conclude that greater acceptance of the relevance of this aspect of human consciousness on the part of the graduate training institutions must inevitably lead to its beneficial integration into the therapeutic process.

I would like to add that I have found the course on Jewish Social Philosophy, which is a core part of the curriculum at Wurzweiler School of Social Work, an excellent example and acknowledgement of the essential recognition of the inherent spiritual nature and dimension of man. I would encourage Wurzweiler to go one step further by adding a practice course which would take the theory of religion and spirituality, and see how it could be applied to the student's spiritual identity and then, ultimately, to the clients for whom they are responsible in their field placements. Of course this would also require the field supervisors to be trained. (see Linda May Haapan Johnson's study on Psychotherapy and Spirituality: Techniques, Interventions and Inner Attitudes, (1989) for an example of such a prescribed curriculum).

I would like to encourage those individuals who, after reading this study, and who are still skeptical, to at least read the literature which I have reviewed before they turn their backs on these ideas, in the hope that at some point in time they might consider the possibility of incorporating spiritual ideas into psychotherapy.

I can only hope that my study will help support "the still small voice" which is calling out to the social work community to take more seriously and stop ignoring

this most important aspect of man's being. For as Viktor Frankl tells us
"spirituality is the person's search for meaning in life." (1962, 1978)

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QUESTIONNAIRE

1. Age: (a) ___ under age 35 (b) ___ age 35-50 (c) ___ over age 50
2. Sex: (a) Male ___ (b) Female ___
3. Present marital status: (check one)
(a) Married ___ (b) Divorced ___ (c) Single ___ (d) Separated ___ (e) Widowed
4. Ethnic Background:
(a) Black ___ (b) Caucasian ___ (c) Hispanic ___ (d) Oriental ___
(e) Other (specify) _____
5. Traditional spiritual background:
(a) Jewish ___ (b) Christian ___ (c) Buddhist ___ (d) Hindu ___
(e) None ___ (f) Other (specify) _____
6. Research Group? (check one)
___ (a) Wurzweiler School of Social Work - 2nd year clinical casework students - field of practice - Fifth Avenue Center for Counseling and Psychotherapy.
___ (b) Fifth Avenue Center for Counseling and Psychotherapy - Students not affiliated with Wurzweiler.
___ (c) Fifth Avenue Center for Counseling and Psychotherapy - Professional status.
___ (d) Wurzweiler School of Social Work - Clergy Casework Group.
___ (e) Wurzweiler School of Social Work - 2nd year Clinical Casework Students (other than Fifth Avenue) participating in the Jewish Social Philosophy class.
___ (f) Albert Einstein Cape Cod Institute - July 1990, Spirituality and Psychotherapy Conference.
Please specify Field of Practice:
7. Agency Sponsorship: ___ a. Public ___ b. Religious Inst. ___ c. Private ___
___ d. Other (Specify) _____
8. Years experience: (a) ___ under 5 yrs. (b) ___ 5-20 yrs (c) ___ over 20 yrs
9. Education: (a) ___ D.S.W. (b) ___ D.S.W. Intern (c) ___ MSW (d) ___ MSW/CSW
(e) ___ MSW Intern (f) Other(specify) _____
10. Do you practice a daily form of prayer and/or meditation?: (a) Y ___ (b) N ___
11. Do you consider yourself a spiritually based therapist?: (a) Y ___ (b) N ___
12. Do you think that Schools of Social Work should provide training on spiritual issues? (a) Y ___ (b) N ___

The following are some questions about religious and spiritual issues in social work. Please indicate how important they have been in your practice. (Please check the appropriate response option.)

<u>Not at all</u> <u>Important</u>	<u>Important</u>	<u>Very</u> <u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Slightly</u> <u>Important</u>
1. How important do you believe it is for professional social workers to give attention to spiritual issues in their practice? _____	_____	_____	_____	_____
2. How important do you think it is to elicit religious/spiritual issues in the client situation? _____	_____	_____	_____	_____
3. Do you consider God or a Higher Power as important to your own life? _____	_____	_____	_____	_____
4. How important do you think it is to wait for the client to bring up religious/spiritual issues before you engage in any discussion of these? _____	_____	_____	_____	_____
5. How important do you think it is to inquire about your client's thoughts about God? _____	_____	_____	_____	_____
6. How important has counter-transference been in dealing with the religious/spiritual issues of others? _____	_____	_____	_____	_____
7. How important do you believe it is to deal with value issues in the client situation? _____	_____	_____	_____	_____
8. How important a role do you believe your own spiritual understanding plays in dealing with the religious/spiritual issues of others? _____	_____	_____	_____	_____

The following are some ways clients view religion, spiritual issues and/or God and the way workers handle these. Please indicate the degree to which you have encountered these views in your practice. (Please check the appropriate response option.)

<u>all</u>	<u>Very Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Not at</u>
1. In your experience, do you refrain from working with the religious/spiritual issues of a client and refer him/her to a clergy person to deal exclusively with these? _____			_____	_____	
2. How frequently do you deal with spiritual issues in your practice? _____			_____		
3. The client sees God as magically solving problems? _____			_____	_____	_____
4. The client assumes a passive stance and waits for God to intervene? _____			_____	_____	
5. The client views God as loving and forgiving? _____			_____	_____	_____
6. The client views God as punitive and punishing? _____			_____	_____	_____
7. Client's God concept very linked with parental imago? _____			_____	_____	_____
			continued...		
	<u>Very Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Not at</u>

- | | | | | |
|--|-------|-------|-------|-------|
| 8. When in distress, the client resorts to God/spiritual/ideas/religion. | _____ | _____ | _____ | _____ |
| 9. When happy, the client <u>does not</u> relate to God/spiritual ideas. | _____ | _____ | _____ | |
| 10. When happy, the client relates to God/spiritual ideas. | | _____ | _____ | _____ |
| 11. The client sees prayer/meditation as an important force in their lives. | _____ | _____ | _____ | |
| 12. The client's anger is directed to God because of life problems. | _____ | _____ | _____ | |
| 13. Value/moral issues related to religious/spiritual values have created conflicts for clients. | | _____ | _____ | _____ |
| 14. Religion is not an issue with my clients. | _____ | _____ | _____ | |
| 15. Spirituality is not an issue with my clients. | _____ | _____ | _____ | |
| 16. My clients bring God/religion/spiritual issues into our interview. | _____ | _____ | _____ | |

Please use the following area to discuss any spiritual issues which have surfaced in your practice which you have found significant.

To: Research Respondents From: Diana Kerievsky Date: February 11, 1991

Note: Please return this questionnaire no later than March 1, 1991:

If not directly to me, then:

Box #9 for Fifth Avenue Respondents
My mailbox at Wurzweiler located on the 8th Floor
By return mail for the Albert Einstein Cape Cod Conference respondents
(For your convenience I have enclosed a return, stamped,
self-addressed envelope).

During the past year and one-half in social work school most of the clinical literature that I have read regarding client assessment suggests that the caseworker explore relevant issues having to do with the bio-psychosocial nature of the individual. Man is seen as a biological, psychological and social being. There seems to be no inclination to explore his spiritual nature. One would even think, after reading this literature, that such a dimension of man does not even exist.

In his article, Contribution of Religious Values to Social Work and the Law, published in the Journal, Social Thought, 12(4):35-50, Max Siporin, D.S.W. (1986) stated that "A major need is to know what social workers are actually doing with regard to religious and spiritual matters in their practices. We know little about how, in their work with clients, practitioners apply their value systems, their knowledge of religious beliefs and practices, and their religious or nonreligious beliefs. Very little has been studied or written about actual practitioner behavior in regard to religious and spiritual issues, beliefs, and practices."

Based on this statement and many other calls for research in this area, which my literature review confirmed, the hypothesis for my Social Work Research paper is:

When therapists recognize the relevance of spiritual issues to their clients' situations, they are more willing to discuss them.

The enclosed questionnaire, then, is intended to measure the hypothesis, and to determine its applicability among six different groups of solicited respondents:

Please assist me by filling out the enclosed questionnaire. Be sure to indicate which group you belong to on the demographic sheet, and return it to me as soon as possible, but no later than March 1, 1990. Please let me know if you would like a copy of the study and thank you for participating in it.

The following are some of the operational definitions which I am using for the study:

"Spirituality is the underlying dimension of consciousness that openly waits and searches for a transcendent fulfillment of our human nature. Spirituality differs from faith and religion in that it is at the ground of our being and seeks to transcend the self and discover meaning." (Joseph, 1987) [Edwards, 1980, p. 234].

"Spirituality is the person's search for meaning in life." (Viktor Frankl, 1962, 1978).

"God representation is the precipitate of internal weavings, unconscious feelings and ideas around internal objects, such as parents, which converge in our notion of God. Early memory tracings, established in formative years, exert lasting impressions which are reworked throughout life with other object relations (relationships with significant others) and in a dialectic with the self-representation. Once the representation of God has been formed, it takes on all of the psychic potential of a living person who is nonetheless experienced in the privacy of conscious and unconscious processes." (Joseph 1987) [Rizzuto, 1979, p. 87].

"Religion seems best understood...as the communal expression of faith in institutional forms or the embodiment of a world view and value system in the lives and practices of historical individuals and communities." (Joseph 1987) [McNamara 1974 - Westerhoff and Neville, 1979, p. 40].

"Realization of the Self-nature is the sole cure for all (mind) illness. Do not rely on any other method." (Gourgey, 1988) [Phillip Kapleau, 1980]."

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ATTACHMENTS:

QUESTIONNAIRE INSTRUMENT AND LETTER SENT TO

ALL RESPONDENTS

EXAMPLES OF COMPUTER PRINTOUTS OF

CORRELATIONS, FREQUENCIES AND ANALYSIS OF VARIANCE