The Place of Spirituality and Religion in Social Work: Practitioners Views in Benin City, Edo State Nigeria

By

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Abstract

The need for the integration of spirituality and religion into Social Work practice is on the increase as many clients would want professionals, they work with to be appreciative of their religious and spiritual consciousness. But surveys show that only a few Licensed Clinical Social Workers (LCSWs) have received graduate level training on religion and spirituality intervention in their practice and literature suggests that social workers do not feel competent and confident enough in this area of practice. This study explores practitioners' views of religion and spirituality in social work practice in Benin City. The study adopted a combination of both primary and secondary sources of data. The population for this study comprises of social workers in various agencies in Benin City and data was collected through audio recording of individual interviews which were then transcribed into transcripts. The transcripts were coded for common themes that were in line with the purpose of the study. Results from this study established foundation for conversation and discussions concerning spirituality religion and how to further integrate them it into social work practice in Benin City and also laid a foundation for further research

Keywords: Consciousness. Integration, Practitioners, Religion, Spirituality.

Introduction

Spirituality was an imperative component in the beginnings of the social work profession in America, a discipline that originated out of a response from Christians and Jews addressing the needs of the poor (Canda & Furman, 1999). The 1950's and 1960's exhibited a spiritual shift as social work distanced itself from sectarian roots and moved toward secular orientations, resulting in strict

boundaries between therapy and religion (Ebimgbo,Agwu & Okoye, 2017). Within the past 15-20 years, this boundary within the social work profession has shifted again, with spirituality and religion becoming increasingly important component within the social work practice. The quest to integrate the spiritual side of humans in clinical practice resulted from acknowledgment from many clients and clinicians on the importance of spirituality in therapy (Kasprow & Scotton, 1999); this was further validated by scientific studies of the mind-body-spirit connection (Fluellen, 2007).

Over the past two decades there has been an increase in research on religion and spirituality in the helping profession. Although there has been an increased interest in exploring the benefits of religion and spirituality, there is much needed information to understand these terms among social workers and other professions. Beliefs about religion and spirituality among social workers are important to explore for the reason that awareness is needed in the profession. Research has shown that integrating these concepts into mental health treatment, clients have a faster recovery, reduced hospital stays and decreased relapse in substance abuse (Svalina & Webb, 2012).

Integrating spirituality into psychotherapy and mental health services remains controversial, even though research shows evidence of its benefits and a need for such integration (Hefti, 2011). The use of spirituality in social work practice is frequently not supported by education and training. Thirty-five percent of MSW therapists stated religion and spirituality were woven into their social work graduate programs, though only 4.8% completed a course on religion and spirituality while getting their MSW degree (Dwyer, 2010). Despite the controversy within the mental health field, social work practitioners generally feel it is appropriate to incorporate spirituality and religion with their clients, and possess a positive attitude about it (Canda & Furman, 1999; Dwyer, 2010; Hodge, 2011).

Spirituality encompasses strength that allows people to become resilient through adversity, while developing self-worth and self-esteem. There is a correlation among positive health, wellness, and spirituality (Idler, 2008). Research from Mohamed, Wisnieski, Askar, and Syed (2004) has found that people who have

high levels of spirituality would less likely suffer from negative psychological issues and negative consequences of failure and stress. Implications from this data suggest that practicing spiritualty may help social workers alleviate work related stress.

Everyone wants to believe in something intrinsic or extrinsic. Even the atheist or the agnostic holds on to a belief. Thus, beliefs as seemingly akin to spirituality pose as an inalienable part of human lives. In fact, it forms part of everyday conversation of people, especially in a country like Nigeria. Social work as a profession that regularly interfaces with humans tends to have reached a conclusion that humans cannot just be viewed and treated holistically if their belief systems are not taken into consideration (International Federation of Social Work [IFSW], 2014).

Statement of Research Problem

One system identified as a pillar of strength is Religion and Spirituality (RS), which close to 90% of Americans claim to be important in construction of their worldview and ability to cope with daily stressors (Gallup, 2015; PEW Research Center, 2018). Yet surveys show that only 13% of licensed clinical social workers (LCSWs) have received graduate level training on religion and spirituality interventions or implementation in their practice (Oxhandler, Parrish, Torres, & Achenbaum, 2015). It is also found that, while acquiescing to the usefulness of religion and spirituality interventions, LCSWs do not always implement them in their practice. Only a few of these professionals actually do (Canda & Furman, 2010).

Religion is often conceptualized as an institutionalized tradition and community, with beliefs, values, morals and symbols, in reference to a divine power, or God, as opposed to spirituality, which pertains to an individual's personal understanding, relationship, and connection with reality and/or a higher power, indifferent of religious affiliation (Canda & Furman, 2010; Hodge, 2015;

Oxhandler & Pargament, 2014; Kirst-Ashman, 2017; Senreich, 2012). Religion and spirituality may act as a pillar of support or contribute to the presenting problem, but is most often tied to improved therapeutic outcomes across a range of mental health disorders (Ebimgbo, Agwu & Okoye, 2017). Moreover, awareness of

spirituality on client well-being is such that the Joint Commission on Accreditation of Healthcare Organizations mandates assessment of spirituality (Hodge, 2006), as religion and spirituality beliefs are shown to influence client medical decisions and compliance with ongoing care (Koenig, 2012).

Religion and spirituality is often tied to a client's culture, community, values, and desires to change (Zastrow & Kirst-Ashman, 2013). While social workers are becoming more aware of the ties between religion and spirituality, mental health and overall physical health a modicum of practitioners consistently assess for or use religion and spirituality-oriented interventions in spite of the prevalence of religion and spirituality across the nation (Koenig, 2012; Oxhandler & Pargament, 2014; Oxhandler & Parrish, 2018). A mutual awareness of clinician and client RS should also be considered when extending across sociopolitical affiliations; such as between conservative or liberal leaning states in regard to inherent cultural values and religiosity (Jones, 2016; Pew Research Center, 2012, 2016, 2018). The addressment of religion and spirituality may be influenced by the disparity between clinician/client values and intrinsic religiosity. In fact, 66% of Republicans claim religion to be "very important" as compared to 35% of Democrats in the United States (Pew Research Center, 2016).

Research Questions

The following research questions guided the study

1. What is the level of self-awareness of spirituality in social work practice?
2. How comfortable is the Social Worker when clients talk about religion and spirituality?

Literature Review

For most people the definition of religion and spirituality are interchangeable in so far as it can easily be misunderstood. Religion can be considered as a unique condition or aspects of humanity.

Land (2015) explains that religion is a "systematic body of beliefs" that includes a sharedsystemized belief of moral values and traditions that shape relationships of humanity. Religion embodies "cultural, structural, institutional, and historical elements" which is an external appearance (Land, 2015). For the most part, religion

is seen as a structure of formal beliefs and doctrines, of rules and regulations of dos and don'ts with the purpose to be "saved" (Krieglstein, 2006). In contrast to religion, spirituality has a different connotation. Spirituality is an inward and personal experience. Land (2015) noted that for some people spirituality can be a form of meditation, while for others spirituality is an experience proceeding from God that alters "state of consciousness" that is beyond words. One philosophical explanation is that spirituality is a profound sense of being wholesome and a feeling of association with a much more prominent entity than oneself (Land, 2015).

Spirituality leads to inner peace, and a sense of the miraculous and a supernatural. Spirituality does not have to be connected directly with religion. Spirituality provides a dimension to human experience that has to do with identity, purpose and meaning (Land, 2015). Spirituality may or may not relate to a person's membership in a formal religious group (Furman, Benson, & Canda, 2011). According to Krieglstein (2006), there are different types of spirituality such as meditation, prayer and purpose in life. As one can see, religion and spirituality have different meanings. Yet, while for some people spirituality cannot be set apart from religion, for others spirituality is a completely separate entity.

Religious and Spirituality within Social Work

The field of social work was initially founded on Judeo-Christian beliefs, engrained within practice by two of its founders: Jane Addams and Mary Richmond (Branco, 2016; Zastrow & KirstAshman, 2016). Drawing inspiration from religious scriptures the field adopted the moral obligation of caring for one's neighbor (Zastrow & Kirst-Ashman, 2016). Academic content and discussion of RS was withdrawn between the 1920s-1980s for several reasons, including but not limited to: 1) disparaging writings on behalf of Dr. Sigmund Freud, 2) course direction adopting a medical model of care, and 3) and the Empirical Movement, providing validity and credibility to the field. RS was reintroduced in the late 1980s (Canda & Furman, 2010; Koenig, 2012; Oxhandler & Parrish, 2018).

Notwithstanding, a cultural zeitgeist has emerged within the field of mental health that has produced numerous studies exemplifying the positive effects of RS on clinical treatment outcomes (Koenig, 2012; Oxhandler & Pargament, 2014;

Pargament, 2007). Between 1998 to 2004 MSW programs offering RS training increased from 17% to 33% (Oxhandler & Ellor; 2017).

Religion and spirituality are becoming more prevalent throughout the healthcare landscape as well.

This is evidenced by Hodge (2006) reporting the nation's largest accrediting body, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in partnership with the NASW, require RS assessments of all patient in hospitals, nursing facilities, and mental health institutions. In alignment with the values espoused by the Counsel on Social Work Education (CWSE, 2015) and the standards of the NASW Code of Ethics (2008), social workers must be prepared when addressing client RS. Practitioners must be self-aware to avoid proselytization, allow for client self-determination, and provide competent practice. As a nation inherent with religious and spiritual beliefs there is need to develop and strengthen delivery of RS curriculum in order to meet the needs of those it serves.

Spirituality/Religion and Social Work in Nigeria

In Nigeria, spirituality and religion are acknowledged to be very pronounced (Nmah, n.d.). They are practiced across several areas of the society, including schooling, medicine, sports, security, among others. For instance, primary and secondary schools are fond of praying and singing before they begin their classes, mothers who go for antenatal and postnatal care pray and sing at medical facilities, and even the President of Nigeria, Muhammadu Buhari had to say that Nigeria can only pray to halt attacks from marauders and terrorists (Olowolagba, 2018). These are reflections of the extent religious and spiritual expressions have eaten so deep into the fabrics of Nigeria. Therefore, it seems almost impossible to practice social work in Nigeria, without considering the deep religious and spiritual consciousness of Nigerians.

In lieu of the foregoing, it is encouraging for social workers to consider spirituality and religion as essential in assessment of clients' problems and the intervention process (Furness & Gilligan, 2010). Unless they do, they cannot fully deliver their responsibility as it relates to respect for cultural diversity and

uniqueness of individuals. Therefore, the spiritual makeup of any client is as important as his or her biological, psychological and social makeup (Manfred-Gilham, 2009; Loue, 2017).

Social work assessment and practice with various clients such as younger adults, children, older adults etc., place priority on respecting their spiritual beliefs, values, and religious practices (Nelson-Becker, Nakashima & Canda, 2006). Most often, when people are confronted with several life circumstances such as trauma, illness, loss or bereavement, substance abuse, or violence in the home or workplace, unemployment, they may particularly like to seek solace in spiritual and religious activities as support systems. This is very common among Nigerians. Therefore, social work professionals dealing with clients affected by these life circumstances would have to integrate religion and spirituality in their assessment and intervention. They could link their clients to resource systems (places of worship or religious leaders), following the principle of selfdetermination. And equally ensure that the needed services are provided to their clients accordingly, without any form of human rights abuse, including exploitation.

Social workers are expected to be painstakingly mindful in identifying 'spiritual or religious needs' of a client. To achieve this, they should first understand beliefs, practices and religious rituals of the client and his/her support networks, as well as the extent of commitment. Secondly, social workers must understand the exact manner clients want them to react to their religious and spiritual beliefs/expressions. It is clear that clients would always want professionals they work with to be appreciative of their religious and spiritual consciousness

Theoretical Framework: Transpersonal Theory

Various states and levels of consciousness are described in Transpersonal Theories. A transpersonal theory provides a non-sectarian framework for dealing with spirituality in social work practice and addresses the highest human potential for achieving creativity, love and meaning (Robbins, et al., 1998). Robbins, et al. (1998) also describes this theory as a developmental process of self-transcendence and self-actualization, and describes the difference between pathological criteria and spiritual experiences. The first clinician to legitimize a transpersonal theory

on human development within spirituality was Carl Jung in 1933. Jung's personality theory encompasses the mental, physical and spiritual components of each individual, and the desire for wholeness and unity (Hutchison, 2008). Within this perspective, an important universal unconscious exists, which was identified as "the Spirit" (Jung, 1959/1969). Jung's principle introduced the process of trusting one's psychological process, with the assumption that one's consciousness has the capability to both grow and evolve. These implications have great bearing on clinical practice, as it can determine whether the clinician regards what arises in the patient as revealing or obscuring the therapeutic course (Kasprow & Scotten, 1999).

The evolution of consciousness and the struggle to find a spiritual outlook on life was also ignited by Jung, and were considered the primary developmental tasks in midlife (Hutchison, 2008). The individuation process is primary to what people face during the second half of their life; it is an open-ended process of psychological maturity. In the initial stage, the communication between the ego and the self is one of confrontation (Jung, 1933). Later in life, this confrontation transitions into an open dialogue. It is only by the ability to face, consciously experiencing and accepting ones wounds, that the wounded person is healed (Jung, 1933).

Research Methodology

This research is an exploratory study that focused on understanding the integration of religion and spirituality in therapy and the beliefs among social workers. This study will require current information from data resources and collecting qualitative information from participants. This research utilized a qualitative approach in order to obtain responses to gain in depth information in regards to the level of beliefs of religion and spirituality among social workers.
The population of this study compromise of social workers working in different agencies in Benin City specifically, University of Benin and Federal neuro-psychiatric hospital Benin City.

For convenience, purposive sampling method was used to select 8 participants as sample size for this study. Purposive sampling was utilized for this study because it allowed the study to choose participant with specific social work experience who

are knowledgeable in their field (Grinnell & Unrau, 2014). Participants were Social Workers currently working in the field of mental health, family therapy, and school based counseling who is actively involved in providing individual or group therapy. This study will adopt Snowball sample method.

The sample size was four therapists from Federal Nero-Psychiatric Hospital and four other social workers from University of Benin (2 social work educators and 2 social work counselors). Each of the participants filled out a self-administered questionnaire, which provided the researcher with additional demographics information such as age, gender, race and professional qualification.

Participants comprised of 2 males and 6 females a total of 8 participants with an age range from 21 to 50 years old. Participants' level of expertise varied from 5 to 28 years of experience in providing, group, individual, and individual supervision. Ethnicity of participants comprised of (1) Edo, (2) Esan and (3) Owan. Participants' qualification varied from (1) Master in Social Work, (2) Registered Social Workers and (3) Ph.D in Social Work. One of the participants acquired education from a private Christian university (Bakok Universities). Participants for this study work at public agencies. Besides their work, participants are engaged in other roles such as creating public awareness and community development. Participants were asked their expert opinions regarding the integration of religion and spirituality into therapy, client centered approach, awareness, countertransference, comfort-ability and skill sets, challenges and difficulties, and how they measure the effectiveness of the integration of religion and spirituality into therapy.

Research Findings and Discussion

Table 1: Demographic Charts

Participants	Age rang	Gender	Ethnicity	Education qualification	Place of Practice	Years in Service
1	31-40	Female	Edo	B.Sc	Psychiatric Hospital	Over 10 years
2	41-50	Female	Esan	B.Sc	Counseling Center UniBen	Over 12 years
3	41-50	Female	Esan	M.Sc	Social Work Dept UniBen	Over 7 years
4	21-30	Male	Esan	B.Sc	Psychiatric Hospital	Over 5 years
5	31-40	Female	Edo	Diploma	Psychiatric Hospital	Over 12 years
6	51-Older	Male	Edo	B.Sc	Counseling Center UniBen	Over 20 years

7	41-50	Female	Owan	Ph.D	Social Work Dept UniBen	Over 15 years
8	41-50	Female	Owan	M.sc	Counseling Center UniBen	Over 20 years

(Source: Fieldwork 2023)

Qualitative Interview Data

After each participant completed the self-administered questionnaire, this researcher interviewed and asked 13 questions (12 open-ended questions and one close ended question). Each interview varied from 6 minutes to 23 minutes with an average of 14 minutes per interview. The participants were asked open-ended questions with the intention of exploring their opinions and thoughts regarding the integration of religion and spirituality into therapy, countertransference, comfortability, challenges and difficulties, how they measure the effectiveness of the integration of religion and spirituality into therapy. From these set of questions, the themes that emerged were the following: religion and spirituality as strength, client centered approach, self-awareness, comfort-ability, measuring success, and lack of preparedness during grad school.

Religion and Spirituality as Strength

From the 8 participants for this study, 7 strongly agree that utilizing religion and spirituality as a strength during therapy was very important, and one participant replied that as long clients wanted to talk about it, the participant did not mind exploring client's beliefs. Participants were asked:

What is your opinion regarding utilizing religion and spirituality as one of the client's strength? All the participants for this study agreed they ask basic question regarding religion and spirituality during assessment. Although the questions on the assessment are basic, the answers clients provide guide the therapists on the

importance of these concepts in client's lives. Therapists agree they explore these concepts further during therapy.

One therapist responded:

> *In the assessment I think it starts with an initial question, do you have any religious or spiritual belief? I ask that in every assessment that I do because again, to me, it sets a road map. If someone says to me no not really, I grew up catholic but you know I haven't been to church in a long time, and so, if they bring church into it, what I'll say is "okay, aside from church though, do you find yourself that you still have a belief system...If they say no I don't really. Then I leave it alone because obviously it doesn't have any impact...What I really want to know is how much does it act as strength.* (Participant 2, survey interview, September 2023)

Furthermore, another participant said:

> *If they have a belief system where they use God as a way of recovering, then, I see it during the course of the therapy that they will be more resilient... they will be able to see other alternatives...and their problems diminishes. I have seen that quite often and that is because of their faith and having the ability to talk about it. I use their words or resources, but I do support that and encourage it. So I have seen depression, anxiety, or their suicidal or whatever other issues they are going through decrease. I have seen a decrease.* (Participant 3, survey interview, September 2023)

Another of the participant also expressed the importance of utilizing these components during therapy.

> *I think it's essential, I think it is one of the most protective factors in the client's well-being is their spiritual or religious beliefs because research show that they are helpful for individuals. Often times it can be one of the factors that can stop suicidal or give them a sense of hope...what you can do is ask and use it as a source of support and strength in terms as the protective factors that leads them to recover from mental illness or their own progress in terms of treatment. I think it's one of the aspects that you have to include. It's as important as a biological factor, social factor, and spirituality is just as*

important. It's what the client has, (Participant 8, survey interview, September 2023)

Client-Centered Approach

To keep focused on client-centered approach, participants agreed that as they should keep an open mind and be open to learn from the clients. All the participants shared that at times when they do not know about their client's faith, therapists ask clients to educate them. Therapists agree that clients feel a sense of empowerment when clients are providing education to their therapists. For the present study, all the participants agree that it was important to keep therapy sessions client centered, so clients and not the therapist, guides the therapy regarding religion and spirituality. A participant said: "*I keep in mind this is about the client and not about me"* (Participant 1, survey interview, September 2023). In the same way, one of the participant responded: *"I tend to be very client centered. Especially in the early phase of the therapy, it's very important to allow them to lead with things like that"* (Participant 2, survey interview, September 2023).

One participant pointed out the importance of being open to learn from the client as stated: *I can just put aside my belief system have them teach me a little bit about their belief system, and then, I help them to utilize that as a strength... and... I think where that came from is learning to ask the client to teach me about something I don't know which one is their belief system.* (Participant 4 survey interview, September 2023)

Another participant emphasized the need to allow client take the lead in therapy sessions. The participant described it in the following manner:

"I allow them to take the lead and just discuss what that means to them in terms of their strength and support system" (Participant 5, survey interview, September 2023).

Discussion

The participants for this study were all from different backgrounds, age, race, gender, educational institutions, and with extensive experience. Participants were

able to provide their own perspective on how they seen religion and spirituality positively impact clients' therapeutic sessions. Participants acknowledge the importance to address these concepts during sessions and to allow clients to freely express their beliefs. Interviewees recognized that utilizing religion and spirituality in therapy has positive outcomes for the client. As one participant said, "your faith is part of who you are. It's kind of like a fabric you can't unweave it" (Participant 4 survey interview, September 2023). Religion and spirituality are cultural factors that define who the clients are and how these concepts shape their worldview. Krieglstein (2006) argues that assessments are done with an overview of the person and that is taking into consideration the whole person, which includes understanding how religion and spirituality impacts their lives.

When clients' religion and spirituality are explored, it can help therapists understand client's' belief system and how their belief may help or hinder their therapeutic goals (Longo & Peterson, 2002). As the participants for the present study suggested, participants ask additional questions besides the basic questions on the assessments. The additional questions provide the participants a brief idea if religion and spirituality are concepts that matter to clients. Highfield (2000) noted that religion and spirituality could serve as a foundation to adequately meet clients' spiritual needs. According to Mayerstein (2007), therapist would benefit from exploring clients' religious and spiritual practices and help them strengthen their coping tools. Therapists who value clients' religious beliefs are able to better understand clients (Richards, Bartz, & O'Grady, 2009). Understanding clients' beliefs can be done by, allowing the clients to freely express their beliefs without feeling judged.

As Schaub (2013) noted, one of the benefits social workers can acquire from understand the clients' beliefs is to learn about other coping techniques that are beneficial for the clients. Schaub (2013) went on to explain the National Center for Complementary and Alternative Medicine advocates for therapists to teach clients spiritual practices such as "meditation, imagery, and prayer as prevention techniques (p. 1175). These techniques have been recognized as spiritual practices that reduce relapse in depression, physical pains and trauma reduction amongst other benefits (Schaub, 2013). As one can see, understanding clients' religion and spirituality as strengths has the possibility for new coping techniques that will

help clients' therapeutic sessions. An equally important theme found in the present study was utilizing a client-centered approach. Participants for this study also reported the importance of maintaining a client centered-approach when conducting therapy. Participants agree it is essential to maintain an open mind and respectfully listen to clients express their religious beliefs.

This approach allows therapists to learn from the client's perspective. Longo and Peterson (2002) noted that it is critical to keep an open mind and maintain focus on the clients when conducting therapy with religion and spiritual components. In client-centered approach, therapists allow the clients to guide the discussion without the therapist guiding in any specific direction (Rowe, 2011).

Therapists show a genuine interest in clients' issues without judgment and helps clients gain selfawareness. Once clients gain self-awareness, therapist help the clients change their behavior via self-direction (Rowe, 2011). For the area of religion and spirituality, this approach seems to fit best in matters of clients' problems. Clients are the experts of their lives and they are the ones that will let the therapists how does these concepts are relevant with their decision making and problem solving. By allowing them to lead the discussion, one is able to discover if religion and spirituality is strength or a weakness.

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