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Spirituality and Religion in Social Work: Respondent Definitions

Courtney Wilkinson
St. Catherine University

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Spirituality and Religion in Social Work: Respondent Definitions

Submitted by Courtney Wilkinson

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MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work

Saint Catherine University & University of Saint Thomas

St. Paul, MN

Committee Members:

Colin F. Hollidge, Ph.D. LICSW (Chair)

Janet Marinelli, MS

Tanya Rand, MSW, LICSW

Abstract

The following study seeks to discover how potential clients define and view the concepts of

religion and spirituality. Research questions include: How do respondents define the concepts of

religion and spirituality? What interventions do respondents consider religious and/or spiritual?

Finally, what interventions would respondents want incorporated into their mental and physical

health care? The study is comprised of forty-five respondents who participated in a Survey

Monkey survey. Results indicated that while respondent definitions of religion and spirituality

differ, themes emerged. Themes that emerged when describing religion included: an organized

set of rules, worshiping a God/Higher Power, and a community of followers. Themes that

emerged when describing spirituality included: belief in God/Higher Power, an individual,

personal experience, and rules/morals dictating how one should live life. Most respondents

reported that meditation, yoga, guided imagery, and spending time in nature are spiritual

activities. Prayer and music were found to be both religious and spiritual. Majority of

respondents indicated they would want mediation, yoga, guided imagery, music, and spending

time in nature incorporated into their mental and physical health care. Prayer was the only

intervention the majority of respondents reported they did not want incorporated into their care.

        Keywords: Religion, Spirituality, Social Work.

Acknowledgements

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Spirituality and Religion in Social Work: Respondent Definitions

Introduction

Majority of the world is "concerned with matters of religion and spirituality" (Canda & Furman, 2010). Eighty-percent of Americans report that religion is at least "fairly important" in their lives (Gallop, 2010). Religious and spiritual beliefs touch many pieces of everyday life including personal health, family dynamics, economics, and politics (Canda & Furman, 2010). The National Association of Social Work (NASW) recognizes religion and spirituality as components of cultural diversity (NASW, 2007, p.4). Yet, the integration of religious and spiritual interventions in social work is heavily debated. Practitioners are struggling with various questions including: Is incorporating religion and spirituality i to practice ethical? Is leaving religion and spirituality out of practice ethical? How far can social workers explore issues of religion and spirituality with clients? Are issues of religion and spirituality better managed by clergy?

There are many areas for researchers to explore in regards to religion and spirituality in practice. The following study seeks to discover how potential clients define and view the concepts of religion and spirituality. Research questions include: How do respondents define the concepts of religion and spirituality? What interventions do respondents consider religious and/or spiritual? Finally, what interventions would respondents want incorporated into their mental and physical health care? The fact that there are unclear definitions around the concepts of religion and spirituality is a major barrier to incorporating religion and spirituality into social work (Canda & Furman, 2010; Holloway, 2007). A review of the literature has shown that there are many definitions of religion and spirituality within research. Previous researchers

have elected to define the two separately while others use them interchangeably. Some have

multiple definitions and others assert that they cannot be defined (Jacobs, 2010; Miller &

Thorensen, 1999, Seaward, 2009; Weisman de Mamani, Tuchmen & Duarte, 2010). The current

research hopes to provide some insight into client's definitions of religion and spirituality in

order to better understand the concepts and provide social workers some direction surrounding

religious and spiritual interventions. For the purposes of this study spiritual/religious

interventions is defined as "therapeutic strategies that incorporate a spiritual or religious

dimension as a central component of the intervention" (Hodge, 2006, p. 1).

Conceptual Framework

"Modern man is sick because he is not whole" –Carl Gustav Jung

The following study is viewed primarily through a holistic and existential lens. The

World Health Organization (WHO) defined holistic as "viewing humans in totality within a wide

ecological spectrum, and emphasizing the view that ill health or disease is brought about by

imbalance or disequilibrium of humans in the total ecological system and not only by the

causative agent and pathogenic mechanism" (WHO, 1998). Micozzi (2006) defines the

wholebody-person as "four intercepting circles" (p. 37-38). These circles include a person's

physical, energetic, spiritual, and psychosocial "bodies" (see Figure 1).

Figure 1: The Four Bodies (Micozzi, 2006, p. 39).
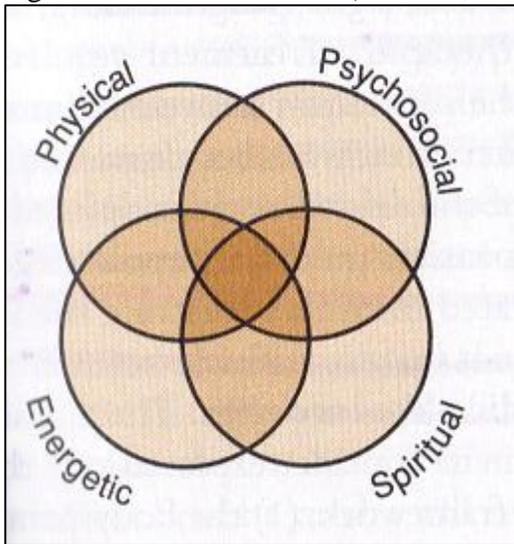
Micozzi (2006) asserts that "the several bodies are not separate: only one body-person stands

before the practitioner seeking help" (p. 39). Spirituality is just one of these "bodies". In order to

care for the whole person, matters of the spirit need to be assessed, discussed, and taken into

consideration.

Existentialism emerged in the 19th century via Soren Kierkegaard, Friedrich Nietsche and Fyodor Dosoyevesky (Roy, 2010). The founders of existential philosophy considered existentialism " …a call for a consideration of man in his concrete situation, including his culture, history, relations with others, and above all, the meaning of personal existence" (Roy, 2010, p. 51). The founders asserted that individuals construct their own reality and that each of us strives to find meaning and order in life (Harper-Dorton & Lantz, 2007). Harper-Dorton and Lantz (2007) state that "existential psychology brings attention to spiritual, personal, social, and cultural environments as important spheres of human existence" (p. 27). Within social work, the social worker acts as a facilitator, to assist clients in finding new meaning in their life (Harper-Dorton & Lantz, 2007).

The current research seeks to discover respondent's relationships with their "spiritual body" by exploring the concepts of religion and spirituality. Religion and spirituality are viewed by this researcher as individual, subjective experiences. It is hypothesized that individual respondent will have varied definitions of religion and spirituality. How one expresses, or makes meaning of, their religious and spiritual beliefs is also expected to vary amongst individuals.

Literature Review

The literature review that follows explores various areas of religion and spirituality as it relates to the current research. First, the history of religion and spirituality in social work will be explored. Next, we'll examine the various definitions and theories surrounding the concepts of religion and spirituality. Finally, we'll explore various social work interventions and their use in clinical practice.

History

The social work profession was built on a foundation of religion. The teachings of social justice were intertwined with the teachings of Jesus. Judaic prophet, Amos, believed that "people must care for one another as God cares for them" (Day, 2009, p. 6). Social works core values are consistent with Judeo-Christian values (Gray, 2008; Day, 2009; Dwyer, 2010).These values were crossed with the Protestant Values that America was built on. The "American Ideal" meant hard work, education, and technology. Chastity, honesty, abstaining from promiscuity, gambling, and use of drugs and alcohol, and the importance of marriage and family were valued (Day, 2009). Day (2009) maintains "work became the definition of spirituality" (p. 107). The combination of these Judeao-Christian values of charity and protestant values of hard work defined social justice; that "Judaeo-Christian values demand help for those in need, yet work ethic, marriage, and Protestant Morality values determine that certain people, i.e., women who have children out of wedlock or homeless men without jobs, are not worthy of aid" (p. 5).

Social work emerged in the United States during the Industrial Revolution in the mid to late 1800's when the immigrant population increased (Day, 2009, p. 53). The present day social justice principles were built on two prototypes. In 1525, Juan Luis Vives, developed a

framework surrounding vocational training, employment, and rehabilitation for all able bodies workers (Day 2009,p. 108). In 1617, Catholic priest Vincent de Paul and the Ladies of Charity, developed a framework around living among the poor, visiting them, and collecting necessities. They established the pattern of anonymous giving (Day, 2009, p. 109).

Three social work movements emerged from these prototypes: charity organizations, child saving, and settlement houses (Day, 2009). Religious based charity organizations such as Jewish Social Services, Catholic Charities, and Lutheran Social Services emerged at this time (Dwyer, 2009). Within charity organizations women took on the role of "friendly visitors" and taught moral living and good work habits. Public thought was that the poor were poor due to not working hard enough. Definitions of who was worthy of aid dictated who would and would not be helped. This "blame the victim" theory led to work programs, that are still used and run by social workers today (Day, 2009). Children were seen as "worthy poor", but were also taught work skills. Settlement Houses were the only movement of the time that did not adhere to "blame the victim" theory (Day, 2009). The thought of those running the Settlement homes was that poverty was seen as the fault of "unresponsive social structures, such as the economy and the polity" (Day, 2009, p. 53). Settlement homes were established by workers and communities working together for the common good (Day, 2009).

At the end of the 19th Century social work became a profession. It was no longer a voluntary position, but rather a valid occupation (Day, 2009). At this time there was a move away from religion to a modernist perspective centered on empirical research and evidence-based practice (Rice & McAuliffe, 2009; Gray, 2008; Dwyer, 2010). Formal training via schools taught up and coming social workers how to assess the needs of "disadvantaged" or "deviant" people, i.e. mental health (Day, 2009, p. 54). Mental health care was the professional track of

choice and work with the poor or stigmatized was left to untrained workers via churches and

religious organization as social work moved away from Christian Charitable Organizations

(Holloway, 2007). Gray (2008) maintains that the current social work model is still based in the

thought:

> that individuals do well in the world where they are not led by blind faith, prescriptions
>
> for behavior and values, and dogmatic, absolute values. Humanism in only possible
>
> where unconstrained choice reigns and individual freedoms are available, hence the
>
> importance of liberal Democratic conceptions, human rights, and social justice as
>
> extolled by social work. (p.181)

Society as a whole was less reliant on a 'Higher Power' and has sought new ways of

understanding values and meaning in life (Gray, 2008). The dilemma for social work as a

profession was that social work was still grounded in religious virtues and values and the U.S.

population was valuing rationality, free choice, and the self-determined individual (Dwyer,

2010). Enter the concept of spirituality. Dwyer (2010) sees the rise of spirituality within social

work as related to "theory of reflexive modernization-life, politics, and sub-politics" (p.192).

Social works' efforts to remove itself as a profession away from religion and towards spirituality

has resulted in the modern profession that values objective science, individualism, and

acceptance and tolerance of diversity (Dwyer, 2010). In practice today the concepts of religion

and spirituality are used in various aspect of mental and physical health and continue to provide

ways of understanding the human experience. Today, religious and spiritual beliefs and

interventions are more available than ever "as the information age of the twenty-first century

unfolds, concepts from all cultures, religions, and corners of the globe are accessible to us"

(Seaward, 2009, p. 157).

Religion and Spirituality Today: The Debate

The debate of integrating religion and spirituality into social work is multi-layered. Canda and Furman break the opposing views into the following categories: inherent deficiencies of religion/spirituality, religion and spirituality are inconsistent with the nature of the profession, logistical problems, and curriculum concerns. Within "inherent deficiencies of religion and spirituality" it is noted that focusing on religion and spirituality is being too focused on the individual, the micro level of practice and that the "rigidity, dogmatism, and judgmentalism of religions are worrisome" (Canda & Furman, 2010, p. 7). Under the category entitled "religion and spirituality are inconsistent with the nature of the profession" are concerns such as religion and social work as separate domains, religion being the responsibility of clergy and that social work should be "value free and objective. Spirituality and religion are inconsistent with a scientific base for practice" (Canda & Furman, 2010, p. 7). "Logistical problems" include the definitions of the concepts being vague and lacking a framework. "Curriculum concerns" include a lack of training and room for religion and spirituality in social work curriculum (Canda & Furman, 2010).

The supporting views of religion and spirituality are also be broken into four categories by Canda and Furman: Responding to challenges and strengths of religion and spirituality, religion and spirituality express the nature of the profession, logistical solutions, and curriculum opportunities and responsibilities (2010). Under the category of "responding to challenges and strengths of religion and spirituality" is religion and spiritualities inclusive view of a client, it addresses well-being and justice, and can be used to "identify the role of spirituality/religion in both restricting and promoting mental health" (Canda & Furman, 2010, p. 7). The category "religion and spirituality express the nature of the profession" identifies the complimentary

relationship between religion, spirituality, and social work. That religion and spirituality is critical in understanding the client and their culture, and match professional values and ethical standards (Canda & Furman, 2010). "Logistical solutions" look at the emergence of creating a clear framework and enhancing education. "Curriculum opportunities" and responsibilities include the integration of religion and spirituality into curriculum and continuing education credits (Canda & Furman, 2010).

Adding further complication to Canda and Furman's list is the fact that there are also other pros and cons to incorporation religion and spirituality into practice. Some contend religion can be "inherently conservative" and "oppressive"(Canda & Furman, 2010). Some religious and spiritual practices can increase feelings of shame, guilt, blame, fear, and anger (Jacobs, 2010; Newberg & Waldman, 2009; Weisman de Mamani et al., 2010). Such practices can also cause the client to feel conflicted internally and wonder "why me?" or develop feelings of being punished (Newberg & Waldman, 2009; Rosmarin, R. & Pargament, K. 2010; Weisman de Mamani et al., 2010). Increased feelings of shame, blame, fear, anger, and internal conflict has been linked to increased levels of depression and anxiety (Jacobs, 2010, Newberg & Waldman, 2009; Rosmarin, R. & Pargament, K. 2010; Weisman de Mamani et al., 2010). Clients can also develop unhealthy coping mechanisms such as dependency, escape, doubt, and or delusions (Rosmarin, R. & Pargament, K.,2010; Seaward,2010; Weisman de Mamani et al., 2010).

While there are many cons, there are also many pros to incorporating religion and spirituality into practice. Canda and Furman (2010) maintain that "by considering the religious and spiritual facets of clients' lives, we may identify strengths and resources that are important for coping, resilience, and optimal development" (p. 5). Certain religious or spiritual practices have been shown to improve health such as: a decreased risk of stroke, lower blood pressure,

engaging in healthier habits such as not drinking or smoking, lower depression and anxiety

levels, (Murphy, Ciarrochhi, Piedmontm Cheston & Peyrot, 2000; Inzlicht, McGregor, Hirsh &

Nash, 2009; Newberg & Waldman, 2009; Weisman de Mamani et al., 2010) and increased

feelings of hope, optimism, and positivity (Rosmarin & Pargament, 2010; Newberg & Waldman,

2009; Weisman de Mamani et al., 2010). Religious and spiritual practices have also been shown

to increase a sense of community support and increase social supports for clients (Newberg

&Waldman ,2009; Weisman de Mamani et al., 2010, Jacobs, 2010). These researchers contend

that these benefits outweigh the risks (Jacobs, C., 2010; Murphy et al.,2000; Inzlicht et al., 2009;

Newberg & Waldman, 2009; Weisman de Mamani et al., 2010).

One barrier to effectively using religious and spiritual interventions in clinical

practice is education. Currently, sixty-five percent of social workers do not receive training in

spiritual and religious interventions (Canda & Furman, 2010). Due to this, some feel that matters

of religion and spirituality are better left to those who are trained specifically in religion and

spiritual interventions such as clergy members or spiritual guides (Rice & McAuliffe, 2009).

Definitions

There are many definitions of religion and spirituality within research.

Religion

Religions are as diverse as cultures therefore the concept of religion can be challenging to

define (Wilkinson, 2008). There are however common themes that emerge surrounding the

definition of religion in previous research. A sense of religion being a community (Miller &

Thorensen, 1999; Seaward, 2009) that has an organized set of rules, beliefs, practices and rituals,

(Jacobs, 2010; Miller & Thorensen, 1999, Seaward, 2009; Weisman de Mamani et al., 2010) and

certain rules around ways of thinking and behaving (Seaward, 2009; Taylor, 2010) are a few of

these themes. For many cultures religion describes the relationship between humanity and one

or more Gods. Buddhism and Jainism, however, are examples of religions that do not worship a

God (Wilkinson, 2008). Wilkinson (2008) identifies seven elements, or themes, of religion based

on the works of British Philosopher and theologian, Ninian Smart, that various religions of the

world have in common. These seven elements are:

> Doctrine (basic principles and teachings), Mythology (the religions history and stories),
>
> Religious Experience (how followers encounter the Divine), Religious Institution (an
>
> organized body of followers), Ethical Content (instructions as to how followers should
>
> live life), Ritual (practices, celebration, and festivals), and Sacred Objects and Places.
>
> (Wilkinson, 2008)

> Some researchers attempt to specifically define religion rather than identify themes.

Canda and Furman (2010), who are cited in many of the religious and spiritual texts and previous

research within social work, define religion as:

> an institutional (i.e. systematic and organized) pattern of values, beliefs, symbols,
>
> behaviors, and experiences that involves spirituality, a community of adherents,
>
> transmission of traditions over time, and community support functions (e.g.
>
> organizational structure, material assistance, emotional support, or political advocacy)
>
> that are directly related to spirituality. (p.76)

Haught (1990) maintains, however, that "no matter how carefully [scholars] 'define' religion,

other experts will eagerly indicate what the definition has left out" (p. 2).Haught argues that

religion is a modern concept asserting that religion was so intertwined with everyday life for our ancestors there was no word to describe it (1990).

Spirituality

There are also many themes and definitions that emerge when describing spirituality. Spirituality is often described as an individual, subjective experience towards inner harmony (Miller & Thorensen, 1999; Seaward, 2009; Taylor, 2010). It is defined as a sense of one finding meaning, belonging, and awakening to ones core values (Seaward, 2009; Weisman de Mamani et al., 2010) and as a connection with oneself, others, and Other (Jacobs, 2010;Taylor, 2010). Seaward (2009) maintains that spirituality is "…still a phenomenon for which no one definition seems adequate" (pg. 158). Similar to Seaward, Gray (2008) states spirituality is "anything an individual conceives it to be and indeed should be so given that each individual finds his or her own meaning and thus interprets spirituality in terms of this individual life project" (p. 177). It is a concept that reflects societies search for meaning and purpose (Gray, 2008).

Holloway (2007) maintains that structure through definition is key stating that "the elaboration and refinement of the concepts of spirituality and spiritual need which take account of the changing nature and expression of belief are a necessary prerequisite to the development of a supportive structure for practitioners" (273). Some have attempted to provide structure around the concept of spirituality through definitions. Canda and Furman (2010) define spirituality as "a universal quality of human beings and their cultures related to the quest of meaning, purpose, morality, transcendence, well-being, and profound relationships with ourselves, others, and ultimate reality" (p.5). Young and Koopsen (2011) identify the following key concepts in understanding spirituality:

Spirituality is a multidimensional phenomenon that transcends gender, race, color, and

national origin. The centrality of the relationships between self, others, and God is one of

the main focuses of spirituality . . . a basic element of spirituality is meaning and purpose

in life. The spiritual process of healing attends to the wholeness of an individual; occurs

over time; is ongoing through one's life journey; and it a way of living that flows from,

reflects, and nourishes one's spirit. (p. 29)

Vinsky andWong (2009) see spirituality from a different perspective. They assert that

spirituality is "a Euro-Christian construct" and that religious practices have been repackaged as

"spiritual-but-not-religious" and sold to "spiritual consumers" (2009, p.1349). They state:

divorcing spirituality from its historical-religious roots makes it easier for the spiritual

consumers to feel free to take up and appropriate at will cultural or indigenous practices

they define as 'spiritual but-not-religious'. Practices from Asian traditions such a yoga and

mindfulness practice, are used as 'techniques' or 'methods' for the healing of the Western

body, mind and spirit- the new 'trinity' in the spiritual-but-not religious discourse (1353-

1354).

Gray (2008) also sees spirituality as stemming from our traditional past. Gray maintains that

spirituality literature that tells of meaning and purpose "partly echoes the wisdom of and

presages a return to traditional worldviews which value collective values, community, the

environment and a sense of place as implicitly spiritual and take social work back to its

communitarian roots" (p.193).

Religious/Spiritual Interventions in Social Work

Like definitions, there is also no consensus regarding the usage of religious and spiritual interventions within clinical practice. A literature review compiled by Rice and McAuliffe (2009) found that social workers considered issues of religion and spirituality a legitimate aspect of practice and incorporate spirituality-orientated interventions and activities into their work (p. 406). However, Holloway (2007) maintains that" despite the proliferation of standardized spirituality scales, there is no consensus about their use but, equally no widely accepted alternative framework to assist with that initial engagement and assessment of need" (p. 273). Therefore social workers develop uncertainty around the availability and appropriateness of interventions available (Holloway, 2007). Researchers identify various religious and spiritual interventions in practice. Young and Koopsen (2011) identify: prayer, meditation, visualization, guided imagery, gratitude exercises, spending time in nature, art, dance, ritual, and storytelling as spiritual practices (2011). Others identify sharing religious beliefs with clients, using a spiritual and /or religious intake assessment, yoga, tai chi, reiki, music, astrology, psychic readings, inspirational sayings, using religious scripture and readings, spiritual histories, spiritual life maps, spiritual genograms, spiritual ecograms, and praying with clients as possible religious and/or spiritual interventions (Rice and McAuliffe, 2009; Jacobs, 2010; Dwyer, 2010; Graff, 2007; Hodge, 2005).

Jacobs (2010) explored social workers perceptions of using religion and spirituality within professional practice. Four focus groups were created with three to nine members that explored definitions of religion and spirituality, intake assessment, explicit and implicit use of religion and potential negative and positive impacts of incorporating religious and spiritual interventions into practice.

Jacobs (2010) found that participants reported religion in terms of "beliefs, rituals, practices, and community expressed in terms of a relationship with a God or several Deities" (p. 110). Participants defined spirituality as a relationship between "self and nature, other people, transcendent others, and the search for meaning, compassion and well-being" (Jacob, 2010, p 110). When using intake and assessment in practice, participants reported clients expressed emancipation guilt, forgiveness, and a struggle to regain faith during life's crises especially in instances of sexual and domestic abuse, loss of a loved one, loss of a career, or a client feeling violated by religious teaching. While these issues did come up in intake and during assessment participants stated they rarely used specific spiritual assessment tools or consultation with religion leaders. Participants reported that listening and paying attention was key when addressing matters of religion and spirituality in practice (Jacobs, 2010). One participant stated 'I think of my professional work as a spiritual practice' (p. 114). Jacobs' findings support previous research studies that maintain that attending to religion and spirituality in clinical work is important, especially when considering client definitions of religion and spirituality and in understanding intake and assessment (Jacobs, 2010).

Similar to Jacobs (2010) Rice and McAuliffe (2009) explored social workers perceptions of spiritual interventions. Rice and McAuliffe analyzed two studies asking social workers about their use of spiritual interventions with clients and whether social workers feel those interventions are ethical (appropriate) or unethical (inappropriate) for use in social work practice (2009, p. 407). The studies were done two years apart using an online survey sent to members of the Australian Association of Social Workers (AASW) (Rice and McAuliffe, 2009).

Study one asked social workers about the following interventions: discussing their religious beliefs with clients, praying with a client during a session at their request, use of

psychic readings or astrology as part of a session, use of techniques that involve the body as part

of therapy such as yoga or tai chi, and if they suggest the use of herbs and alternative therapies

(Rice and McAuliffe, 2009).

Study two asked social workers if they have done the following interventions: share your

spiritual and/or religious beliefs or ideas with a client, pray with a client at their request, use

spiritual healing, or inspirational cards with a client, suggest techniques such as yoga, tai chi, or

reiki, and finally, if they have suggested herbs or alternative therapies. For each intervention

social workers were also asked if they felt the intervention was appropriate in social work

practice (Rice and McAuliffe, 2009).

Both studies found similar results. Each found that participants felt it was ethical and

acceptable to pray with clients at their request, however very few participants had actually done

so. Participants were more likely to use herbs and alterative therapy recommendations than

prayer. The authors felt this was possibly due to the "perceived secular nature of use of herbs and

alternative therapies was thought to be less sensitive or controversial than prayer with a client

and subsequently less ethically challenging" (p. 413). Majority of participants were in agreement

that the use of yoga, tai chi, and reiki were ethical and acceptable if it was client initiated and if

the practitioner was trained in the intervention used. Discussion of practitioner's religious beliefs

was found to be unethical and inappropriate with clients however almost half of participants had

used this intervention in practice. The only intervention with significant differences between the

two studies was in the use of psychic readings, astrology, spiritual healing, or inspirational cards.

Eighty-eight percent of participants in study one felt this intervention was unethical and

inappropriate, while participants in study two had a 59% percent approval rating for the

intervention. Overall the authors state that the findings indicate that some interventions are

considered ethical and appropriate in some situations and others are not considered ethical or

appropriate regardless of context. They also identify a trend towards the acceptance of spiritual

and religious interventions in clinical social work practice but not an actual increase in the usage

of religious and spiritual interventions by practitioners (Rice and McAuliffe, 2009).

Similar to the findings of Rice and McAuliffe (2009) Dwyer (2010) also found a trend

towards acceptance for the use of religion and spirituality in practice. Dwyer (2010) used Survey

Monkey to poll members of the National Association of Social Workers (NASW) in Colorado

regarding fifteen spiritual interventions and their usage in practice. For each intervention in

question Dwyer received 113-119 responses (Dwyer, 2010).

Eighty-percent of respondents reported they used a spiritual assessment in practice. The

top four interventions used in practice were: assessing for spirituality, clarifying values, using

spiritual language, and praying privately for clients (Dwyer, 2010). During times of death and

bereavement when a client is searching for meaning, were reported as times social workers were

most likely to recommend a spiritual ritual to clients (Dwyer, 2010).

Dwyer also noticed some trends in regards to the social workers who did and did not use

spiritual interventions. Dwyer found that social workers who self identified as participating in a

spiritual tradition were more likely to use spiritual interventions than those social workers who

did not (Dwyer, 2010). The importance of training and education surrounding religious and

spiritual intervention usage and the need for ethical guidelines was also expressed (Dwyer,

2010). Like Rice and McAuliffe (2009) Dwyer reports an emphasis on client-centered spiritual

integration, finding that participants felt comfortable assessing for spirituality in intake but were

not comfortable addressing spiritual concerns unless it was led by the client (Dwyer, 2010).

Proper training and competence in the areas of religion and spirituality is a common theme within the literature. Some practitioners, like the ones mentioned above feel social workers can use religious and spiritual interventions as long as they have been properly trained. Others, like Hodge (2011) asserts that social workers need to be careful as to not "inadvertently fall into the role of a spiritual director when exploring issues of spirituality" (p. 183). Hodge warns practitioners that not all clients are open to discussing spirituality in practice settings. He states "clients have a right to expect that mental health professionals have some degree of expertise in the interventions they implement" (p. 153) and that clergy are the practitioners who have expertise in the area of spirituality (Hodge, 2011). The NASW Code of Ethics (2011) standard 1.04, Competence, echoes Hodges 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. [They should]… use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques. (p.8-9)

Graff (2007) also raises concerns regarding the integration of religious and spiritual interventions in social work practice. Graff (2007) looked at 324 students enrolled in social work programs in Texas and their beliefs and perceptions surrounding religion and spirituality. The study found that 80% of the students identify as Christian. Overall the students felt that religion and spirituality had a place in social work. Thirty-four percent felt it was appropriate to use religious language, metaphors, and concepts in social work practice versus 28% who felt it was not. Half felt that is was appropriate to use scripture or other religious texts. Forty-four percent

felt it is not against social work ethics to pray with a client while only 17.9% felt it was unethical. One fifth of the students reported that their religious and spiritual beliefs were right for all people. Sixty-two percent felt they carried their religious and spiritual beliefs into all areas of their lives. Those who reported strong personal religious and spiritual beliefs were more open to using religious and spiritual metaphors, concepts, religious texts, or sharing of their own personal beliefs than those who felt less strongly about their personal beliefs. A majority of the students (84%) felt social work education should include how to effectively approach issues of religion and spirituality in the curriculum (Graff, 2007). Graff discusses concern regarding those students who have strong Christian beliefs and have not been exposed to or do not have an awareness of other religious or spiritual beliefs asserting that their strong belief systems could make it difficult for them to separate their personal beliefs from a client's beliefs in a practice setting (2007).

There are many previous studies, similar to the ones above, that examine social worker and social work students' perspectives on the definitions and integration of religion and spirituality within clinical practice. There is very little research however that explores the actual perceptions of potential clients. The current study hopes to further explore the general public's definitions of religion and spirituality and if they consider particular interventions religious, spiritual, both, or neither. It is this researchers hope that the public's view of religion and spirituality will assist clinical practitioners on how to incorporate these concepts into practice.

Methodology

Introduction to Methodology

The current research study is focused on exploring respondent's definitions of religion and spirituality and if they consider particular interventions religious, spiritual, both, or neither. Research questions include: How do respondents define the concepts of religion and spirituality? What interventions do respondents consider religious and/or spiritual? Finally, what interventions would respondents want incorporated into their mental and physical health care?

Participants

Forty-five respondents responded to the survey. The majority of respondents were female, ages twenty-five to thirty-five, that identified as Christian (See Table 1, Table 2, and Table 4). Of the forty-five surveys used in analysis, thirty-eight respondents were female and seven were male (See Table 1). Forty-two percent of respondents were ages twenty-five to thirty five (N=19; See Table 2). Ages 45-65+ were combined for data analysis due to a low representation of those age groups. The majority of respondents (N=42; 93.2%) identified as white/European American (See Table 3). Twenty-eight respondents identified as Christian (63.64%; See Table 4). The majority of respondents identified as being both religious and spiritual (N=16; 36.36%; See Table 5).

Table 1: Frequency Distribution for Gender

Gender	Count	Percent
Male	7	15.56
Female	38	84.44
	N=45	100.00

Table 2: Frequency Distribution for Age

Age	Count	Percent
18-25	9	20.00
25-35	19	42.22
35-45	8	17.78
45+	9	20.00
	N=45	100.00

Table 3: Frequency Distribution for Race/Ethnicity

Race/Ethnicity	Count	Percent
African American	0	0
Asian American	0	0
Latino/Hispanic	0	0
Native American	0	0
White/European American	42	93.33
Multi-Ethnic	3	6.67
	N=45	100.00

Table 4: Frequency Distribution for Religious Affiliation

Religious Affiliation	Count	Percent
Agnostic	4	9.09
Atheist	4	9.09
Buddhist	0	0
Christian	28	63.64
Jewish	0	0
Multi-Affiliated	1	2.27
None	4	9.09
Other	3	6.82
	N=44	100.00

Table 5: Frequency Distribution for Religious/Spiritual Identification

Religious/Spiritual Identification	Count	Percent
Religious	4	9.09
Spiritual	13	29.55
Both	16	36.36
Neither	11	25.00
	N=44	100.00

Data Collection/Procedures

Following IRB approval, a link to the Survey Monkey survey site was posted to the researcher's social media website Facebook page (see Appendix A). The survey was then able to be copied or shared via Facebook, email, or other social media outlets. The survey was shared publically on three other Facebook member's pages reaching a potential audience of over 700 Facebook members. The first question of the survey was required and had participants check that they understood that by completing the survey they were consenting to participate in the research (see Appendix B).

Measurement

The current research used a Survey Monkey survey to collect information relating to participants demographic information and how participants view the concepts of religion and spirituality (See Appendix B). Survey questions were based on the previous research questions designed by Rice & McAuliffe (2009) & Dwyer (2010). The survey, including demographic information, is comprised of ten questions (See Appendix B). After collecting demographic information, the survey questions explore respondent's definitions of religion and spirituality. Then participants identified interventions as religious or spiritual. Finally, respondents were asked if they would or would not want the listed interventions incorporated into their mental or physical health care. Survey questions contain no identifying variables. All completed surveys were included in data analysis. All incomplete or partially completed surveys were deleted.

Data Analysis

Quantitative data analysis using descriptive statistics was used to identify relationships between the quantitative question variables. Qualitative data was reviewed and coded. Codes were then organized into various groups expressing themes in the data.

Protection of Human Subjects

Efforts will be made in order to protect the confidentiality of all participants. No identifying information will be collected from participants. Any contact made with the researcher regarding research questions or concerns will be kept confidential. Any notes taken by the researcher regarding questions and concerns will be stored in a locked file cabinet until questions and concerns have been resolved. Once questions and concerns are resolved, the information will be destroyed. All data will be destroyed once the analysis is complete.

Participants will consent to participate in the survey by answering question one (See Appendix B). Participants had the right to withdraw from the study by not participating in the survey once reading the questions.

Results

Respondent Definitions

Of the forty-five respondents included in data analysis, four did not respond to the open ended definition of religion and definition of spirituality questions. One respondent answered the definition of religion question, but not the definition of spirituality question. Another respondent answered both questions with the same response, "Worshiping God".

Definition of Religion

There were three primary overarching themes that emerged after looking at themes and word counts in respondent's definitions of religion. Twenty four respondents used phrases including the words "organized", "formal", and "rules". One respondent defined religion as " A set of predefined rules and traditions by which people live". Another respondent stated religion is, "An organized set of beliefs that a group of people follow".

Thirteen respondents defined religion as being related to a belief in God/Higher Power and worshiping God/Higher Power. Examples include one respondent who stated that religion is a "Belief in god and/or higher power" and another who felt religion is "Humans way of defining and worshiping God".

A third and final theme that emerged is the idea of community, or groups of people coming together. Eleven respondents used words such as "community" including a respondent who stated that religion is "spiritual seekers that agree on similar doctrines and celebrate and worship as a group and are often titled as a group". Another respondent stated "Religion is how communities of faith or belief in a higher power come together…to worship to be a community and to live out their call as people of faith".

While most respondents identified religion as an organized set of rules, a belief in a God/Higher Power, and being a part of a community, others expressed religions connection to spirituality. One respondent stated that religion is "how a person leads their spiritual life". Another respondent described religion as "a structured institution for the exploration of spiritual belief systems".

Three respondents expressed differing definitions of religion. One respondent described religion as "a social disease that cripples civilization from advancing". Another felt religion was "organized brain washing". A final respondent stated that religion is "a man made organization that promotes a man made God".

Definition of Spiritual

There were also themes that emerged when respondents defined spirituality. Similar to respondent's definitions of religion, a belief in God or Higher Power emerged. Sixteen respondents included "God", "something greater than myself", or "Higher Power". One respondent defined spirituality as "feeling life or kinship with a Higher Power than yourself". Another described spirituality as his/her "Personal Relationship with Higher Power".

The idea that spirituality is a personal, internal experience also emerged as a theme. Ten respondents used words such as "personal", "individual", and "within", such as the respondent who stated that spirituality is "defined within. Personal, Intimate". Another respondent stated that spirituality is "how one makes sense of the world, how they take care of themselves and how they choose to be in the world…often not different from religion in meaning or message, but much different in format; highly individualized, personal, focus is on the internal capabilities (find the strength within)."

A final theme that emerged when respondents defined spirituality is the idea that spirituality defines ones morals, or defines how one lives their life. Seven respondents used words such as "morals", "rules", and expressions of how one should live. Examples include the respondent who stated that spirituality is "a way of thinking that may act as general guidelines that are open to interpretation as a way to live life" and another who felt that spirituality is "what ultimately makes you desire to be a good person."

When respondents defined spirituality there were many more individual responses that were more challenging than definitions of religion to collect into reoccurring themes. One respondent felt spirituality was ones connection with nature stating spirituality is, "feeling connected to nature in a shared way". Another felt that spirituality was a person "having an excellent imagination and using it primarily to delude oneself from accepting reality." Another felt that spirituality is "explaining things you don't understand with magic."

Interventions

Prayer and music were seen by respondents as being both religious and spiritual. Meditation, guided imagery, yoga, and spending time in nature were identified as being spiritual. Yoga had the highest report of being neither religious nor spiritual (N=19; 42.2%).Prayer was the only intervention that no respondents identified as being neither religious or spiritual (See Table 6).

Table 6: Religious/Spiritual Identification of Interventions

	Religious	Spiritual	Both	Neither
Prayer	10 (22.2%)	3 (6.7%)	**32 (71.1%)**	0 (0.0%)
Meditation	0 (0.0%)	**24 (53.3%)**	17 (37.8%)	4 (8.9%)
Yoga	0 (0.0%)	**21 (46.7%)**	5 (11.1%)	19 (42.2%)
Guided Imagery	4 (8.9%)	**15 (33.3%)**	13 (28.9%)	13 (28.9%)
Music	0 (0.0%)	4 (8.9%)	**32 (71.1%)**	9 (20.0%)
Spending Time in Nature	0 (0.0%)	**21 (46.7%)**	16 (46.7%)	8 (17.8%)

Overall, the majority of respondents indicated they would want the listed interventions incorporated into their mental or physical health care (See Table 7). Prayer was the only intervention that majority of respondents indicated they would not want incorporated i to their care. Music was reported as the intervention most wanted to be incorporated into care (N=37; 82.2%) with spending time in nature following (N=32; 71.1%). Two respondents added other interventions indicating they would want a physical presence, energy healing, and essential oils incorporated into their care as well as the listed interventions.

Table 7: Distribution of respondent desire to have interventions incorporated into physical and mental healthcare.

	Yes	No	Maybe
Prayer	17 (37.8%)	**20 (44.4%)**	8 (17.8%)
Meditation	**28 (63.3 %)**	8 (18.2%)	8 (18.2%)
Yoga	**27 (61.4%)**	11 (25.0%)	6 (13.6%)
Guided Imagery	**20 (44.4%)**	15 (33.3%)	10 (22.2%)
Music	**37 (82.2%)**	3 (6.7%)	5 (11.1%)
Spending Time in Nature	**32 (71.1%)**	3 (6.7%)	10 (22.2%)

Trends

While an analysis of the data did not show statistically significant relationships between variables, some trends did emerge surrounding gender. No significant trends emerged when comparing religious affiliation, age, and race/ethnicity.

Gender and Religious/Spiritual

Gender differences were noted between male and female respondents regarding their identification as being religious, spiritual, both, or neither. The majority of female respondents identified as both spiritual and religious. The majority of male respondents identified as neither religious or spiritual (See Table 8).

Table 8: Distribution of Religious/Spiritual Identification by Gender

	Religious	Spiritual	Both	Neither	All
Male	1 (14.2%)	2 (28.57%)	0 (0%)	**4 (57.14%)**	7
Female	3 (8.11 %)	11 (29.73%)	**16 (43.24%)**	7 (18.92%)	37
All	4 (9.09%)	13 (29.55%)	16 (36.36%)	11 (25.0%)	44

Gender and Intervention Incorporation

Gender differences were noted between males and females and which interventions they would or would not want incorporated into their mental of physical healthcare. Spending time in nature was the only intervention in which the majority of male and majority of female respondents agreed they would want incorporated into their care. In general, female respondents were more open to incorporating these interventions into their physical or mental healthcare than were male respondents (See Table 9).

Table 9: Side by Side Gender comparison of Interventions Incorporation

Male:	Yes	No	Maybe	Female:	Yes	No	Maybe
Prayer	0	**7**	0	Prayer	**18**	12	8
Meditation	1	2	**4**	Meditation	**26**	7	4
Yoga	2	**4**	1	Yoga	**24**	8	5
Guided Imagery	1	**4**	2	Guided Imagery	**20**	10	8
Music	**3**	**3**	1	Music	**32**	2	4
Spending Time in Nature	**3**	2	2	Spending Time in Nature	**27**	3	8

Discussion

The current research was done to determine how respondents view the concepts of religion and spirituality and if respondents would want various religious and/or spiritual interventions incorporated into their care. There were many similarities between previous literature's definitions of religion and spirituality, yet there were also differences noted. This idea that the concepts of religion and spirituality have unique definitions for each individual has implications for social work practitioners and other mental and physical health practitioners alike. As social work practitioners it is especially important that we understand the ethical implications of individual's subjective experiences and how religion and spirituality is incorporated into care.

Similarities and Differences

The current research findings have similarities and differences to previous research findings and academic scholarship.

Definition of Religion

The definitions of religion found in the current research are echoes of previous literature. Majority of respondents self- identified as being Christian, so it did not come as a surprise that respondents shared similar views of the concept of religion. The themes of religion being formal, organized, rule based, being related to a belief in a God/Higher Power, and consisting of a group of people coming together to worship that emerged from respondents in the current research is precisely what Wilkinson (2008), and Canda and Furman (2010) state in their texts. Wilkinson stated that religions have an organized body of followers that used religious beliefs to encounter the divine and that religion provided instructions as to how followers should live life (2008).

Canda and Furman likewise stated religion is a "systematic and organized pattern of values,

beliefs, symbols, behaviors, and experiences" and has an "organizational structure" (2010).

Those respondents that acknowledged religion and spiritualities connections to each other are

similar to previous literature that defined religion as "… directly related to spirituality" (Canda &

Furman, 2010). No respondents indicated Haught's (1990) assertion that there were no words to

describe religion as all respondent's defined religion.

Not acknowledged in previous research was the usage of negative language when

defining religion. Three respondents described religion using negative language including: "a

social disease that cripples civilization from advancing", "organized brain washing", and "a man

made organization that promotes a man-made god". Previous literature does not include

definitions of religion as it relates to individuals who do not identify with the concept.

Definition of Spirituality

Like the themes that emerged when defining religion, the themes that emerged when

defining spirituality also echoed previous works. The themes in the current research included:

spirituality expresses the relationship with God/Higher Power, it is a personal, intimate

experience, and that it provides guidance as to how one should live their life. Canda and Furman

(2010) and Young and Koopsen (2011) identified similar themes when defining the concept of

spirituality. They described spirituality as ones relationship with ourselves and Other, and as

providing morality, meaning and purpose to life (Canda & Furman, 2010; Young & Koopsen,

2011). While it is unknown why one respondent did not define spirituality, the author speculates

that it may be because spirituality is a harder concept to define since it appears to have more

personal meaning. None of the respondents indicated that spirituality was a "Euro-Christian

concept" as Vinsky and Wong asserted (2009, p. 1353). This may be due to the fact that majority

of the respondents self identified as Caucasian and Christian. The two respondents that indicated that spirituality is "having an excellent imagination and using it primarily to delude oneself from accepting reality" and "explaining things you don't understand with magic" may have been eluding that spirituality is a concept that does not exist; however that is speculation on the researchers part. As was the case when defining religion, previous research does not explore the definitions of those that do not identify with the concept.

Interventions

The current research, looking at respondents definitions of religion and spirituality, when paired with previous research looking at social workers incorporation of religion and spirituality into social work has some interesting parallels. Previous research indicates that social workers feel that attending to religion and spirituality in clinical practice is important (Jacobs, 2010; Rice & McAuliffe, 2009). When looking at the current research, it would appear that respondents also felt that interventions had a place in mental and physical health settings since meditation, yoga, music, spending time in nature, and guided imagery were all found by majority of respondents to be incorporated into care. Rice and McAuliffe found that social workers felt that praying with clients was ethical and acceptable at the client's request, yet very few social workers had actually done so. They found that social workers were more likely to engage in interventions such as herbs and, if trained, alternative therapies such as yoga, tai chi, and reiki due to their being secular, less sensitive, and less controversial than prayer (2009). Respondents also seemed to have a preference for the alternative therapies versus incorporating prayer into care. Also similar to the social worker's responses above, respondents indicated that meditation, yoga, guided imagery, and nature as being spiritual interventions not religious, i.e. secular.

Limitations

The current research being a small, convenience sample is not generalizable to the

general public. The interventions chosen for the current research were a small sampling of

possible interventions that could be incorporated into mental and physical healthcare. Other

interventions could also be explored. The current study also did not ask clients from whom they

would want issues of religion and spirituality addressed with. It would be interesting to see if

clients have a preference for other practitioners such as clergy or spiritual guides.

Further Research

More research is needed to better understand religion and spirituality on a larger scale.

This author wonders if this research was done with a larger, generalizable sample if other themes

would have emerged. A larger sample would also assist in understanding gender and age

differences in regards to religion and spirituality. For example, Gray (2008) maintains that

spirituality stems from traditional past. In the current research the only respondent aged 65+ was

also the only respondent that defined religion and spirituality as the same concept, "worshiping

God". A larger respondent pool of those 65+ may not wield as wide a range of responses when

defining spirituality as other age groups. From a worldview standpoint it would be interesting to

see if religion and spirituality emerge as two separate constructs or if Vinsky and Wong (2009)

are correct in their assertion that spirituality is a western "Euro-Christian concept" (p. 1353).

Currently there is research being done on whether or not Americans are becoming less

religious. The United States Census Bureau 2010 Statistical Abstract on religion shows an

increase in Americans that identify as non-religious from 14, 331 responses in 1990 to 34,169 in

2008 (U.S. Census Bureau, 2012). The current research showed that 63% of respondents

identified as Christian. Yet interestingly 29% of respondents identified as spiritual rather than

religious and another 25% of respondents indicated they were neither religious nor spiritual. Combined, 54% of respondent's did not identify as religious. Further research could explore this discrepancy.

Another area that could be explored further is the taboo surrounding religion and spirituality within social work. When the author first began the current study, it was under the impression that religion and spirituality was alright to assess, but that implementing any religious or spiritual interventions would be unethical. In discussing this with other MSW students, similar thoughts were shared. Further discussion around the topic has shown that there is a wide array of beliefs amongst practitioners as to how they incorporate religion and spirituality into their practice.

Implications to healthcare

Complementary and alternative medicine (CAM) usage is increasing (Samueli Institute, 2011). A consumer health guide done locally at the Mayo Clinic reported that 40% of Americans report using CAM alternatives (Mayo Clinic, 2011).The National Institute of Health's National Center for Complementary and Alternative Medicine (NIH NCCAM) 2010 report found that Americans are turning to complementary and alternative medicine (CAM) for various needs including: pain, anxiety, cholesterol, colds, headaches, and insomnia. Deep breathing, meditation, massage, and yoga were found to be the therapies with the most significant increases in usage (Samueli Institute, 2011). The current research indicates that respondents are most open to meditation, yoga, guided imagery, music, and spending time in nature, yet these were offered in less than 30% of the hospitals, clinics, and mental health settings that participated in the 2010 NIH NCCAM report (Samueli Institute, 2011). One hundred percent of the hospitals surveyed offered pastoral care (Samueli Institute, 2011). Pastoral services are more widely accessible in healthcare settings, yet is the intervention the majority of respondents indicated they would not

want incorporated into their care. More research and education/training is needed in order to best meet the diverse healing needs of clients.

Implications to social work

In addition to the implications listed above for general health providers there are more specific implications for the social work profession. In order to best serve potential clients social workers must take the client's whole self (physical, energetic, psychosocial, and spiritual) into consideration. Each person is going to have varied definitions of religion and spirituality. Religion and spirituality are also going to be expressed differently for each individual. In order to determine how individuals experience and express religious/spiritual beliefs social work assessment must go beyond asking religious affiliation in order to best understand the client and their worldview.

The fact that that sixty-five percent of social workers do not receive training in spiritual and religious interventions is concerning (Canda & Furman, 2010). That means that only thirty-five percent of social workers would be able to present themselves as competent by the NASW Code of Ethics standard 1.04 in the area of religious and spiritual interventions (NASW, 2011, p. 8-9). Clergy and spiritual guides require years of training in issues of religion and spirituality. There are times and situations in which a clergy member or spiritual guide may be better suited to meet a client's needs and a referral should be made.

A final implication is that as social workers we need to have an awareness of the roots and cultural implications of the practices we, or our settings, suggest and how they could potentially impact our clients. For example, Vinsky and Wong (2009) present the viewpoint that religious practices, such as the interventions listed in the current research, have been repackaged

as "spiritual-but-not-religious" and sold to "spiritual consumers" (2009, p.1349). They assert that

these "spiritual-but-not-religious" interventions "make it easier for the spiritual consumers to feel

free to take up and appropriate at will cultural or indigenous practices" (p. 1349). The current

research reflects this idea that religion and spirituality has been removed from interventions in

that 42% of respondents indicated that yoga, deeply rooted in Asian religious practices, is neither

religious nor spiritual. Vinsky and Wong question if removing the religion from an intervention

makes the practice less meaningful for the client that may not understand a practice that falls

outside their cultural tradition (2009).

Conclusion

The current research was done in hopes to shed light on respondent's definitions of religion and spirituality and how respondents want religious and spiritual interventions incorporated into their mental and physical healthcare. The research indicated that overall respondents appeared open to religious and spiritual interventions stating they would want meditation, yoga, guided imagery, music, and spending time in nature to be incorporated into their care. Prayer was the only intervention that was not wanted to be incorporated into care. Mental and physical healthcare centers need to be able to adapt to client needs and provide more accessibility to desired interventions. Social workers in particular should advocate for proper education and implementation of religious and spiritual interventions in order to ensure the needs of our clients are being met.

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Appendix A: Social Media Description

The following is a link to a research survey looking at respondent's definitions of religion and spirituality, whether respondents feel the interventions listed are religious, spiritual, both, or neither, and whether or not respondents would want the listed interventions incorporated into their physical or mental health care. Demographic information will also be collected. By completing the survey you will be consenting to participate. If you are 18 years or older and want to participate in the research, click on the link and complete the questions. Please share this link if you feel others would be interested in participating. Thank you!
http://www.surveymonkey.com/s/HZPTPFV

Appendix B: Religion and Spirituality Survey Questions

1. **The following is a research survey looking at respondent's definitions of religion and spirituality, whether respondents feel the interventions listed are religious, spiritual, both, or nether, and whether or not respondents would want the listed interventions incorporated into their physical or mental health care. Demographic information will also be collected. By competing the survey you will be consenting to participate. If you are 18 years or older and want to participate in the research please complete the following questions. Thank you!**

   o I understand that by completing the survey questions I am consenting to participate in the research.

2. Gender (Please select):

   o Male
   o Female

3. Age (Please select):

   o 18-25
   o 25-35
   o 35-45
   o 45-55
   o 55-65
   o 65+

4.Race/Ethnicity (Please select):
   o African American
   o Asian American
   o Latino/Hispanic
   o Native American
   o White/European American
   o Multi-Ethnic

5. Religious Affiliation (Please Select):
   o Agnostic
   o Atheist
   o Buddhist
   o Christian
   o Jewish
   o Multi-Affiliated
   o None
   o Other (please specify): _____

6. Do you consider yourself (Please select):
- o Religious
- o Spiritual
- o Both
- o Neither

7. How would you define "religion"?

8. How would you define "spirituality"?

9. Of the following interventions, do you consider them religious, spiritual, both, or neither (select one for each intervention):

Intervention:	Religious	Spiritual	Both	Neither
Prayer				
Meditation				
Yoga				
Guided Imagery				
Music				
Spending Time in Nature				

Other (Please Specify):_____

10. Would you want the following interventions incorporated into your mental and physical health care?

Intervention:	Yes	No	Maybe
Prayer			
Meditation			
Yoga			
Guided Imagery			
Music			
Spending Time in Nature			

Other (Please Specify): _____