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Best Practices for Social Workers Engaging with Spiritual/Religious Clients

by

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DISSERTATION

Submitted to the Lyle S. Hallman Faculty of Social Work

in partial fulfillment of the requirements for the degree of

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Abstract

This research examined what Canadian social workers should consider when engaging therapeutically with clients for whom spirituality/religion is of central importance. There are several challenges in examining this issue in Canada (the north section of Turtle Island). One is the oppression of Indigenous peoples' spirituality by colonizers imposing various Christian denominational spiritual/religious views. There has also been a trend of Christian practice declining in church worship among settler people, although Christianity remains part of the dominant cultural norms. Like many of the helping professions, social work has little to no education/training related to spirituality/religion and clinical work. This move away in the helping professions from inclusion of spirituality/religion is increasingly complicated by the growing body of research that identifies the possible positive impacts of spirituality/religion on clients. Also worthy of note are some of the cultures of people in Canada who include a variety of spiritual/religious expressions as central to their community identities. Their multiple identities can also comprise of race, place of origin, and spiritual/religious expressions other than Christian, resulting in various forms of oppression.

In response to the above noted issues critical theory was employed throughout my research, considering the continuum of experiences, negative through to positive, spirituality/religion can have on people. These varied impacts were considered from both personal and systemic perspectives, which is a central principle of social work often identified as person in environment. The constructivist grounded theory methodology used in this investigation informed the ongoing consideration of the research findings and along with the literature. This qualitative method was employed in the interviews with ten therapists who include spirituality/religion in their therapy practices. The themes from the research participants'

responses along with literature reviewed informed the practice principles identified in this paper. The overall findings suggest that best practice in social work interventions includes spirituality/religion. Informed by critical theory analysis, what emerged from the research were ten interrelated social work principles that promote both social work therapeutic practice and social justice.

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It is with a deep gratitude that I reflect on my social work PhD journey. There are many people in my life that I want to express appreciation for their care and encouragement. My partner Kim Baker consistently gave loving support during this lengthy academic process. I am grateful to her for that and so much more. There are also many friends and family members, too many to name individually, who also supported my academic work. It is appreciated.

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There were several years that passed before the dissertation process began for me. My cohort in the doctoral program, along with numerous professors I encountered, were kind and supportive. I am glad to have shared in our academic explorations together.

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Introduction

The focus of my research is to identify best therapeutic practices for Canadian social workers engaging with spiritual/religious clients. Over the past 18 years as a social worker working in community mental health, I have often encountered people for whom spirituality/religion was important enough that they spoke of it in most or every session. As I have engaged with these clients, my curiosity about the practice of connecting therapeutic concerns with spiritual/religious matters led me to consider the literature, reflect on my own experiences, attend professional training sessions, and discuss with coworkers about clients' spiritual/religious lives.

Although my openness to the spiritual/religious has at times been helpful to some clients in counselling work, these conversations have not been without problems. For example, some clients have for spiritual/religious reasons struggled with sexual orientation, resigned themselves to violent marital relations, or state that their struggles are a part of divine punishment. These instances of clients' spiritual/religious struggles are examples of how some spiritual/religious doctrines/beliefs can diminish well-being and reinforce systemic oppression. However, I have also worked with clients who find meaning, community, and/or inspiration from their spirituality/religion, resulting in enhanced well-being and the promotion of social justice. Understanding how spirituality/religion can help or hinder people, continues to be challenging for me as a social worker. This quest to better understand is the impetus for this inquiry.

My research focus is on best practices for social workers engaging with spiritual/religious clients. Best practice is presented in this paper as relating to practice that is useful in assisting clients to address their concerns, as well as challenging structural barriers that create and sustain issues for clients (Baines, 2007). This exploration includes an examination of why social workers,

informed by social work bodies of knowledge, theories, and ethics, should be open to this therapeutic concern and how they can effectively connect with spiritual/religious clients. The recognition of the differing impacts spirituality/religion has on clients informs this research project.

This research is important in that many people include spirituality/religion in their lives. A significant reason for this study to be done is that spirituality/religion effects so many people. Global measures of religion report that the majority of the world's people identify spirituality/religion as an influential factor in their lives. (Davis, Rice, Hook, Van Tongeren, DeBlaere, & Choe, 2015; Diener, Tay, & Myers, 2011). Further to this point, among Canadian Indigenous people spirituality is identified as an important part of culture (Iseke & Desmoulins, 2011; King, 2013; Robbins & Dewar, 2011). Also, to be noted is that in the general Canadian population approximately 75% of Canadians, identify as having a religious affiliation (Statistics Canada, 2011).

Given that most Canadians identify as having beliefs connected to spirituality/religion, the findings of this study have implications for social work practitioners engaging with spiritual/religious clients. In that spirituality/religion is a significant aspect of many people's lives, social work practitioners need to be prepared to engage with this element of human experience. Academic investigations with direct service practitioners who include spirituality/religion in client sessions is under researched in Canada. In that effective engagement with spiritual/religious clients by Canadian social workers has only been explored in a limited number of research projects, this study contributes to an under researched topic that could have potential positive impacts on the effectiveness of social work practitioners' work. This research aims to add to the conversations around this substantial issue.

The format of and process for this dissertation are informed by a variety of sources (Grover, 2001; Lyons & Doueck 2010; Wilfrid Laurier University, 2021). A literature review was completed. Throughout the investigation critical theories were used to analyze all information. Constructivist grounded theory was employed as the research method. The findings are presented, and the implications discussed. Each section of the dissertation is summarized below.

A body of research literature was accessed to inform this research project. Throughout the research literature continued to be reviewed to further explore subjects raised for me as the researcher as I consider the responses of the research participants (Charmaz, 2014). It was also anticipated that the data gathered from the interviews with participants would generate new questions related to the investigation that led the researcher to return to the literature (Charmaz & Keller, 2016). How each section of this research paper is informed by the literature is presented below.

The first section of this research paper presents an overview which includes both what is being explored and who is doing the exploration in the helping professions related to spirituality/religion. For the purpose of clarity, a review of the terms used in this research is given in the literature review. The focus of this section of the paper is on the meaning and use of such terms as spirituality/religion, well-being, with a separate larger chapter on critical reflection, and critical theories. In that the subjectivity of the researcher influences the process, there is a presentation of my identities, and how critical reflective practice was used throughout the research (Charmaz, 2014).

The next section of this investigation report explores the larger contexts in which this research is being done. There is a literature summary of the systemic ideas related to spirituality/religion in colonial Canada. This information is analyzed using critical theories

(Barak, 2016; Fook, 2017; Lunn, 2009). It was also important for me to review Indigenous perceptions of spirituality/religion to gain a fuller understanding of all peoples who live on Turtle Island/North America, Canada being the northern part of that island (Absolon, 2016; Baskin, 2007; Bell, 2014).

In the third section of this research paper, spirituality/religion and the helping professions including social work literature, is considered (Baskin, 2016; Enns, Eldridge, Montgomery & Gonzalez 2018; Fredrick, 2014; Galen, 2012). The review includes an investigation of the dominant ideas related to colonial Canada that impact therapeutic practice. This portion of the research includes consideration of Indigenous approaches to helping (Absolon, 2011; Baskin, 2016), the medical model (Foucault, 1973; Shah & Mountain, 2007) and models of counselling (Gardner, 2016; Rovers & Kocum, 2010). In this section, attention is on the examination of Indigenous, medical model, and counselling models as related to spirituality/religion and well-being. These concerns are also the specific focus when the social work literature is considered.

Within social work, theories (Lai, 2017), bodies of knowledge (Hardy & Jobling, 2015; James, 2012), ethics (Rossiter, 2011; Sheridan, 2010), practice (Oxhandler, Parrish, Torres & Achenbaum, 2015; Wehbi & Parada, 2017), and education (Crisp, 2011; Wong, 2015) is evaluated in terms of how these have related and/or could relate to spirituality/religion in social work practice. All through the paper critical theory was used to examine what has been done academically in the research of spirituality/religion including the key debates and perspectives. In the chapter that follows systemic structural analysis of colonial Canada, as well as Indigenous worldviews, is considered in terms of public sphere and human rights as these relate to spirituality/religion (Giumbelli & Toniol 2017; Hodge, 2015; Taylor, 2007). Throughout the research the work was done accessing critical theory embodied in critical reflexive practice, to

social justice ends (Hunt, 2016; Wong & Vinsky, 2009). This paper concludes with a summary of the findings and how these relate to the research question.

The fourth section in this dissertation presents the methodology, study, and findings. My research is informed by a constructivist grounded theory approach. This theory promotes a collaborative knowledge building between participants and researchers that can enhance practice knowledge and contribute to theory building (Charmaz, 2014). A more thorough examination of constructivist grounded theory research is presented in the Methodology section of this paper. The main reason for using this methodology is summarized below.

The focus of constructivist grounded theory research is to explore under researched concerns, to gather information, and build theory (Charmaz, 2014). As already noted, the challenges related to the why and how of effective social work practice with spiritual/religious clients, is under researched. One of the strengths of constructivist grounded theory is that the aim is to understand the subjective realities of participants. These understandings are coded, themes identified, and implications presented. This approach to research is rooted in the data, not in theories given by the researcher (Charmaz, 2014). The goal of my research was on the exploration of participants understanding of work with spiritual/religious clients with a focus on why this is included in their practice, as well as how they engage with clients concerning these matters.

The subjective experiences of the research participants contribute to knowledge building (Charmaz, 2014; Mills, Bonner & Francis, 2006). All the study participants have graduate counselling/therapy training, general therapy experience, and work with spiritual/religious clients. The focus of the investigation is on how and why these therapists/counsellors (research participants) include the spiritual/religious when working with clients for whom this has

meaning. The data gained from the participants' therapeutic experiences contributed to identifying best practices and formulating theory related to work with spiritual/religious clients.

This research project is rooted in the principles of constructivist grounded theory as presented by Charmaz (2014). Critical theory was applied throughout the study with the researcher taking a critical reflective stance throughout the investigation (Charmaz, 2014). In constructivist grounded theory research attention is paid to the data generated by the research participants, literature, and researcher. The final section of this paper considers what was found in the research and then discusses implications. The focus of this discussion is on social work practice.

In that spiritual/religious clients seek help from social workers, it is essential that practitioners be aware of why and how to effectively engage. This research investigation aimed to better understand social work best practices with spiritual/religious clients. The research is informed by considering larger systemic factors, bodies of knowledge from the helping professions with attention to the social work profession, along with the data generated by participants. It is hoped that by exploring and presenting this research question, the researcher will contribute to better understanding of best practices related to why and how social workers can engage effectively with spiritual/religious clients.

Literature Review

The central questions informing this literature review were concerned with the relation between spirituality/religion and well-being, as related to counselling/therapy in general, with specific attention given to social work practice. In that spirituality/religion was explored within several helping professions, a wide body of literature was reviewed (Ellison & Lee, 2010; Lasair, 2016; Oxhandler & Pargament, 2014). This is in harmony with the interdisciplinary nature of social work (Colby & Dziegielewski, 2004; Healy, 2014; Saleebey, 2013; Stokes, 2017). From the literature the investigation led to identifying a wide range of experiences on a continuum, from what in spirituality/religion assists to what harms clients' well-being. The well-being of the larger society in terms of social justice was an inter-related topic in the literature review.

Some of the exploration revealed aspects of spirituality/religion that could enhance well-being. This could be seen in how spirituality/religion might connect individuals to a larger cultural community (Connor, 2009; Shaw, 2018). Another illustration was identified in some clients' recovery from substance abuse being enhanced by spirituality/religion (Chitwood, Weiss, & Leukefeld, 2008; Garfield, Isacco, & Sahker, 2013).

The literature was accessed, in part, to identify what generally in spirituality/religion increases people's well-being. Numerous texts also identified what diminishes and/or undermines well-being. This was illustrated by reports of some clients struggling within an increasingly violent relationship who felt that their spiritual/religious values give them no choice but to remain with the partner who was being abusive (Desai & Haffajee, 2011; Kaya & Cook, 2010). Another example of this was seen with some whose spiritual/religious understandings make it difficult to come to terms with their own sexual orientation, choosing to remain within a homophobic religious group (Morrow & Tyson, 2006). These examples are two among many

identified in the literature as to what in spirituality/religion diminishes well-being. The information about spirituality/religion as it relates to well-being of clients was one of the main focuses of the research investigation. Identifying these variables was part of the process when considering what might be best practices for social workers. To do this the well-being of spiritual/religious clients was considered from various vantage points.

Social work analysis frequently includes micro, mezzo and macro, which is often presented in the phrase “person and environment” (Baskin, 2016; Kolivoski, Weaver, & Constance-Huggin, 2014; Lai, 2017; Morgan, Berwick, & Walsh, 2008; Mullaly & West, 2018; Smith, 2017). One illustration of the principles found in this social work phrase can be seen in the analysis of the levels of oppression which Mullaly and West identify as occurring at “personal, cultural, and structural levels” (2018, p.30). The individual well-being of spiritual/religious clients is related to these levels or environments that surround them (Baskin, 2016; Wong & Vinsky, 2009). Social work literature was included to further explore ways in which religious/spiritual clients can be harmed or helped by spiritual/religious structures/systems.

The potential contradictory impacts of spirituality/religion on personal well-being (and social justice) can be seen through an example of two approaches on the opposite ends of a continuum. Trends in Western culture include the growth of two dissimilar perspectives found in the Christian religion. Christian “liberation theologies with an emphasis on empowerment, and fundamentalism” which tends to diminish people (Furman, Benson, Grimwood, & Canda, 2004, p.769). In liberation theologies, the approach to spirituality/religion focuses on working for social justice, social inclusion and the empowerment of individuals (Aquino, 2009; Armstrong, 2000; Este & Bernard, 2006; Fardella, 2005; Plaskow & Schussler-Fiorenza, 2012; Ralson, 2012;

Sandage & Morgan, 2014; Schmeiser, 2013). Meanwhile, a popular fundamentalist movement in Christianity (and other religions) can manifest xenophobic, exclusionary, intolerant, and disempowering expressions (Ang & Petrocik, 2012; Armstrong, 2000; Brandt & Reyna, 2013; Brandt & Van Tongeran, 2017; Racine, 2009; Schaafsma & Williams, 2012). Both liberation theologies and fundamentalist perspectives often promote views that get incorporated into spiritual/religious institutions that systemically influence culture (Morgan, Berwick, & Walsh, 2008; Todd & Coholic, 2007).

In exploring best practices when working with spiritual/religious clients, a consideration of the environments in which clients live in relation with their spirituality/religion need to be considered. Based on this person and environment social work perspective that is also concerned with social justice, this literature review examined the relation of spirituality/religion to well-being.

Spirituality/Religion: An Overview

It has been my experience that when introducing the topics of spirituality/religion in a social work staff or academic settings, strong opinions often follow. Pargament notes “On the contrary, religion and spirituality are anything but simple. They are rich, diverse, and complex processes made up of a tremendous array of expressions and experiences – cognitive, behavioral, affective, and relational” (2013, p.xxv). My experiences with others who have communicated the importance of spirituality/religion to them, have in part inspired this research project.

There are several key concepts examined in this paper to assist in the consideration of clients’ spirituality/religion and well-being. In the sections that follow, definitions, systemic concerns, critical theory and critical reflection are all examined. This exploration included some of the issues related to the terms, as well as clarification of definitions for key terms used in this

research project. Also, some of the specific issues were studied related to the research of well-being and connections to spirituality/religion.

In many academic disciplines there is a debate about the meanings and relationship of spirituality and religion (Crisp, 2008; Kao, Peteet & Cook, 2020; Possamai, 2015; Psaila, 2014; Turner, 2006; Zwissler, 2007). A review of the literature revealed that “there is a lack of precision in the definition of spirituality” (Rovers & Kocum, 2010, p.3). Grey and Coates demonstrate the breadth of how spirituality can be understood when they note, it is “the universal quality of human beings and their cultures related to the quest for meaning, purpose, morality, transcendence, well-being, and profound relationships with ourselves, others and ultimate reality” (2013, p.359). This is also related to religion as seen in the example from one source where 50 different definitions of religion were identified in the scholarly literature (Nongbri, 2013). The complexity of spirituality/religion made it a challenge to find generally agreed upon definitions (Brown, Carney, Parrish, & Klem, 2013; Butot, 2005; Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000; Kevern, 2013; King, 2014; Migdal & MacDonald, 2013; Rogers, Wattis, Moser, Borthwick, Waters, & Rickford, 2021; Schilbrack, 2013). From the literature review for this study, four different perspectives emerged related to spirituality/religion. These perspectives on spirituality/religion presented these terms as either separate, equivalent, one defined within the other, or as interrelated.

Spirituality and Religion as Separate Terms

Some academics present spirituality and religion as two distinct concepts. For example, Furman, Benson, Moss, Danbolt, Vetvik, and Canda define religion “as an organized structured set of beliefs and practices shared by a community related to spirituality” and spirituality “as the search for meaning, purpose, and morally fulfilling relations with self, other people, the

encompassing universe, and ultimate reality however a person understands it” (2016, p.75).

These researchers additionally comment that one can be spiritual with or without a connection to religion.

For many scholars, spirituality and religion are separate, and in some incidences, unrelated ideas (Canda 1998; Duckham & Greenfield, 2009; Higashida, 2016; Hodge, 2004; Hollywood, 2013; Kvarfordt, Sheridan, & Taylor, 2017; McKernan, 2005; Mutter & Neves, 2010; Rogers, Wattis, Moser, Borthwick, Waters & Rickford, 2021; Sheridan, 2010). Among the academics that hold this viewpoint, spirituality is largely understood as an individual subjective experience and religion is generally presented as organizational or institutional (Brown, Carney, Parrish, & Klem, 2013; Cait, 2004; Corry, Lewis, & Mallett, 2014; Davis, Rice, Hook, Van Tongeren, DeBlaere, & Choe, 2015; Fisher, 2011; Holloway & Moss, 2010; Tovar-Murray, 2011; Fredrick, 2014; Galanter, 2010; James, & Wells, 2003; Koenig, 2005; Luhrmann, 2020; Matthews, 2009; Moreira-Almeida, Koenig & Lucchetti, 2014; Moss & Dobson, 2006; Sawatzky, Ratner, & Chiu, 2005; Wade, Post, Cornish, Vogel, & Runyon-Weaver, 2014; Worthington & Aten, 2009; Ronneberg, Miller, Dugan, & Porell, 2014; Walsh, 1999; Yount, 2009). These distinctions are noted below in Figure 1.

Figure 1*Literature Summary of Spirituality & Religion as Separate Terms*

<i>Spirituality</i>	<i>Religion</i>	<i>Source</i>
Intrapsychic, subjective.	Institutional, faith group.	Greenfield, Vaillant, & Marks, 2009, p.197.
Individualized process of searching for the significance of beliefs and the experience of the sacred. Private, emergent, emotional, and individual.	Corporate, public, stable.	Hastings, 2016, p.4.
Search for the sacred.	Search for the sacred - socially influenced perception.	Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000, pp.66,67.
Inner subjective experience, ultimate purposes, higher entities.	Social organization, creeds, theology, beliefs, community, tradition.	Ivtzan, Chan, Gardner, & Prashar, 2009, p.916.
Personal experience of transcendence/divine.	Organizational, behavioural.	Jackson & Bergeman, 2011p.150 & 157.
Experiential.	Organizational/institutional.	Jordan, Masters, Hooker, Ruiz, & Smith, 2014, p.425.
Meaning, connection, worldview, sense of self, belonging, meaning.	Organizational.	Kashdan, & Nezlek, 2012, pp.1523, 1524, 1528.
Individual, personal. Spiritual people a subset of religious people	Community, beliefs, rituals, practices related to the sacred.	Koenig, 2009, p.284.
More subjective personal without religious underpinnings or historic connections, spirituality defined by clients themselves.	Historic, group beliefs. Personal beliefs – may be an overlap with spirituality.	Koenig, 2008, pp.349, 353.
Self-transcending ideals, ultimate meaning of life, one's connectedness to the universe.	(None given by author)	Leijssen, 2014, p.146
Life purpose, will, or way, personal meaning, cosmic calling, increased hope.	(None given by authors).	Mascaro, Rosen & Morey, 2004, p.845, 847 & 856.
Subjective & individual. Mystical, personally customized worldview.	Prescribed beliefs & practices within a faith community. Systems of belief.	Saucier & Skrzypinska, 2006, p.1260.
Subject, personal.	Organizational.	Schuurmans-Stekhoven, 2011, p.315.
Individual, sacred, experience	rituals and faith communities"	Steger, & Frazier, 2005, p.574.
Spiritualities because the term is fluid and can have many meanings. Client defined.	(None given by author).	Swinton, 2014, p.163.
Striving for connection with "the essence of life, the transcendent."	(None given by authors).	Visser, Garssen, & Vingerhoets, 2017, p.234.

The idea of spirituality and religion being separate terms by some academics is identified by Pargament, Mahoney, Exline, Jones and Shafranske when they recognize in the literature that “religion as institutional versus spirituality as individual, religion as external and objective, versus spirituality as internal and subjective, religion as old versus spirituality as functional, religion as fixed and frozen versus spirituality as flexible and dynamic” (2013, p.11). They further suggest that these understandings of the terms have influenced the larger culture to understand “religion as bad” and “spirituality as good” (2013, p.11).

Generally, this distinction in the literature proposed that spirituality is about ultimate meaning, is personal, subjective, and related to connection with divine/spirit/karma; and religion is an organized system of beliefs about the divine associated with spiritual/religious practices (Canda, 2013; Gawande, 2014; Healy, 2014; Hodge, 2015; Holloway & Moss, 2010; Malloch, 2021; Nye, 2008; Speed, Coleman III & Langston, 2018; Zwissler, 2007). This dualistic form of thinking has produced, in some of the literature, separate categories where spirituality is viewed as “good” and religion as “bad” (Boyd, 2012; Coholic, 2006; Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000; Humphrey, 2015; Pargament, Mahoney, Exline, Jones, & Shafranske, 2013; Oxhandler & Pargament, 2014; Russell, & Yarhouse, 2006; Wong, & Vinsky, 2009; Koenig, 2008).

Reflecting on this binary one source notes that there is a “schism between religion and spirituality in the west Religion increasingly disappointing and seen as a hinderance to authentic spirituality” (Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000, p.58). Researchers who subscribe to this binary understanding further note that emerging definitions of religion (institutional and restrictive) and spiritual (individual and freeing) support the Western cultural value that it is preferable to be spiritual but not religious (Gasker, 2019;

Harvey, 2016; Higgins, 2009; Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000; Humphrey, 2015; Kvardfort & Herba, 2018; Magliocco, 2018; McKernan, 2005; Moffatt, Oxhandler, & Baldwin, 2021; Roberts & Yarmane, 2016; Robinson, 2020; Seljak, 2016; Shaw, 2018; Smith, 2020; Vieten, Scammell, Pilato, Ammondson, Pargament, & Lukoff, 2013; Watts, 2018; Wilkins-Laflamme, 2022). One example of two-fold thinking related to spirituality/religion can be seen in Hunt who presents that spirituality is related to “meaning and value” “mystical” “a way of knowing” and “experiential knowing” (2016, pp.38,41). Hunt further notes that religion, by contrast, is “propositional knowledge” found in “creeds” “doctrines” and related to “meaning making” (2016, p.38).

The spiritual-religious binary is not an idea that is held worldwide (Baetz, Bowen, Jones & Koru-Sengul, 2006; Baskin, 2011; Humphrey, 2015; Psaila, 2014; Warden, Scourfield, & Huxley, 2017). As noted by Dein, “(t)he distinction between religion and spirituality is far from universal and appears to be a predominantly Western (and largely Christian) phenomenon” (2005, p.535). The author further notes that the division of spirituality and religion is unique to Western secular societies and can be “contrasted with other monotheistic religions where there is no distinction between religion and spirituality” (Dein, 2005, p.526). Judaism and Islam are two examples among other world religions, in which the literature presents spirituality and religion as interlinked and interdependent (Dein, 2005). It is also important to note that Indigenous spiritualities generally do not make this kind of distinction between spirituality and religion, but rather focuses on the “interconnectedness and interrelationship with all life” (Baskin, 2011, p.171). This understanding of spirituality and religion being interrelated was also identified among other scholarly sources, which is reviewed next.

Spirituality and Religion as Equivalent Interrelated Terms

From the literature review a different cluster of scholars were identified who submit there is no significant distinction between spirituality and religion. Lim and Putman (2010) use spirituality and religion as interconnected terms as illustrated in their presenting “subjective or spiritual aspects of religion” (p.927). Hill, Pargament, Hood, McCullough, Sawyers, Larson and Zinnbauer observed that “spirituality is a central and essential function of religion” (Hill, Pargament, Hood, McCullough, Sawyers, Larson & Zinnbauer, 2000, p.71). Another researcher noted that generally the terms religion and spirituality can be “used synonymously” (Dein, 2005, p.527).

As seen above in the search for definitions of spirituality and religion, academic research is heavily influenced by “Western Judeo-Christian perspective” (MacDonald, Friedman, Brewczynski, Holland, Salagame, Mohan, Gubrij, & Cheong, 2015, p.3). These authors note that this perspective often assumes that spirituality is defined within religious understandings. They go on to suggest that solving the challenge of differentiating between spirituality and religion is to hold that religion is spiritual and that both should be included in investigations. This promotion of religion and spirituality as expressing essentially the same set of ideas has significant implications related to research definitions and measurement.

Duke University researcher, Dr. Koenig, who specializes in spirituality/religion related to health, proposes that religion and spirituality be used “synonymously” (2009, p.285). This researcher is concerned that the definitions of spirituality/religion changing over time has resulted in multiple meanings adding needless complexity to the research on this facet of human experience. These multiple definitions along with increased interest in spirituality/religion leads Koenig to advocate for a narrowing of the meaning of the terms. “Either spirituality should be

defined and measured in traditional terms as a unique, uncontaminated construct, or it should be eliminated from use in academic research” (Koenig, 2008, p. 349). This statement comes out of research concerns that are more fully explored later in this paper. For now, it is important to note that some academics within the study of spirituality and religion present the terms as having very little or no distinction between them. However, another group of scholars, present spirituality as a term defined within religion, which we now review.

Spirituality Defined Within Religion

A third cluster of scholarly work reviewed presented spirituality as a central concern of, and defined within, a religious context. MacDonald identified that “intrinsic religiousness (aka “ends” or “ultimate” religion), simply defined as devout belief and practice of religion for its own sake, in contrast to extrinsic means, or instrumental religion which involves participation in religion for personal or social purpose” (2014, p.201). An example of this can be seen in historic understandings of Christian spirituality. Historically most denominational seminaries’ education, rooted in particular expression of the Christian religion, would offer Christian spirituality as part of the training for seminarians preparing to be religious leaders in their denomination (Civish, 2013; Jeynes, 2012). This is an illustration of religion defining spirituality.

Some scholarship presents the phrase intrinsic religion to mean accessing religion as a process to the spiritual life, while extrinsic religion describes a process where religion is a means to an end other than the spiritual (Jordan, Masters, Hooker, Ruiz, & Smith, 2014; Ross & Francis, 2010). When defining and exploring intrinsic religion, it is important to note that spirituality is the primary purpose (Saucier & Skrzypinska, 2006). In this understanding people either access the religious rituals, traditions, language, and/or beliefs to enter relationship with the divine/spirit or are interested in extrinsic religious practice with a focus on other goals

(Cecero, Bedrosian, Fuentes, & Bornstein, 2006; Magliocco, 2018; Steffen & Masters, 2005; Richardson, 1996).

In reflecting on intrinsic and extrinsic forms of religion one source notes that “both personal (intrinsic, extrinsic-personal) and social (extrinsic-social) forms of religiousness” can be attained (Aydin, Fischer, & Dieter, 2010, p.750). Spirituality is here understood as a category or aspect of religion. These authors further note that early psychological writings up to the present distinguish intrinsic and extrinsic religion. In extrinsic religion one might be part of a religious group or follow religious practices not to pursue spiritual ends but to some “self-serving or even antisocial goal” (Cecero, Bedrosian, Fuentes, & Bornstein, 2006, p.227).

Extrinsic religion is illustrated when people use religion for another purpose outside of spirituality, such as social status, social interaction, and/or public image (Sedikides & Gebauer, 2010; Smither & Walker, 2015; Tiliopoulos, Bikker, Coxon, & Hawkin, 2007; Wenger & Yarbrough, 2005). An example of extrinsic religion is seen in a person whose family system centers on religious practice, who chooses to be religious to maintain contact with and harmony within the family structure. Intrinsic religion is practiced when people access religion to spiritual ends. Some suggest that spiritual beliefs are expressed in “specific religious rituals” (Ellington, Reblin, Ferrell, Puchalski, Otis-Green, Handzo, Doyon, & Clayton, 2015, p.8). The person who is seeking connection to ultimate reality as understood in a particular religion, would access the rituals, practices, and sacred teachings of their religion as a means to that end. This is an example of intrinsic religion. Much of the literature summarized for this section related to ideas presented in the terms “intrinsic religion” and “extrinsic religion.”

Spirituality and Religion as Interrelated Terms

The fourth theme found within the literature presented spirituality and religion as both connected and distinct in their meanings. In the work done by Pargament, Mahoney, Exline, Jones, and Shafranske (2013) spirituality and religion are understood as being linked and different terms. They identify an interconnection between the religious and spiritual in people's lives are demonstrated in the "social and cultural forces, including religious group, age, ethnicity, family, community and culture ... over the life span. ... Thus, religion and spirituality are not only multidimensional constructs, they are multilevel phenomena as well" (p.6).

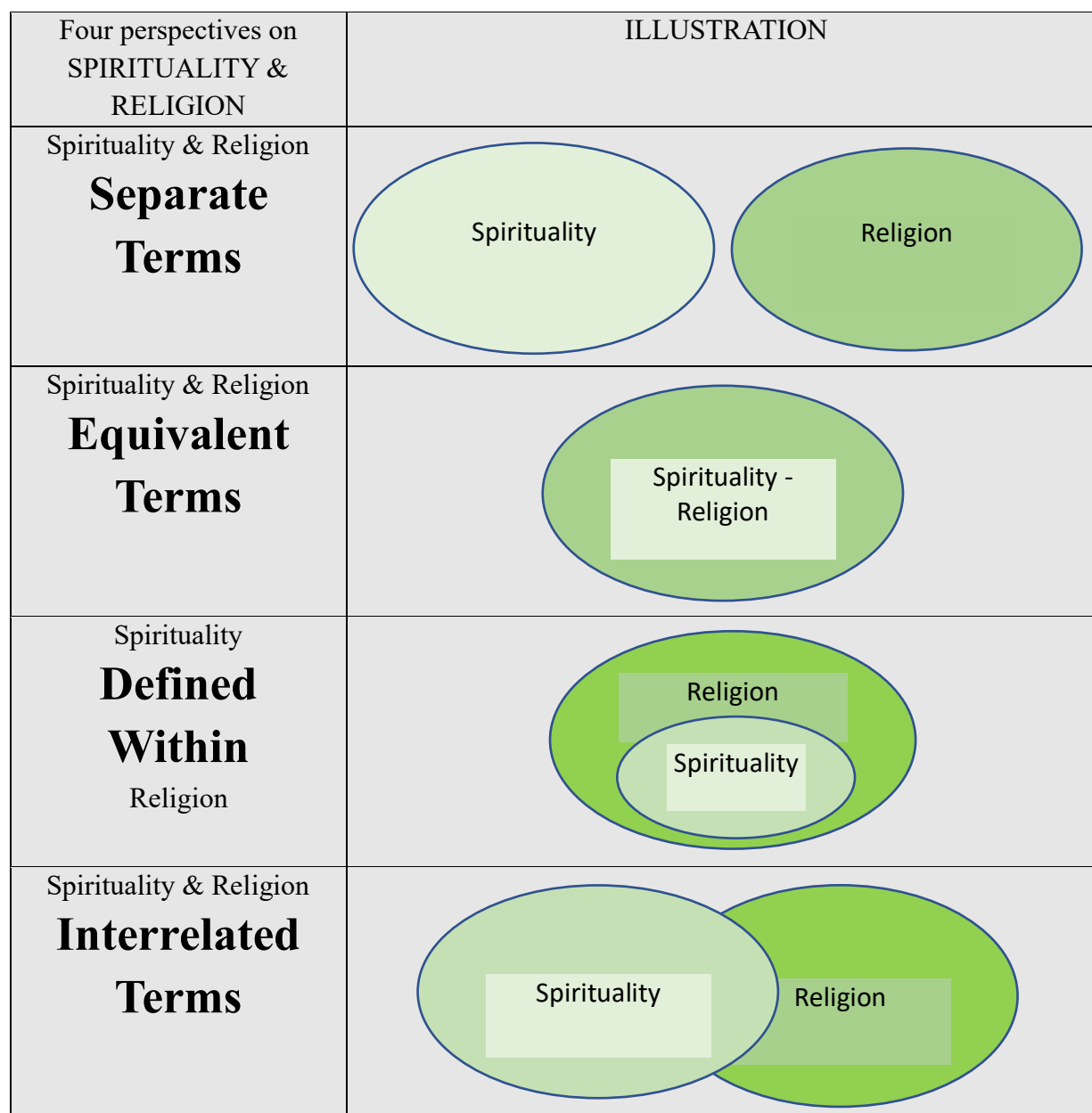
As noted above, a fourth cluster of scholarly literature presented spirituality and religion as both distinct and interrelated terms (Béres & Fook, 2020; Clarke, 2006; Ebimbo, Agwu, & Okoye, 2017; Stratton, 2015; Holloway & Moss, 2010; Moffatt, Oxhandler, & Baldwin, 2021; Mutter & Neves, 2010; Post & Wade, 2014; Walsh-Bowers, 2006; Wong, & Vinsky, 2009). In summarizing their understanding, one source noted that "spirituality and religion are not mutually exclusive" (Fallon, Dobmeier, Reiner, Casquarelli, Giglia, & Goodwin, 2013, p.39). A number of investigators describe these terms as distinct but overlapping (Garfield, Isacco, & Sahker, 2013; Unterrainer, Ladenhauf, Moazedi, Walner-Leibmann, & Fink, 2013). Spirituality/religion are "overlapping constructs...that central to the experience of both religion and spirituality is a search for the sacred; 'sacred' being defined as a divine being, divine object, Ultimate Reality, or Ultimate Truth" (Ivtzan, Chan, Gardner, & Prashar, 2009, p.917). These authors identify that religion can be a search for the spiritual as validated by the community. Similarly, Indigenous spiritualities are generally rooted in the traditions of their communities (Absolon, 2011; Baskin, 2016). Complexity is present in this dynamic, in that in the spiritual

search for the sacred, the exploration can be within a community, and others chose to individually engage.

This understanding of spiritual/religious is that for some people their spiritual life is in religion and so would claim an interrelationship, not a separation, between the two concepts (Dein, 2005). As noted above in other world religious traditions as well in many Indigenous worldviews, a symbiotic relationship can exist in spiritualities and religious systems. To argue that sometimes there is an interrelationship between spirituality and religion is to recognize “complexity and multiplicity of spirituality and religion” (Wong & Vinsky, 2009, p.1357). Another source notes that there is an “intertwined nature of spirituality and religion” which makes it difficult to present the terms as binary and unconnected (Hodge, 2015, p.220). It is the information presented by this fourth cluster of scholars that influenced my approach to this research investigation.

The Relationship of Spirituality and Religion: Summary of Findings

As evidenced in the above review of the literature, spirituality/religion is presented from one of four different perspectives. Academic understandings of the terms spirituality and religion are that these ideas are either separate, equivalent, one defined within the other, or interrelated. These four different scholarly understandings of spirituality and religion are depicted visually in Figure 2 below.

Figure 2*Models for the Relationship Between Spirituality & Religion*

Note: Figure 2 © Stewart J. Smith, 2018.

Spirituality/Religion in This Paper

Lavallée observed the complexity in understandings of spirituality and religion during a workshop she facilitated. She observed that spirituality was understood differently with one participant defining it as “how one walked with respect - respecting others and respecting

yourself’ for another “not religion; religion was separate from spirituality, although spirituality can be experienced through religion” and another as a “belief system, his values - like family community” (2010, p.143).

It is not my intention to produce the definitive answer to the questions raised about definitions and the relationship of the terms spiritual and religious (Johnstone, Cohen, Konopacki & Ghan, 2016). What has been identified above are some of the complexities in finding definitions and understandings of how the terms relate to each other (George & Ellison, 2015; Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000; Nongbri, 2013; Unterrainer, Ladenhauf, Moazedi, Walner-Leibmann, & Fink, 2013).

It is important to note that there are few who use faith in academic literature. Faith can be used to refer to a specific religion such as those in the “Christian faith” (Baugus, 2013, p.238); or a cluster of religions as illustrated in the phrase “monotheistic faiths” (Hill, 2010, p.18) or “faith traditions” (Lynn, Naughton & VanderVeen, 2009, p.228). Some literature noted specific groups as “faith communities” (Davie, 2012, p.273; Harr, 2014, p.157). A “particular faith (theological) perspective” referred to a religious group that holds to specific doctrinal belief systems (Nye, 2008, p.168).

Many writers who use the word faith often use it as an interchangeable term for both religion and spirituality (Benefiel, Fry & Geigle, 2014; deVires, 2005). A review of psychology research literature reports that “the term faith seldom appears in the research literature” and that among those who do use the term, none of the writers “distinguished faith from religiousness or spirituality” (Harris, Howell, & Spurgeon, 2018, p.3). This was also my experience in my review of the literature for this paper. For this reason, unless in a direct quote, the term faith is not used in this paper.

There is further complexity added to these challenges when considering the spiritualities of Indigenous peoples. Some follow traditional sacred teachings and do not generally refer to their stories as religion (Robbins & Dewar, 2011). Indigenous spiritualities were profoundly affected by European settlers' rejection of its legitimacy and the policy of forced conversion to Christianity (Absolon, 2016; Baskin, 2016; Tamburro, 2013). Religion and spirituality have varied meanings among Indigenous peoples, as is the case in Western societies.

In many cultures the meaning of the word "religion" is varied and has over time been defined in many ways including customs, culture, and practices (Nongbri, 2013). Along with Christian understandings of spirituality/ religion the terms are further complicated when considering how other various religious groups (Judaism, Islam) use these terms. It is the complexities found in the literature that has led me, along with others, to choose to use both spirituality/religion and spiritual/religious in this paper (Oxhandler & Pargament, 2014; Holloway & Moss, 2010; Wong & Vinsky, 2009). Although there are challenges in using these combined words, spiritual/religious best captures what is being focused on in my study.

In this research spirituality/religion is used to recognize that for some these ideas are interrelated and for others they are not (Hodge, 2015; Worthington & Aten, 2009). Approaching spirituality and religion as separate but interrelated terms is what is used for the remainder of the paper. Using both terms includes people who are spiritual but not religious, spiritual and religious, and religious but not spiritual. All these sub-categories will be considered. What these sub-categories have in common is that either spirituality and/or religion is being identified as having significant impact. For spiritual/religious clients this study seeks to identify what in their spiritual/religious experiences enhance or diminishes well-being. When referring to spirituality/religion in this paper I am using it to mean the experiences of clients as related to

their practices within their religious group, and or understanding of the divine-sacred, that informs how they live. My main interest is to identify what in spiritual/religious practices effects the well-being of clients. Identifying these variables informs what are best practices for social workers engaging with spiritual/religious clients. Having reviewed spirituality/religion it is also vital to this investigation to have a working definition of well-being.

Well-Being

Well-being is a term used by Indigenous scholars to mean a balanced or wholistic (holistic) life that includes the mental, social, spiritual and physical (Baskin, 2016; Fast & Montgomery, 2017; Kvarfordt & Herba, 2018; Mawhiney & Hardy, 2009; TRC, 2015; Vukic, Gregory, Martin-Misener, & Etowa, 2011). From Indigenous perspectives spirituality and well-being are connected (Baskin, 2011; Bartlett, 2005; Iseke & Desmoulins, 2011; Sasakamoose, Scerbe, Wenaus, & Sandrett, 2016). In part, a person's well-being can be negatively or positively affected by their lived experiences of spirituality. Indigenous holistic well-being is demonstrated in part by symbols and rituals.

These four elements of mental, social, spiritual and physical are represented in the "medicine wheel as a symbolic visual representation" and are "holistic definitions of health" (Sasakamoose, Scerbe, Wenaus & Sandrett, 2016, p.638). When presenting the reasons for ceremonies it is noted that these "promote spiritual, mental, physical and psychological well-being" (Robbins, 2011, p.3). Some have presented connections between spirituality and "planetary well-being" (Grey & Coates, 2013, p.356). Baskin, an Indigenous social work scholar, connects spirituality to "well-being" in individuals and communities (2016, pp.91,129), which relates directly to the social work principle of person in environment though with added

dimensions that are important to recognize (Kennedy-Kish (Bell), Sinclair, Carniol & Baines, 2017).

The term well-being is also used in Western perspectives. In Western literature the term well-being is commonly used. The United Nations Human Development Index (HDI) measures “well-being” (Cooke, Mitrou, Lawrence, Guimond, & Beavon, 2007, p.10; UNDP, 2020). There is support for the goal of this index and for its use around the world (Dervis & Klugman, 2011; Kidd, Frederick, Karabanow, Hughes, Naylor, & Barbic, 2015; Mahler, 2018; Reig-Martínez, 2012). The United Nations in the Universal Declaration of Human Rights declares a commitment to the freedom of choice related to spirituality/religion in section 18 of the declaration (UN, n.d). This United Nations’ commitment to freedom of religion combined with the Human Development Index focus on well-being, presents spirituality/religion and well-being as a desired common global experience. The term well-being is used as well in numerous counselling/therapy models in the West.

In the medical model literature, there are a variety of well-being measures related to mental health (Bullock, Currie, Guyn, & Williams, 2011; Ellison & Lee, 2010; Ferguson, Abi-Jaoude, Johnson, Saikaly, Woldemichael, Maharaj, Soklaridis, Nirula, Mahreen Hasan, & Wiljer, 2018; Sanyal, Asbridge, Kisely, Sketris & Andreou, 2011; Van Cappellen, Toth-Gauthier, Saroglou & Fredrickson, 2016; Wang, 2007). The well-being medical model literature identifies connections between the body and mind as illustrated by the term psychosomatics (Wang & Patten, 2007). Other connections are identified by some psychiatrists who note the importance of including social determinants when considering patient well-being (Vasiliadis, Tempier, Lesage & Kates, 2009). This holistic view of well-being is throughout the medical literature. These ideas related to well-being are also seen in psychology and other models of therapeutic counselling.

The counselling literature offers an assortment of conclusions related to well-being and spirituality/religious. In the review of counselling research, a broad literature was accessed which included numerous therapy models and helping professions' perspectives (Armstrong, 2016; Averett, Yoon, & Jenkins, 2012; Beagan & Hattie, 2014; Béres, 2017; Coates, Graham, Swartzentruber, & Ouellette, 2007; Corbett, 2011; Groen, Coholic & Graham, 2012; Land, 2015; Rovers & Kocum, 2010; St. James, 2014; VanKatwyk, P.L, 2003; Wong, 2013). By reviewing various disciplines' literature, further opportunity was given to consider perspectives from several helping professions, including social work practice, when working with spiritual/religious clients.

Well-being used in psychology and counselling, generally refers to “positive mental health” (McDowell, 2010, p.70). Well-being can further be presented as beneficial to mental health and includes “high self-esteem” and high “life-satisfaction” (Newcomb-Anjo, Barker & Howard, 2017, p. 877). Other aspects of well-being have been described as “enhanced quality of life” (McDowell, 2010, p. 69). McDowell, who includes spirituality in analysis, further notes that “at its core, well-being refers to contentment, satisfaction, or happiness derived from optimal functioning” (2010, p.70). Well-being produces enhanced “positive moods and emotions” (Shier, & Graham, 2010, p.403). Consistent with the above descriptions of well-being, Luhmann, Hofmann, Eid, and Lucas (2012) note that well-being is measured by “life satisfaction, positive affect, negative affect, happiness, quality of life and depression” (p.595). Well-being “refers to long-term affective states of emotional well-being as well as cognitive states of life satisfaction and meaning in life,” and “with pleasurable engagement with the world” (Emmons, 2005, p.732). When presenting well-being from a positive psychology perspective, Seligman (2011) notes that flourishing as a human being includes spiritual well-being. Another positive psychology source

notes that well-being includes “flourishing” which can be measured by “...(a) positive emotion, (b) engagement, (c) meaning, (d) personal accomplishment, and (e) positive relationships” (Elosúa, 2015, p.114). Generally, the understandings of well-being in the psychological literature is also presented by counselling scholars.

Counselling models similarly present well-being as including positive mental health and connection with others (Bains, 2011; Dittmar, Bond, Hurst & Kasser, 2014; McNulty & Fincham, 2012). When considering social work principles, community or “societal well-being” is the goal of social policy (Graham, Shier, & Delaney, 2017, pp.6-7). One source points out that it is “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (McDonald, 2011, p.242). It relates to people’s “optimal functioning” (McNulty & Fincham, 2012 p.101). In reviewing the use of the term well-being in the counselling literature there are some similarities related to the medical model and Indigenous worldviews. In all these models it is important to note that well-being is interrelated to the larger community.

Individuals and communities can promote well-being informed by holistic and ecological perspectives (Falicov, 1999; Kapoulitsas, & Corcoran, 2015; Tay & Diener, 2011). As noted, there are “multiple risk factors” in people’s environments that can promote or inhibit well-being (Newcomb-Anjo, Barker, & Howard, 2017, p.876). Examples of well-being related to environments can be found in research in the workplace (Csiernik, 2005; Shier & Graham, 2010) and membership in a sub-culture (Shaiah, Chang, Chiang, & Tam, 2016). The social work idea of connection between person and environment is an important principle that guided my research process. Both well-being within individuals and communities are explored in this paper. Spirituality/religion as seen in Indigenous wholistic approaches to well-being present

understandings of the individual within community and creation (Grey & Coates, 2013). Person in environment social work perspectives present a similar viewpoint. These perceptions have social justice implications, which will be considered in more detail later in relation to the critical frame being employed in this research.

Well-being includes the positive connections made at the levels of the mind, body, spirit, and relationships with others. This holistic view of well-being guided my investigation related to connections between well-being and spirituality/religion. Through this holistic understanding of well-being, Indigenous worldviews, the medical model, psychology and counselling models were reviewed. The focus of this examination included various positive and negative impacts spirituality/religion has on well-being.

Spirituality/Religion and Well-Being

The connections of spirituality/religion and well-being are identified in various manners in the literature. Some refer to it as “existential spiritual wellbeing (ESWB)” (Bormann, Liu, Thorp, & Lang, 2012, p.496), while others identify this as “spiritual well-being” (Malloch, 2021, p.6; Warden, Scourfield, & Huxley, 2017, p.752). For example, one researcher noted that there are “four domains of spiritual well-being: Personal domain where a person intra-relates with self; Communal domain, with in-depth inter-personal relationships; Environmental domain, connecting with nature; Transcendental domain, relating to some-thing or some-One beyond the human level” (Fisher, 2011, p.17). How transcendence relates to the self is one potential challenge when counselling spiritual/religious clients (Johnstone, Cohen, Konopacki & Ghan, 2016). This understanding of spirituality/religion as related to well-being is reflected in the counselling literature (Duckworth, 2016; Frankl, 2000; Morris, 2018). An example of this is demonstrated by one source that proposes three tracks or kinds of spirituality: “God-oriented,

world-oriented, & humanistic or people oriented” (Hill, Pargament, Hood, McCullough, Sawyers, Larson & Zinnbauer, 2000, p.56). Spiritual diversity is also noted by Corry, Lewis, and Mallett in their comment “that spirituality can be theistic—with or without a personal deity (pantheism)—or secular (i.e., not pertaining to a particular religious belief)” (2014, p.92).

Spirituality is presented by some scholars as rooted in “meaning and purpose” (Béres & Fook, 2020, p.14). Spirituality understood as meaning and purpose has the potential to connect individuals with themselves and the environments they inhabit (Grey & Coates, 2013; Malloch, 2021; Thompson & Moss, 2019; Wagler-Martin, 2005; Zapf, 2005). This is noted in the observation that “(s)pirituality is defined broadly as (t)he aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski, Kheirbek, Doucette, Martin, & Yang, 2013, p.57).

One challenge in the above definition is that high positive meaning making positively effects well-being but can be present in those with no spiritual/religious views (Randall, 2009; Scheel, Davis, & Henderson, 2012). Spirituality as meaning making refers to all aspects of life including a person’s subjective understandings of self, others, nature, and/or the cosmos (Béres, 2020; Cassar & Shinebourne, 2012; Perera, & Frazier, 2013; Seligman, Parks, & Steen, 2004; Watts, 2018). One research finding presents five categories of spirituality include theistic, nature, human, transcendent and self (Davis, Rice, Hook, Van Tongeren, DeBlaere, & Choe, 2015). Another source identifies various kinds of spiritualities which can be based in religion, humanism, nature or the cosmos (Worthington & Aten, 2009).

Summarizing the literature related to spirituality/religion and well-being, one source noted “the role of ReS (*religion/spirituality*) among different populations has shown inconsistent

results” (Lee, & Baumann, 2013, p.1). Some meta studies, articles on practice, and reviews of research literature related to spirituality/religion and well-being support that there are mixed results in the findings (James, & Wells, 2003; Ronneberg, Miller, Dugan, & Porell, 2014; Robertson, 2013; Sanders, Richards, McBride, Lea, Hardman, & Barnes, 2015; Toussaint, Marschall & Williams, 2012). Other meta studies find a direct connection between spirituality/religion and positive well-being but raise issues to be explored in future studies (Koenig, 2005; Moreira-Almeida, Koenig & Lucchetti, 2014; Smith, Bartz & Richards, 2007). These mixed results in the research indicates that spirituality/religion can have a positive or negative effect on well-being (Oakes & Raphel, 2008; Phillips, Pargament, Lynn & Crossley, 2004).

In that research results related to spirituality/religion and well-being varies widely, I have chosen to present my reflections on the spiritual/religious and well-being literature in the following manner: 1. positive effects; 2. negative effects; and 3. continuum of effects. After the review of these findings, consideration is given to possible explanation as to why there are such wide ranges in the conclusions of researchers, as well as to what this means to my research investigation.

Spirituality/Religion: Positive Effects on Well-Being

There are many research articles that conclude that generally spirituality/religion enhances well-being (Brown, Carney, Parrish, & Klem, 2013; Ellison & Fan, 2008; Ellison, Krause, Shepherd, & Chaves, 2009; Emmons & McCullough, 2003; Emmons, 2005; Garfield, Isacco, & Sahker, 2013; Greenfield, Vaillant, & Marks, 2009; Jackson & Bergeman, 2011; McEntee, Dy-Liacco, & Haskins, 2013; Tabei, Zarei, & Joulaei, 2016; Van Cappellen, Toth-Gauthier, Saroglou & Fredrickson, 2016). The literature that presents findings of positive

correlations and/or implied causal connections between spirituality/religion and well-being are across the helping professions. Some have found that “religious individuals exhibit better health and well-being” (Fenelon & Danielsen, 2016, p.49) and that “religiosity” has some “prosocial effect” (Galen, 2012, p.899). Ritual practices associated with enhanced well-being can include meditation and prayer, as well as attendance at religious gatherings (Harrington, 2018). These findings include psychological well-being positively affected by spirituality/religion.

In their literature review of the research on spirituality/religion McCullough and Willoughby (2009) note that “religiousness is also significantly (albeit weakly) associated with psychological well-being” (p.69) and that “prayer, meditation, religious imagery, and scripture reading all appear capable of serving self-regulatory functions” (p.85). These general statements make it sound clear that well-being is enhanced by spirituality/religion practices. This idea appears to be supported in studies about spirituality/religion as related to various aspects of well-being including social, emotional, and mental/psychological.

Several sources reviewed focus on spirituality/religion as it relates to one issue. These studies find spirituality/religion to enhance well-being (Zhang, Hook, Hodge, Coomes, Davis, Van Tongeren, Davis & Aten, 2021). The authors go on to imply that their findings are generalizable. One example of this is in a psychological study which presents a high connection between human flourishing and spirituality (McEntee, Dy-Liacco, & Haskins, 2013). In another investigation the authors note that the study implications for practice include the importance of identifying client spirituality which can positively affect social attachments, inner strengths and personal growth (McEntee, Dy-Liacco, & Haskins, 2013).

An additional investigation finding makes connections between spirituality, values, beliefs, world view, attitudes, sense of self, and meaning. The authors then conclude that there is

“evidence that identification and commitment to a spiritual belief system on a given day provide meaning and purpose in life, which in turn provides a platform for greater self-esteem”

(Kashdan, & Nezlek, 2012, p.1531). Some present that this principle of commitment to a spiritual belief system can be applied to everyone. For example, it is important to note that atheists identify with issues related to meaning which directly effects their well-being (Doane & Elliott, 2014; Strecher, 2016; Speed, Coleman III & Langston, 2018; Thompson & Moss, 2019). Sajja and Puchalski present that “(s)pirituality is defined as a search for meaning, purpose, and transcendence and a connection to the significant or sacred” (2018, p.656). The focus on spirituality as a means in finding purpose and meaning is also noted by other scholars (Cait, 2004; Duckworth, 2016; Fredrick, 2014; Koenig, 2005; Strecher, 2016).

A number of researchers have found spirituality/religion to have a positive effect on well-being. This is illustrated in numerous studies that link spirituality/religion to positive well-being (Ying, 2009). Areas researched that demonstrate this link can be identified in groupings of spiritual/religious people’s internal processes, how they interact within culture, and in their social connections (Luhmann, Weisman, Aulino, Brahinsky, Dulin, Dzokoto, Legare, Lifshitz, Ng, Ross-Zehnder & Smith, 2021).

In terms of how spirituality/religion impacts on the individual internal life, studies have concluded there is a higher overall mental satisfaction (Knoll & MacLennan, 2017); sense of purpose (Luhmann, Hofmann, Eid, & Lucas, 2012; McKnight, & Kashdan, 2009); increased self-acceptance (Luhmann, Hofmann, Eid, & Lucas, 2012); reduction in mental and emotional illness (Carney, Parrish, & Klem, 2013); an increased gratitude (Lambert, Fincham, Graham, & Braithwaite, 2009) and greater “existential well-being” (Lawler-Row, 2010, p.16). Another grouping of spirituality/religion investigation studies, identify positive impact on well-being is

noted in how people interact within culture. These spirituality/religion well-being studies include ones that identify increased positive lifestyle choices related to the use of substances (Chitwood, Weiss, & Leukefeld, 2008); and/or rejection of materialism (Dittmar, Bond, Hurst, & Kasser, 2014). Some spirituality/religion studies note positive impact on social connections which can include increased capacity related to forgiveness of others (Lawler-Row, 2010); coping and accessing social support (Bell, Busch, & Fowler, 2005; Cadell, Janzen & Haubrich, 2006; Canda, 2013; Cecero, Bedrosian, Fuentes, & Bornstein, 2006); and increased social connection (Aydin, Fischer, & Dieter, 2010).

A review of these studies presented some of the positive effects on well-being of spirituality/religion. If these studies were the only ones considered in this paper, then a less than full understanding of the overall research would be the result. What was also considered in my investigation was a large body of research that identified a variety of negative effects on well-being due to spirituality/religion.

Spirituality/Religion: Negative Effects on Well-Being

There are numerous reasons to question the assertions made in the above studies that spirituality/religion enhances well-being. For example, the findings of some studies challenge the assumption that religious service attenders have higher social well-being (Hastings, 2016; King, Marston, McManus, Brugha, Meltzer & Bebbington, 2013). As noted in one research paper, “religious involvement without a spiritual element could be termed empty religion, in which the salutary benefits of well-being have not been observed” (Ivtzan, Chan, Gardner, & Prashar, 2009, p.927). Further to this point, when reviewing intrinsic and extrinsic religion, researchers found that intrinsic religion is “associated with higher well-being” (Cecero, Bedrosian, Fuentes, & Bornstein, 2006, pp.226-227). Those who have a spiritual/religious practice for purposes other

than spiritual growth (i.e., family expectations, cultural norms, social connections), which is identified as the focus of intrinsic religion, may experience diminished well-being. There is more to understanding the relationship of spirituality/religious to well-being than simply measuring religiosity.

Some investigations have identified negative effects of spirituality/religion on well-being on differing groups of people (Ellison & Lee, 2010). Ex-evangelicals can ruminate about sin and punishment resulting in reduction in positive well-being (Fenelon & Danielsen, 2016). It is important to note that ex-evangelicals are a diverse section of the populations who might be involved in another form of spirituality/religion or not at all. The focus of the Fenelon and Danielsen (2016) study reflected findings related to those who left spiritual/religion organizations altogether. For some who are actively practicing spirituality/religion this can result in greater and/or more intense depression from “potentially negative features of religion/spirituality, such as belief in a punishing God” (Jordan, Masters, Hooker, Ruiz, & Smith, 2014, p.419). People in spiritual distress can experience “inner conflict, questioning, and anguish” (Ellington, Reblin, Ferrell, Puchalski, Otis-Green, Handzo, Doyon, & Clayton, 2015, p.12). These studies identify the harmful consequences on well-being of spirituality/religion in the lives of particular populations.

Studies that identify the negative effects of spirituality/religion on well-being in part informed this research. Explorations of research findings that conclude that spirituality/religion diminishes well-being were compared with other studies that came to the opposite conclusions. Consideration of why there are such varied research conclusions was essential in exploring what best practices might be in work with spiritual/religious clients. It was vital that these sources be reviewed along with the ones that concluded otherwise. It was important to consider all effects

on well-being identified in research to get a broader understanding of what was examined, as well as why when considering the larger body of research there were contrary conclusions related to spirituality/religion. I would suggest that the third body of research explored below gives some better understanding of the varied conclusions of all spiritual/religious and well-being analyses. The third grouping of studies reviewed does this by presenting a continuum of experiences related to spirituality/religion as related to well-being.

Spirituality/Religion: Continuum of Effects on Well-Being

The above noted research identify the negative or positive effects spirituality/religion can have on well-being. These findings are a challenge to further explore why there are such differing conclusions. Much of the literature reviewed for this study presented that spirituality/religion has wide-ranging effects on well-being (King, 2014). These varied findings were often identified as a result of the complexities within spiritual/religious experiences (Jordan, Masters, Hooker, Ruiz, & Smith, 2014; Kao, Peteet & Cook, King, Marston, McManus, Brugha, Meltzer & Bebbington, 2013; Mochon, Norton, & Ariely, 2011; Moore & Leach, 2016; Tovar-Murray, 2011).

MacDonald notes that we need to “keep in mind that spirituality can have both positive and negative influences on human functioning” (2011, p.207). Another source describes spirituality/religion and well-being on a continuum that can “enhance” or “undermine,” is “intrapersonal” and/or “interpersonal,” can involve “risks” that effect “resilience,” and can increase “risk” effecting “protective” factors (Jordan, Masters, Hooker, Ruiz, & Smith, 2014, p.418-419). These researchers introduce their findings in terms of a continuum in that spirituality/religion, in varying degrees, can undermine or enhance well-being. The investigators further note the complexity in assessing the impact related to a “wide variety of more complex

beliefs and experiences (Jordan, Masters, Hooker, Ruiz, & Smith, 2014, p.418), and the numerous “views/beliefs about God and others effect well-being” (p.427).

An illustration of this complexity can be better understood when considering the effects of participation in a spiritual/religious community on the individual client. It is important to note that “positive associations have been found between the extent of one's social connectedness and one's physical, mental, and economic well-being” (Hastings, 2016, p.2). This finding underscores the need to review multiple factors in measuring what some researchers have presented as straightforward connections between positive well-being and connection with a spiritual/religious community. It is not attendance with a group alone that enhances well-being, rather it is what kind of impact/effect the dynamics within the group and beyond has on the individual's life (Adelson, 2000; Davie, 2012; Sullivan, Pine, Cheney, Hunt, Haynes, & Sullivan, 2014). One researcher, in considering positive and negative impacts, identified that “religious service attendance is equally strongly related to both domains of subjective well-being” (Lim, 2015, p.684). Furthermore, the author notes that “religious participation and subjective well-being varies across different religious traditions” (p. 685). Regular attendance at religious services alone is not enough to measure impact on well-being. Rather, consideration of a number of variables such as the kind of religious community, what it means to the individual, and the community as related to the dominant culture, need to be factored in when studying spirituality/religion and well-being. The last point is underlined in the observation that attendance of religious services of a group that is “not part of the dominant culture or is held in suspect (i.e., Islam after 9/11) has varied impact on well-being” (Lim, 2015, p.685).

In another inquiry of spirituality/religion and well-being, the authors conclude that the reason spiritual/religious people have increased well-being is “because they regularly attend

religious services and build social networks in their congregations.... We find little evidence that other private or subjective aspects of religiosity affect life satisfaction independent of attendance and congregational friendship” (Lim & Putman, 2010, p.914). These researchers suggest that it is social networking and nothing more that accounts for the higher well-being of religious folk who regularly attend their religious community gatherings. The researchers submit that prayer, reading, spiritual experiences, and beliefs do not appear to have a significant impact on well-being. It could be argued that the findings of this study are more directly related to social well-being in that social networking can take place in many settings that are not spiritual/religion. The Lim and Putman (2010) study interpretation attempts to identify a singular variable in spirituality/religion as the only one that enhances well-being. This is another illustration of a research conclusion in which the researchers do not acknowledge the complex subjective understandings research participants have related to spirituality/religion. There are multiple factors involved in peoples’ spiritual/religious experiences that impact their well-being.

Although Ivtzan, Chan, Gardner, and Prashar, (2009) found evidence that spirituality/religion is strongly associated with positive mental health and psychological well-being, they note that it can be helpful or a hindrance to well-being. They summarize their findings about spirituality/religion as: “*Helpful*: support system, response to existential questions, coping, shared understanding, protective effects re addictions or suicide. *Harmful*: judgmental, alienating, exclusive, stress or guilt, religious doubts” (p.916). The conclusion of this study supports active meaningful spirituality as key to psychological well-being and note that, “(s)pirituality can be on one’s own or within a faith community” (Ivtzan, Chan, Gardner, & Prashar, 2009, p 927). The approach taken by these researchers is another example of acknowledging complexity in the study of spirituality/religion and well-being.

Overall, the research I reviewed presented a continuum of the effects of spirituality/religion on well-being. It is with this understanding that my research study analysis was done. The varied and complex nature of spirituality/religion, the other multiple systemic influences, and the subjective experiences of clients, all need to be considered in research on well-being as related to spirituality/religion. There are multiple factors in spirituality/religion that can negatively or positively contribute to clients' well-being. The numerous factors related to what contributes to these seemingly contradictory sets of findings have been explored in the above section. As well there are two that need further consideration for this research, namely definitions and research measurements.

Issues in Research of Spirituality/Religion and Well-Being

In their research, Jackson and Bergeman observed that spirituality and religion are “connected to well-being, but it is unclear how, that is, what is operating” ... “Religiousness and spirituality (R/S) are consistently linked with positive indicators of well-being, but the mechanisms behind these associations remain largely unknown” (Jackson & Bergeman, 2011, pp.149,159). There are research concerns related to definitions of spiritual/religious, as well as how to measure these human experiences as related to well-being (Best, Butow, & Oliver, 2015; Corry, Lewis, & Mallett, 2014; King, 2014; Kuo, Arnold & Rodriguez-Rubio, 2014; Pargament, Lomax, McGee, & Fang, 2014; Ross, & Francis, 2010; Sawatzky, Ratner, & Chiu, 2005). As observed above, there are a variety of definitions and experiences of spirituality/religion. This has significant implications on research.

Definitions and Research

As understood by McLaughlin the “Truths in spirituality transcend empirical testing” which leads to the conclusion that there is “no need for a psychological definition and

emphasized that it is no more psychology's task to define spirituality than it is its task to define concepts like art and sports. Rather, its mission is to investigate, explain and comprehend the human involvement in these domains" (2004, p.114). A number of academic investigators promote the idea that the lack of clear definition related to spirituality/religion must be recognized by researchers. "Since all science is essentially exploratory, the current lack of consensus should not be regarded as a hindrance but rather part of the necessary research process" (Corry, Lewis, & Mallett, 2014, p.91). From this vantage point, spirituality/religion is directly connected to another aspect of well-being. This concept can be illustrated when considering that it is not spiritual well-being but social well-being that can be enhanced when the human need to be socially attached is met through ongoing connection with a spiritual/religious community.

It is argued that if positive mental health attributes are identified as spiritual then research on the connections between spirituality and psychological well-being become meaningless (Speed, Coleman III & Langston, 2018; Visser, Garssen, & Vingerhoets, 2017). One illustration can be found in the research conclusion that spirituality/religion enhances well-being when variables as forgiveness, optimism, benevolent attributions, and kindness are practiced (McNulty & Fincham, 2012, pp.102-105). This finding is easily challenged by identifying that atheists can also possess variables as forgiveness, optimism, benevolent attributions, and kindness. In such cases it is being argued that these spiritual categories should be identified as psychological ways of enhancing well-being. Further to this point, this concern can also be seen in an exploration of mindfulness practice in Western therapies rooted in the "traditional Buddhist approach to meditation" where the technique is promoted without learning about or acknowledgement of

Buddhism (Shonin, Gordon, & Griffiths, 2014, p.859). The benefits of meditation could be experienced by individuals who do not or do identify as spiritual/religious.

The research challenge related to spirituality/religious definitions being so vague means that positive/good mental health ideas could be identified as spiritual/religious thus producing biased conclusions (Visser, Garssen, & Vingerhoets, 2017). If that was part of research then studying the effects of spirituality on mental health is “meaningless and tautological” (Koenig, 2009, p.285). The implications of research understandings of spirituality/religion can also have an impact on research done on spirituality/religion as related to well-being.

As noted earlier there are many different academic understandings of spirituality/religion. The differing definitions taken by researchers influence what is explored, how research is constructed, and the conclusions presented (Schilbrack, 2013). Researchers with a bias that values spiritual but not religious understandings might assume a binary of “good - bad as well as institutional – individual” in their research process and conclusions (Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000, pp.64). This type of bias would inform the research throughout, with these binary assumptions guiding the interpretation/conclusion of the findings (Humphrey, 2015). As noted by Hill and Edwards, a “concern particularly relevant to many measures of contemporary spirituality is the preference to study spirituality free of any religious or even social context, with the goal of developing a construct and its corresponding measure to be as generalizable as possible” (2013, p.53). Research informed by this binary view of spirituality/religion would miss the complex, nuanced and diverse spiritual/religious experiences of people (Limb, Hodge & Alboroto, 2020).

Another challenge related to definition is that “(s)pirituality can mean many things in popular usage” (Fisher, 2011, p.18). Koenig identifies that in “some secular areas of the world

where religion has become less popular, the term spirituality has been gutted of most of its religious content and has been redefined in terms of human values or mental health” (2008, p.353). In Western culture the dominant discourse on spirituality presents the definition in increasingly vague terms which includes fulfilling, moving, important, and worthwhile. It is important to consider that “the term ‘spirituality’ is invoked to describe ideologies or lifestyles that do not invoke notions of the sacred in one way or another, they are not spiritualities at all, just strongly held ideologies or highly elaborated lifestyles” which might include “ideologies such as vegetarianism” (Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000, pp.64). If this last category of vegetarian was included in a research project, then a militant atheist who is also a vegetarian, could be identified as having positive well-being due to their spirituality/religion. There are other academics that acknowledge the above identified concerns and advocate for clear distinct definitions to be used.

For many researchers there is an identified need for distinct definitions for both spiritual/religious research and clinical applications (Koenig, 2008). Distinct definitions have been presented by some academics. For example, Cecero, Bedrosian, Fuentes, and Bornstein write that “spiritual well-being has been defined, operationalized, and validated in the literature as a sense of well-being in relation to God and a sense of life purpose and satisfaction” (2006, p.225). It has also been suggested that “(s)pirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski, Kheirbek, Doucette, Martin & Yang, 2013, p. 57). In an attempt to narrow the scope of the term, Koenig suggests that “spirituality should be measured using questions about public and private religious beliefs, practices, rituals, ceremonies, attitudes, degree of commitment, and

level of motivation, that are appropriate to the faith traditions” (2008, p.354). Another source presents spirituality as “grouped into the three categories described as “God-oriented, worldly-oriented with an idolatrous stress on ecology or nature, or humanistic, stressing human potential or achievement” (Fisher, 2011, p.20). Although these authors do put clear parameters within their definitions, it is unlikely that academic communities will embrace singular definitions of spirituality/religion. However, each of the above suggestions related to definitions give clarity as to what the researchers mean when they are investigating this topic.

The issues that emerge in research related to definitions of spirituality/religion have direct impact on how research is done (Jackson & Bergeman, 2011; Rogers, Wattis, Moser, Borthwick, Waters & Rickford, 2021). The use of broad and varied definitions of spirituality/religion results in “using contaminated measures” (Koenig, 2008, p.353). Due to “little agreement among researchers regarding how to best define spirituality, and, as a result, there is a large array of measures now available that differ markedly from each other in what they are assessing” (Migdal & MacDonald, 2013, p.274). It is from this perspective that I approached the research literature, making every attempt to identify what the authors’ definition of the terms were for them as researchers.

Throughout my dissertation every attempt was made to present what I understood terms to mean, how I came to these understandings, as well as to how these terms inform the research analysis. Further to this, I endeavored to do the same when interviewing the research participants for this investigation. In each of the eleven interview questions, clarification was sought by asking the participant to respond to my summary of their thoughts, asking supplementary questions to better grasp participants’ ideas, and exploring examples in practice presented by each participant. Following the interviews with the research participants I repeatedly reviewed

the transcriptions of the interviews throughout the coding process. The literature review, critical reflection, and ongoing study of the interview transcripts of the research participants, were the main sources accessed throughout the analysis done in this investigation. The complexity in the literature related to spirituality/religion identified queries connected to definitions, impacts on well-being, and connections to therapy/counselling practices. These challenges informed my entire research process in that questions related to best practices when engaging with spiritual/religious clients were either refined or new ones created. The above noted challenges related to definitions and impacts on mental health is further illustrated when considering research measurements of spirituality/religion and well-being.

Measurement Scales/Instruments

There are numerous ways social science researchers have attempted to understand and measure spirituality/religion. “Miller and Thoresen (2003) stated that spirituality and religiosity are best described as *latent constructs*, which are complex and multidimensional variables. Therefore, such complexity in a construct implies that no single assessment instrument can adequately capture its meaning” (Brown, Carney, Parrish, & Klem, 2013, p.109).

There are “a number of complicating factors in studying spirituality and religiosity” that confound what quantitative and qualitative measures should be used to understand these subjective experiences (Brown, Carney, Parrish, & Klem, 2013, p.108). There are a variety of issues present in the vast and varied different forms of spirituality/religion being measured with wide ranging psychological assessment tools (Clarke, 2006; Dreyer & Dreyer, 2012; Exline, Wilt, Stauner Pargament, 2021; Hodge, 2001; Hood, 2013; Oxhandler, & Parrish, 2016). Many researchers note that there are over a 100 different research measures/tests of spirituality have been used in current spirituality/religion research (Cecero, Bedrosian, Fuentes, & Bornstein,

2006; Hill & Edwards, 2013; Ivtzan, Chan, Gardner, & Prashar, 2009; MacDonald, 2014). One source identified over 125 spirituality/religion measurement instruments that can be subdivided into 17 categories (Brown, Carney, Parrish, & Klem, 2013). Migdal and MacDonald (2013), in a review of psychology literature, found that since the early 1980s there have been 275 quantitative scales/instruments used to measure spirituality/religion. Some of these quantitative scales/instruments were created for a specific research project and never used again. Other scales/instruments stopped being used for a variety of reasons, including scales/instruments deemed as better replacing older ones (Migdal & MacDonald, 2013).

Measurement tools need to be critiqued to identify what specifically is being measured and if researchers' bias have interfered in the construction of the measure (Cantrell, 2016; Luhrmann, 2020). One example of issues with the research measures was found in an existential (spiritual) well-being scale which appears to measure well-being rather than spirituality (Migdal & MacDonald, 2013). In another review a "scale based on the European religious/spiritual background" was unhelpful in researching people whose spiritual/religious background was based in other parts of the world (Unterrainer, Ladenhauf, Moazed, Walner-Leibmann, Fink, 2013, p.204). It is important to acknowledge that Indigenous spiritualities are generally different from colonial Canadian understandings of spirituality/religion, which has implications for what, if any, research measurement instruments could be used (Absolon, 2011; Baskin, 2016). This dynamic needs to be factored into any research done related to Turtle Island/Canada. Along with the difficulties of definitions of the terms, there is this additional problem of identifying how many spiritual/religious measurements/scales exist and which ones are useful for a particular research project. It is clear that academics do not agree on how to proceed in research when considering these additional issues of spiritual/religious scales/instruments (King, 2014).

The issues raised regarding definitions and measures create a number of questions including “what is the best way to study spirituality? Positivist, quantitative, universalistic or hard?”; and what about “researcher bias and large community bias?” (MacDonald, 2014, pp. 198-199). The critiques of the research on spirituality/religion and well-being have implications for both the content of this paper and my future research. Although there are challenges, there continues to be assertions by researchers that there is a “unique contribution of spirituality-related variables to well-being” (Kashdan, & Nezlek, 2012, p.1524).

Definitions in Research and Clinical Work

In identifying the importance of terms and measurements related to spirituality/religion research, many investigators identified that spirituality/religion must be included in research to better understanding human beings (Figure 3).

Figure 3

The Need to Study Spirituality/Religion

Ostensibly, if spirituality studies are going to make any lasting contributions to knowledge, professional practice, and the human condition as a whole, then the basic problem of delineating what spirituality is and is not in terms that are consistent with, and verifiable by, science seems to be of primary importance... Given the difficulties cited above, this requires that we first demonstrate prior assumptions regarding (a) how spirituality fits within the naturalistic paradigm, (b) how spirituality can be meaningfully understood through symbol systems and language, and (c) whether or not it is its own domain or is best understood as a component of another domain of human functioning.

Note: quote from MacDonald, 2014, pp.199-200.

In that the issues of definitions and what measures are present, it is best for researchers to “construct definitions to be transparent and focus on the area of research interest” (Swinton, 2014, p.163). In an attempt to follow this insight of Swinton, for this paper I made every effort to be transparent about all aspects of the research. In that there is much overlap in the research

related to positive mental health and spirituality, every effort was made to uncover definitions and measures used in the diverse literature. Galen identifies that there are many “effects attributed to religious processes that can be explained in terms of general nonreligious psychological effects” (2012, p.876). This raises the issue related to causal and correlational relationships between psychological well-being and spirituality/religion.

Given all the questions around research issues related to terms and measurement, I chose to approach this research using a constructivist grounded methodology. This qualitative study approach focuses on the use of research literature as well as participant interviews to better understand various perspectives. This approach allows for all voices to be heard, contrary opinions to be considered, and for me as a researcher to present my findings. Although more will be shared in the Methodology section about constructivist grounded theory, for now it is important to note that my research is focused on better understanding the research and stories of the research participants. This understanding will allow me to contribute to more informed ways for social workers to engage positively with spiritual/religious clients.

It is evident that there is a continuum of responses to spirituality/religion and the impact on well-being. There was a need in this investigation to move beyond binary thinking about the topic. The complexity of people’s lives and the varied impact spirituality/religion has on well-being must be considered to work effectively with clients (Gilligan & Furness, 2006). This has direct connection to my research question related to best practices for social workers engaged with spiritual/religious clients. Koenig suggests that counsellors should “be aware of the religious and spiritual activities of their patients, appreciate their value as a resource for healthy mental and social functioning, and recognize when those beliefs are distorted, limiting, and contribute to pathology rather than alleviate it” (2009, p.283). The complexity of

spiritual/religious experiences is another factor to be considered in my research. For example, among the various Christian denominations there is great diversity that needs to be taken into consideration when studying spirituality/religion (Tiliopoulos, Bikker., Coxon, & Hawkin, 2007). Sexual orientation understandings in Christian denominations is one example of diversity and complexity, with groups within that religion holding views ranging from homophobic through to affirming Queer folk (Balkin, Watts & Ali, 2014; Cadell, Janzen & Haubrich, 2006; Migliorini, 2019; Ridinger, 2017; Tobin and Moon, 2019; Woodside & McClam, 2018). Beyond Christian denominations, this complexity and variety of ideas can be identified in most spiritual/religious groups (Nye, 2008; Roberts & Yarmane, 2016).

There are many other studies that acknowledge the complexity of spirituality and the continuum of human responses to it (Garfield, Isacco, & Sahker, 2013; Schuurmans-Stekhoven, 2011; Steffen & Masters, 2005). Steger and Frazier identify “understanding why and how religion contributes to well-being represents the next stage of research” (2005, p.574). The varied research conclusions in the literature give support to the idea that there are multiple variables that influence people’s spiritual/religious experiences as related to their well-being. This information is useful for social work practitioners in identifying and implementing best practices with spiritual/religious clients. What also impacts these findings include the multiple influences in how research is done. Both these will be further reviewed using structural analysis, identifying Indigenous concerns, considering both public sphere and human rights, as well as accessing the research in several helping professions. These sources are reviewed to better understand the complex context in which the research question is situated.

Critical Theory

In this section, the rationale for the use of critical theory as the frame I am employing for this research is given. I begin with a review of some of the complexities of spirituality/religion and well-being when working with clients, and in that context how an exploration of critical theory can inform this research. The principles of critical reflection on practice follow along with further explanation as to how the principles were incorporated into the research process. There is also a presentation of how reflection on practice mediated critical theory specifically related to my multiple identities as a social work researcher. In the final part of this section the focus is on how the above ideas informed the entire research.

Spirituality/Religion

As noted in the introduction section, in my counselling work with spiritual/religious clients there was not a singular and/or simple variable that would help identify whether the spiritual/religious aspect of their lives was helping or hindering their well-being. Assessing the impact on clients was a far more complicated and nuanced process which did not lead to clear singular conclusions. Based on my clinical experience, I suspect there is a continuum of variables to consider rather than simple categories that would help identify the impact on the well-being of spirituality/religion on clients. Within clients there are complex variables that attract them to certain expressions of spirituality/religion (Ross & Francis, 2020). As will be seen, there are numerous examples of the complexity of the human experiences of spirituality/religion, both in my work as a therapist and in the literature (Adelson, 2000; Corrette, 2013; Garrity, 2010; Granello, 2010).

Some of the clients with whom I have engaged, identified as having spiritual/religious practices that were highly prescriptive; what could be identified as fundamentalist (Cole, 1963;

Ross, Francis & Craig, 2005; Schick, Jaffee, & Watkinson, 2004). These clients connected with fundamentalist groups often identified that several of their needs were met by their spiritual/religious association with such groups, including feeling safe, belonging, having a sense of order, morality, and/or clear meaning in their lives (Glassman, 2018; McKay & Whitehouse, 2015). There are, however, often other components of practicing a prescriptive spirituality/religion (fundamentalism) that caused them to seek help. Some clients have identified concern about their spiritual/religious group's lack of intellectual rigor, unrealistic or magical views of spirituality, hostile views of those who believe differently, and/or homophobic beliefs (Fallon, Dobmeier, Reiner, Casquarelli, Giglia & Goodwin, 2013; Leighton, 2014; Sherbersky, 2015). In terms of well-being, these clients have a mixture of experiences and reactions related to spirituality/religion. Some aspects of their connections with a fundamentalist group help and other aspects hinder their well-being (Leighton, 2014). It is not an easy task to declare connections with fundamentalist groups as all or nothing in terms of the impact on the well-being on clients. This is another example of the complexity of determining with clients the relationship their spiritual/religious practices have to their well-being.

Clients' spiritual/religious connections are most often nuanced interactions, which challenge binary analysis of spiritual/religious experiences and well-being. As a counsellor I often wondered what to do when a spiritual/religious client identifies enhanced wellbeing at the expense of systemic justice. For example, someone who identifies several positive outcomes of being connected to a homophobic religious group, is part of the perpetuation of homophobia (Balkin, Watts & Ali, 2014; Kazyak, Burke & Strange, 2018). For me there has never been a simple clear process in terms of what my role as a counsellor is in the lives of clients who are associated with such a group. Challenging injustice and supporting a client's choice are options

present in the example above, with a host of other variables for me to consider as a counsellor. It is another example of the multifaceted issues around individual choice and the common good (Dershowitz, 2004; Moore, 2007; Sherbersky, 2015).

It is within these nuanced complexities that I wanted to investigate what social workers and others in the helping professions, aware of these multifaceted issues, consider when working with spiritual/religious clients. This analysis was informed by both theoretical approaches related to systemic issues, as well as various therapeutic approaches that assist clients. This research is an academic exploration with a focus on clinical implications.

I was interested in how spirituality/religion helped or hindered well-being. Both the well-being of the client and the larger society were considered. Reflecting on why spirituality/religion is included in clinical work, Swinton notes “spirituality in healthcare is a pragmatic rather than an ontological description. In other words, definitions of spirituality as they are used within healthcare are more interested in what the concept does than what it is” (2014, p.163). Swinton’s comments reflect my approach to this research. In 1902 William James (1978) published his work related to the concerns of religion in counselling. In his book, for those in the helping professions, James presented guidelines that focused not on the religious beliefs the clients held, but rather the impact the religious beliefs had on the well-being of clients. It is this distinction made by James, the impact on the well-being of clients of their beliefs regarding spirituality/religion, which is of prime interest in my investigation. James’ principles related to spiritual/religious clients are still applied by many in the helping professions today (Canda, Furman & Canda, 2020; Captari, Hook, Hoyt, Davis, McElroy-Heltzel & Worthington, 2018; Leighton, 2014).

To research best practices for social workers engaging with spiritual/religious clients, part of the focus was on clinical measures related to the impact of spirituality/religion on client well-being. In my study, definitions of terms needed to be precise to produce greater clarity regarding what was being examined in this research. This principle was followed in my study but some flexibility around meaning, and definitions of spirituality/religion needed to be built into the research process to be inclusive. In clinical work, spirituality/religion is defined by clients describing their own subjective experiences (Koenig, 2008). The lived experiences of the research participants identified this subjectivity in spiritual/religious clients they worked with. Along with considerations of clients, the research participants themselves generally lacked a precise definition of these terms. These subjective multifaceted experiences harmonized with the literature that was reviewed which presented multiple definitions, sometime contradictory of other scholarly definitions. In my study there was an attempt to consider the research participants and the literature regarding the clinical concerns being investigated. This process is another example of the multifaceted considerations that needed to be reviewed in this investigation into best practices related to clients' spirituality/religion and well-being. Both the complexities of the research subject, and an interest for individual and collective justice to be supported and enhanced, led me to utilize critical theory for this project.

Critical Theory in Research

Western dominant cultural norms can permeate all aspects of life including academic. Said identified “the development of dominant discourses and disciplinary traditions in the main fields of scientific, social, and cultural inquiry” with “the paradigms for this topic have been drawn from what are considered exclusively Western sources” (1993, p.41). Western Eurocentric cultural norms have dominated many academic fields including social work (Dumbrill & Yee,

2019; Mbakogu, 2020; Welton, 2013). Historically this has meant that a truncated binary view of knowledge prevailed in the academy in that non-European sources were not considered (Absolon, 2011; Connell, 2007; Robbins & Dewar, 2011; Takayama, Sriprakash, & Connell, 2015). For the promotion of social justice, it is vital to move away from imperialist Eurocentric inquiry and toward an increasing inclusive approach to research. The term critical comes from analysis rooted in “left of centre theories” that focus on the promotion of social justice (Smith, 2007). This was done in this investigation by applying critical theory to research analysis (Cait et al, 2021; Connell, 2007; Dumbrill & Yee, 2019).

In social work research, analysis using critical theory is of central importance to social justice work (Hair, 2015; Johnston-Goodstar, 2013; Lundy, 2011; Maiter, 2011; Mullaly & West, 2018; Profitt, 2010). One critical theory “principle utilized here is that of self-determination and emancipation. One of the critical theorists’ main philosophical goals was to change society rather than just explain it” (Lunn, 2009, p.938).

Critical theory is “an overarching term that encompasses a number of theoretical frameworks, including, but not limited to, feminist, post-structural, queer, and anti-racist theories” (Weinberg, 2020, p.60). Critical theory has also been described as an “umbrella term” (Kennedy-Kish (Bell), Sinclair, Carniol & Baines, 2017, p.78) which includes various frameworks/theories such as feminist, anti-racist, and post-colonial analysis (Lai, 2017; Mullaly, 2007; Murray & Hick, 2010). Systemic or structural analysis is used in critical theory to identify the creation and sustaining of oppression, as well as strategies for change to promote increased social justice (Brown & MacDonald, 2020; Dunk-West, 2018; Eindinder, 2020; Harding & Jeyapal, 2018; Lai, 2017; Warkentin & Sawatsky, 2018). One reason for accessing critical theory is to identify systemic injustice, and work toward increasing positive change throughout society

(Carpenter & Mojab, 2013; Dumbrill & Yee, 2019; Harding & Jeyapal, 2018; Swan, 2009; Weinberg, 2020). In Canadian social work literature, critical theory is presented as centrally important for the analysis of structures/systems within society, abuses of power that oppress certain groups within a community, and the work for change so that society achieves social justice for everyone (Bains, 2007; Brown & MacDonald, 2020; Chappell, 2014; Dumbrill & Yee, 2019; Iser, 2018; Kurasawa, 2007; Lai, 2017; Mullaly & West, 2018; Niederberger, 2018; Swan, 2009; Truell & Banks, 2021).

For therapists informed by critical theory there is complexity in the helping process. For example, clients identifying enhanced well-being due to being part of a fundamentalist religious community that holds homophobic beliefs, raises important questions for therapists. There is a conflict coming from critical theory analysis and commitment to having client-centered services. These considerations could be described as the tensions created in pragmatically viewing individual spiritual/religious experiences and considering systemic issues. These kinds of issues draw attention to the importance of critical reflection in practice. Recognizing these challenges, every attempt was made to have critical theory infuse my research in the hope that the results would promote increased equity.

There are numerous critical frameworks within critical theory that can be applied to issues related to spirituality/religion as related to social work practice (Boyd, 2012; Gardner, 2016). Several informed my research. One framework is critical race theory which focuses on analysis of intersectionality (Crenshaw, 1995; Dumbrill & Yee, 2019; Eindinder, 2020; Fraser & Seymour, 2017; hooks, 1995; Lorde, 1981; St. Clair, 2008). The principles of critical race theory analysis can include consideration of discrimination based on gender, race, and religion (King & Franke, 2017). Another framework within critical theory, postmodernism, was used.

Postmodernist analysis invites us to move away from ideas of one truth (“dominant meaning”) and to embrace multiple perspectives (Dumbrill & Yee, 2019, p.72). Postmodernist informed analysis would be evident in social work practice where various spiritual/religious views are welcomed (Béres, 2012). Both critical race theory and postmodernism, were applied to this study. Along with these frameworks, there were several theoretical lenses within critical theory that informed my research. These theoretical frameworks are identified and defined below, as well as in the methodology and discussion sections of this paper.

My research is guided by constructivist grounded theory which embraces critical theory, as well as subjectivity, and social construction (Charmaz, 2014; Honneth, 2018). In the methodology section of this paper each of the theories within constructivist grounded theory is further explored. The critical theory accessed for this research directly relate to issues around spirituality/religion and well-being are noted later in this section of the paper. The application of critical theory used in this research project was mediated using critical reflective practice throughout the research investigation.

Critical Reflection on Practice

The variations in the literature on the terms used to describe the role of reflection in the helping professions’ practices and research include reflexivity, critical reflection, and reflectivity (Béres & Fook, 2020; Bolton, 2010; Liechty, 2018; Pillow, 2003; Shragge, 2007; Smith, 2011). The above terms invite social workers to consider critical theory analysis and the possible implications for practice (Gardner, 2020; Mandell, 2007). These nuances related to reflection in research are noted below in Table 4.

Table 4*Summary of Reflexivity and Related Concepts and Main Features*

Concept	Keyword(s) definition	Focus (who)	Consequences
Reflexivity (first variation)	Self-actualization Information processing Reflection-in-action Knowledge as ‘truth’ Situated knowledge Certainty.	Client (as citizen) Universal (citizen)	Emancipation for individuals as citizens
Reflexivity (second variation)	Critical awareness of self Reflection-in-action Knowledge as social construction Situated knowledge Ambiguity about generalizability of knowledge Uncertainty.	Social work practitioner Social researchers	Emancipation for clients’ social change
Reflexivity (third variation)	Role of self/cognition/emotion/ power in knowledge creation As above Critical reflection Critical awareness of self Role of self/cognition/emotion/ power in knowledge creation Reflection on action Knowledge as truth/social construction Knowledge as generalizable Certainty/uncertainty.	(as above) Social work practitioner Client	(as above) Emancipation for clients Social change
Reflectivity	Process of reflection on knowledge building.	Social researchers	
Critical reflectivity	Knowledge of self in relation to social structures.	Social work practitioner	Social change

Note: Table 4 from: D’Cruz, H., Gillingham, P. & Melendez, S. (2007). Reflexivity, its Meanings and Relevance for Social Work: A Critical Review of the Literature. *British Journal of Social Work* (2007) 37, p.84.

This research project was guided by the principles from critical reflection on practice (CRoP), a framework based on the work of Béres and Fook (2020). Although critical reflection on practice principles guided my process, I also accessed the ideas in the different “variations” noted in Table 4. It is important to note that “Fook (2002) defines ‘reflectivity’ as referring more to a process of reflecting on practice, while ‘reflexivity’ refers to a stance of being able to locate oneself in the picture, to appreciate how one’s own self influences the research act”(D’Cruz, Gillingham & Melendez, 2007, p.84).

Critical reflection on practice (CRoP) involves accessing theoretical frameworks in a two-stage process (Béres & Fook, 2012). Focusing on social justice concerns, the CRoP frameworks employed are reflective practice, reflexivity, post-structural thinking and

postmodern narrative practice/analysis, critical perspectives, and spirituality. Both the theories and the principles found in critical reflection on practice were used in this research project.

Reflective Practice

Béres and Fook note there is “often a large gap between what professionals say they do (their espoused theory) and what they actually do (their practice)” (2020, p.10). The critical reflection on practice framework invites social workers to become increasingly aware of the hidden assumptions that inform what they are doing. With an emerging awareness of what might be at “cross-purposes with the espoused theory”, a practitioner can make changes to improve social justice practice (Béres & Fook, 2020, p.11). These improvements are related to both clients and the larger community in increased integration of theory and practice (Liechty, 2018). This relates directly to the above noted reflexivity literature in which systemic issues are viewed as the central focus of practice.

In this research project as I was gathering information from research participants, I endeavoured to be aware of my biases throughout the process. Encountering various ideas from both the participants and literature review I reflected on my responses to consider what was being presented. In interviews with the research participants every attempt was made to focus on fully engaging with them to comprehend what they were communicating. At the end of each interview, I wrote down in a journal my reactions to the process and content. This journal was included in my analysis of the overall data. As I did more interviews, I think I became better at identifying my biases and, as much as possible, not inserting myself into the stories of the participants, focusing rather on understanding what they were communicating.

Reflexivity

Consideration of how our identities are created and, how individually, we socially constructed the world around us, has a significant impact on how each of us is in the world (Berger & Luckmann, 1981). Reflexivity informs research by having researchers “be aware of who we are ... and how this influences the hidden assumptions we make” (Béres & Fook, 2020, p.11). Critical reflexive practice is a process in which social workers better understand the impact of their and others’ subjective experiences along with their multiple identities and the meanings given by society (Clarke, 2013; Gardner, 2020; Harding & Jeyapal, 2018; Laurila, 2019; Mayor. & Pollack, 2022; Smith, 2017). Being aware of “ourselves and others and how people make sense of things” assists us to not replicate oppression but promote justice (Hickson, 2020, p.59). Critical reflexive practice identifies how “personal bias and social locations (backgrounds) might have shaped their interpretations” of other’s experiences (Walsh, Teo & Baydala, 2014, p.23). Individual and community experiences are shaped and shape each other. Being aware of this dynamic in work with clients, as well as in research, underlining the importance of applying critical reflexivity in practice principles to this investigation.

Reflexivity in my study included me identifying my multiple identities in relationship to the entire research process. This is demonstrated in part in the section below where I further consider the possible impact of my identities related to this research investigation.

Post-structuralism and Postmodernism

Post-structuralist analysis helps us to identify that “the language we use has a role in creating and maintaining knowledge and power” (Béres & Fook, 2020, p.11). Postmodernist theory assists in identifying the construction of reality, dominant narratives, and empowers us to embrace multiple perspectives (Béres & Fook, 2020). The importance of being aware of

“multiple truths” informed the research as I encountered various perspectives (“truths”) from participants related to what is best practices when engaging with spiritual/religious clients (Hickson, 2020, p.56).

Both post-structuralism and postmodernism were used in the gathering and analysis of my research. This is illustrated below in analysis of my identities as well in the analysis of the data collected. In the literature review there was an attempt to hear from multiple perspectives as well as to identify the dominant discourses on spirituality/religion in Canada. Literature accessed for this project were written from various spiritual/religious perspectives which included specific faith groups (Buddhist), various cultures (Indigenous, North American Settler, European), agnostics (Jung), atheists (Freud), and a variety of helping professions (psychiatry, psychotherapy). Further to this consideration was given to a variety of perspectives on spirituality/religion and well-being as related to assisting clients.

Critical Perspectives

Critical perspectives make “connections between personal experience and the social/political world” (Béres & Fook, 2020, p.13). It does this in the use of critical theory which focuses on structural systems within society, how power operates, and the impact of these systems on people (Béres, 2017a; Dumbrill & Yee, 2019; Iser, 2018; Mullaly & West, 2018; Niederberger, 2018). Critical theory is rooted in a “strong social justice and social change value” (Béres & Fook, 2020, p.13). In both critical reflection on practice and constructivist grounded theory there is a central concern for the promotion of human liberation. Other critical frameworks used in my investigation including, as already noted above, postmodernist and post-structuralist, as well as critical race theory and post-colonialist analysis. Spirituality is also about resistance, and it connects us to the work of social change” (Baskin, 2007, p.191).

Spirituality

Another component of critical reflection on practice is spirituality which is understood as “valuing and honouring what gives people a sense of meaning and purpose” (Béres & Fook, 2020, p.14). This area of CRoP invites the practitioner to identify both in themselves and others, what is individually identified as being significant and purposeful. Consideration of ultimate purpose or meaning can provide further insight related to critical justice actions taken.

Spirituality is of central importance in the research question explored, and so this framework within CRoP was valuable to incorporate throughout the investigation. As the information from the research participants were considered my focus was on what each of them thought about meaning as related to both the process and content of counselling spiritual/religious clients. This principle was also followed in the literature review where I made every attempt to understand the meaning authors gave to all aspects of spirituality/religious, well-being, and counselling.

The five “frameworks” noted above were part of the two staged process in my research project (Béres & Fook, 2020, p.10).

The Process

Critical reflection on practice involves two stages (Béres & Fook, 2020; Fook, 2012). In the first stage, practitioners are invited to reflect on their experiences and the deeper assumptions they hold. This first stage is one of exploration of internal processes (values, beliefs, thoughts). In counselling practice, this first stage is an analysis of a written description of a critical incident, which is defined as an incident that was a challenge or appears to be successful (Béres & Fook, 2020). In counselling CRoP is typically also done with a peer group. Stage one could be described as “deconstruction” (Béres, 2017, p.282), which is followed by a stage two process of

“reconstruction” (Béres & Fook, 2020, p.16). The second stage promotes further reflections on the main assumptions identified in stage one. This process involves the “reconstruction” of the ideas and meaning that were identified through reflection (Béres & Fook, 2020, p.16). This is what Fook presents as “learning from experience” which includes “being open to learning, and to taking on new ideas” (2012, pp.219, 221). This two-staged method is dynamic in that the practitioner continues to reflect on the new understandings identified from this process.

In my research process I used several frameworks to identify and report throughout the dissertation, my experiences and ideas. The above-mentioned stage one “deconstruction” in my research process involved focusing on both the literature and participants’ interviews to understand what was being communicated. Some of this work involved the initial coding of transcripts. The “reconstruction” of the ideas and meanings was done by critical reflection and is shown in part by the focused coding process related to the participants transcripts. The two-stage process was also done through a journaling process (memo writing) used in the constructivist ground theory methodology (Charmaz, 2014). After each step of the methodology, which included interviews, initial coding, and focused coding (Charmaz, 2014), I would reflect on my own reactions (thoughts, feelings, beliefs). These reflections included what each participant shared in the interviews, the content of the individual transcripts, and information emerging as individual transcriptions were compared. Throughout the research process, critical reflection on practice (CRoP) frameworks of reflective practice, reflexivity, post-structural thinking and postmodern analysis, critical perspectives, and spirituality, informed this two-stage process (Béres & Fook, 2020).

The Research

From critical theory we evaluate from “a strong social justice and social change value inherent in critical perspectives” (Béres & Fook, 2020, p.13). This consideration included how power is structured (Béres, 2020; Lai, 2017; Mullaly & West, 2018). Critical reflective practice was accessed to the end that critical theory could inform this social work practice study (Cait Gokani, Ewan, Moasun, Razbani-Tehrani, Scarborough, Smith, & Woodstock, 2021; Mandell, 2007; Mullaly, 2007). Critical reflection on practice principles includes ongoing reflection on our identities, biases, worldviews and what it means in the larger society (Barak, 2016; Rossiter, 2011). As one author noted the process of reflexive practice includes examination of whether our practice is being shaped in ways that contradict or constrain our commitments to social justice” (Rossiter, 2005, p.10).

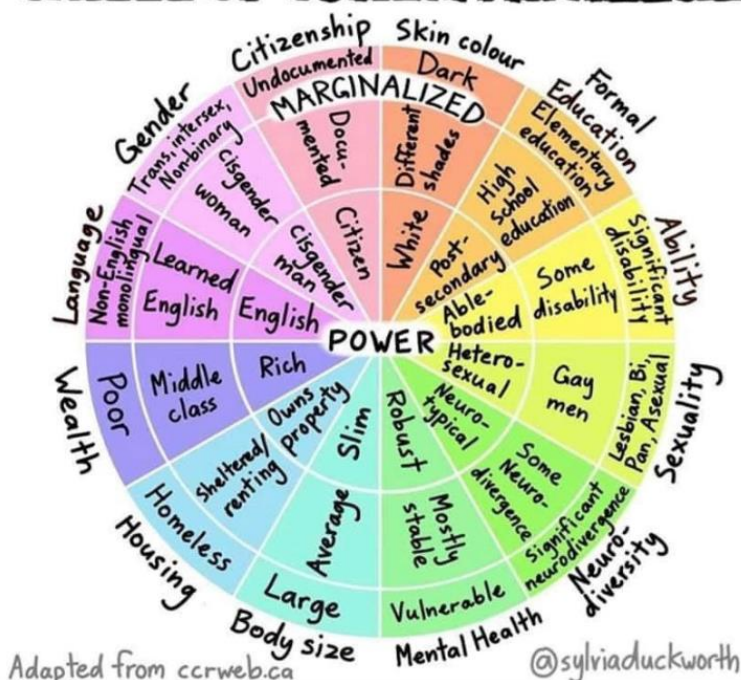
My perceptions are informed by my identities from which my assumptions, ideas, and beliefs emerge. My multiple identities, who I am, influence the way I approach everything, including this research. Critical reflection on practice helped me to not replicate oppression by identifying my privileged perspectives, assumptions, bias, beliefs, lived experiences, etcetera, and to not insert these ideas into the process or conclusion (Smith, 2011). In critical reflective practice, I was invited to consider what I take for granted to be true, be open to having my assumptions challenged and to contemplate new meanings emerging from encounters with others (Béres, 2017b; Johnson & Hamby, 2015). As Fook notes, “I define critical reflection as a way of learning from experience, using a framework based on understanding how we both create and are created by power relationships and arrangements in society” (2017, p.23). In the absence of critical reflection social workers whose identities are in the dominant culture may often be unaware of these influences and unknowingly do harm (Sue, Sapodilla, Torino, Bucceri, Holder,

Nadal, & Esquilin, 2007). Using critical reflection on practice principles throughout the research reduced the impact of my privileged positions (Figure 4).

Figure 4

Intersectionality

WHEEL OF POWER/PRIVILEGE



Note: [Intersectionality: what is it and why it matters | VPFO | UBC](#) University of British Columbia

It is important to acknowledge that good intent is not enough in that the replication of oppression is still possible (King, 2013). The usefulness of critical theory in analysis is identification of oppressions and social justice issues and solutions (Shragge, 2007). In using critical reflection throughout the research, I minimize the risk of replicating oppressive ideas (Lundy, 2011). Critical reflective practice is an element of social justice research that was used in exploring the research topic with participants, as well as in reviewing the research literature.

In this study, critical theory was used to analyse well-being and spirituality/religion from Indigenous worldviews, medical model, and counselling perspectives. One of my interests in using critical theory is to discover helpful and oppressive assumptions that exist in and/or effect these three perspectives. As a non-Indigenous person, I began this paper acknowledging Indigenous people's lands. This acknowledgement reflects my commitment to contributing to promoting social justice of Indigenous peoples. This framework will also be useful in analysis of the medical and counselling models in identifying what hinders social justice. I attempted to identify issues by using critical theory forms of analysis: critical race, postcolonial and postmodern theories. Along with defining these three theories I will note how each will be used in the analysis of the research related to well-being and spirituality/religion.

The Research and My Identities

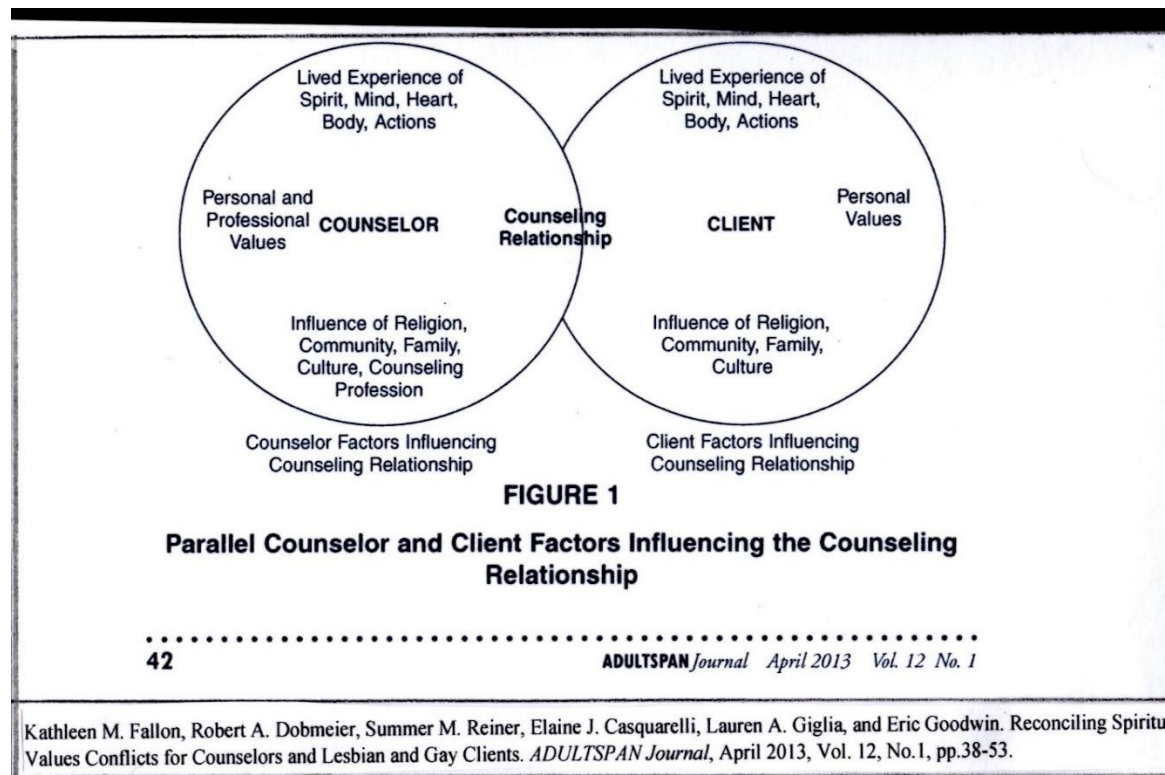
Dumbrill and Yee identify “critical self-reflection as “questioning what we know and how we know it.” (2019, p.357). The researcher is an integral part of any academic project. In this section there is a review of some additional information related to how I became interested in the subject matter of the research, some of my identities that inform the project, as well as my approach to this study (Pillow, 2003). The theories accessed for this research directly relate to issues around spirituality/religion and well-being.

My personal experiences of spirituality/religion related to well-being is acknowledged and presented below. It was important in this research that I be aware of how my bias informs my review of the literature. As illustrated in Figure 5 below the counselling relationship is influenced by the experiences of both the counsellor and client. This is also true in the research process which includes relationships with research participants. All of who I am informed how I

approached the investigation when engaging with research participants. How this was mediated is further presented in the next section of the paper related to my identities.

Figure 5

Parallel Counselor and Client Factors Influencing the Counseling Relationship



My Identities and Influences

It is an important principle of critical reflection on practice, and specifically related to the reflexivity lens within the critical reflection on practice process, to identify that who I am influences the research process (Béres & Fook, 2020). I have considered below some of the major aspects of self that I brought to this study that inform my understanding, beliefs, theoretical perspectives, and social locations (Aponte, 1999; Cox & Hardwick, 2002; Pillow, 2003). Informed by critical reflection on practice principles, I also attempt to address issues related to power, to not replicate oppression and to promote social justice throughout the

research process. The critical theory accessed for this research directly relate to identifying my position around spirituality/religion and well-being.

I am a social worker/therapist, white, heterosexual, cis-gendered male, university trained professional, and practicing Anglican. Furthermore, my personal understanding of spirituality/religion is informed by pragmatism, postmodernism, and liberation theologies. My identities have meaning within Canadian culture as well as the larger world, and provide me with privilege/advantage (Armstrong, 2013; Bishop, 2015; Nesbit, Brigham, Taber & Gibb, 2013). Social justice/human rights concerns inform this research making it important that I recognise how my identities and intellectual understandings form who I am and how I navigate through the world (Lundy, 2011). Although it could be argued that all of who I am influenced this research, I have highlighted below the aspects of my identities and what frameworks I think are important for reflecting on what I need to be more keenly aware of throughout my research (Dunk-West, 2018).

White settler culture

One of my identities is that of a white settler with a predominantly Scottish heritage, mixed in with British and Irish. As someone of white settler heritage, I receive unearned “benefit from the stolen land of Indigenous peoples” (Baskin, 2016, p.79). The stories from my own culture would frame colonialism as liberation in the bringing of civilization to the savages (Baskin, 2016). Colonialism is a process in which a people conquers another land to occupy/rule and control the inhabitants (Bush, 2015; Dumbrill & Yee, 2019; Pineda, 2017; Razack, 2005). Critical theory includes the use of postcolonial/ colonial theories to identify colonialist impacts and to dismantle its structures to allow for increased social justice (Dumbrill & Yee, 2019; George, Coleman & Barnoff, 2010; Loomba, 2005). The colonial stories and

beliefs in which I was raised need to be challenged for me to hear the voices of Indigenous peoples. My white settler identity privilege was considered through critical reflection on practice principles (Bolton, 2010; Bush, 2015; Czyzewski & Tester, 2014). Critical theory lenses for the research included critical race theory (Brayboy, 2015; Crenshaw, 1995; Eindinder, 2020; Gibson, 2015; Kolivoski, Weaver & Constance-Huggin, 2014; Warkentin & Sawatsky, 2018) and postmodernism (Boursier, 2015; deVires, 2005; Hanson, 2010). These lenses accessed within critical reflection were important as I considered my multiple identities including my spiritual/religious practices.

Anglicanism

It is of central importance to me to engage as a Christian in the Anglican tradition. For me this includes both individual and community practices within the Anglican Church of Canada. The work done in this research project reflects my understanding of what for me it means to live as a spiritual/religious person.

I acknowledge the unearned privilege given to my identity as an Anglican and as such I have a responsibility to contribute to finding solutions to the oppression rooted in Anglicanism. As one of the mainstream Christian Churches in Canada, the Anglican denomination has had significant historic influence on the nation (Bush, 2015; Christie & Gauvreau, 2010; Fraser & Seymour, 2017; O'Toole, 2006). The settler peoples from the United Kingdom brought the Church of England (Anglican) with them to the new colony which contributed to the dominance of Christianity in Canada (Lavallée, 2010; Lefebvre, 2005). This denomination had influence through much of the history of colonial Canada which included the forming and running of residential schools (TRC, 2015; TRC, 2012). Being connected to a religious group that is part of the larger Canadian settler culture, I needed to be aware that assumptions I make about the

role of spirituality/religion in people's lives are neither universal nor accepted by all spiritual/religious practitioners. Furthermore, my Anglican practice is related to what some might identify as liberal or progressive views of religion (Ball & Crisp, 2022; Cobb, 2008; Long, 2008). My views of spirituality/religions are not universally held. Along with many others, it is my belief that the Divine can not be contained in one set of ideas about spirituality /religion. This personal assertion is informed by several theoretical perspectives that are of central importance to me.

Pragmatism

Pragmatism is a philosophical approach that focuses more on “consequences” of people's actions, thoughts, beliefs, values, and philosophies (James, 2000, p.25; also see Hothersall, 2019; Menand, 1997). “Functionalist or pragmatic approaches to religion focus on what people get out of participating in a religion, the benefit or consequences of religious belief, practice, and belonging” (Schilbrack, 2013, p.298). When applied to spirituality/religion and mental health, a pragmatic approach is concerned primarily with what works for clients and not what is universally true (Borden, 2013; Bregman, 2017; Calderwood, 2002; Clarke, 2013; Gokani & Smith, 2020; James, 1978; Miller & Thoresen, 2003; Pagels, 2018; Rizvi, 2018). Much of what is presented in pragmatic approaches is what I personally hold to be true. Pragmatism informs all aspects of my life including my identities as a graduate student researcher and social worker. In terms of social work one writer noted that pragmatism is “more concerned with determining which ideas are useful in achieving some social good” (Anastos, 2012, p.162). I recognize the difficulties in defining what is useful and of “some social good” as related to spirituality/religion. My bias as a social worker is to attempt to hold considerations of what individuals identify as useful to them and what is good for the larger community. There

are potential tensions between individual and community good. That being recognized, I attempt to do just that in this research project.

From a social justice perspective what has not worked historically related to spirituality/religion has been demonstrated many times in the past in multiple forms of oppression including colonialism, cultural imperialism, sexism, and homophobia (Mani, 2012; TRC, 2015; TRC 2012; Vanderwoerd, 2016). When reviewing history from a social justice lens, there is a strong case to be made that a grand narrative of a singular superior spirituality/religion has never proven itself to be good for humanity (Humphrey, 2015; Loomba, 2005). As a practicing member of the Anglican Church of Canada I wanted to connect with ideas that achieve “some social good” (Anastas, 2012, p.162). Spiritual/religious experience can include an openness to other ways people believe and practice (Saleebey, 2013). Respectfully working with those of differing spiritual/religious ideas is one way social good can be achieved. For me, this pragmatic approach to spiritual/religious diversity is further informed by postmodernist ideas.

Postmodernism

Postmodernist theory emphasizes subjectivity, complex as opposed to binary thinking, as well as rejection of grand theories and ideas of absolute truth (Brown, 2020; Dumbrill & Yee, 2019; Humphrey, 2015; Mullaly & West, 2018; Thompson, 2018). This theory informed my research in numerous ways but primarily by giving space for the complexity of spirituality/religion related to the well-being of clients. As one writer notes, “religious values are not fixed in time or space, rather being negotiated, adapted and contested through development projects” (Lunn, 2009, p.946). The spiritual/religious perspectives I have adopted come from a particular “time and place” (Smith, 2011, p.215). It is my subjective experience

that informs how I understand spirituality/religion. This is also true for all people I encounter (Strecher, 2016). This subjectivity can be one reason to celebrate “diversity” and hold a “(w)ide acceptance of spirituality in all its expressions” (Gardner, 2016, p.183).

Postmodernism informs my spiritual/religious perspective in part by an acceptance that people encounter the Divine in multiple ways, not in one singular grand narrative prescribed manner (Benton, 2021; Boursier, 2015; Bregman, 2017; Clarke, 2013; Grimshaw, 2020; Humphrey, 2015; Montville, 2016; Moulin-Stožek, 2020; Warkentin & Sawatsky, 2018). One observer considering a particular kind of spirituality noted that that community was “constructing their space and place through time” (Béres, 2012, p.403). An aspect of critical reflection is to identify our “ways of thinking and acting that shape our beliefs and practices” including spiritual/religious ideas (Fook, 2012, p.222). Considering this idea, I would suggest that there are possible connections that are transcendent yet that all spiritual/religious communities/persons are a result of social construction. Holding these seemingly opposite points of view has helped me to navigate notions of the divine or other and limited human perspectives understandings. As well, “secular reality, rather than being a natural truth left over when illusions have been subtracted, is itself something that has been historically constructed over many centuries” (Main, 2013, p.286). Although informed by postmodernism I do not hold to the idea that all spirituality/religion is relative and unrelated to others outside of a particular community (Fardella, 2005). This is a common mistake I encounter among social work students that I work with who often present postmodernism as meaning that all opinions are valid. Postmodernism is not synonymous with relativism (Kennedy-Kish (Bell), Sinclair, Carniol & Baines, 2017). Both subjectivity and complexity are acknowledged in a postmodern analysis. In the subject being researched for this project there can be found in the many world spiritualities

common principles like care for others (Fallon, Dobmeier, Reiner, Casquarelli, Giglia, & Goodwin, 2013).

Throughout the history of colonial Canada great harm has been done because of beliefs around one true spirituality/religion needing to be protected and/or imposed on others (Armstrong, 2014; Isaacs, 2016). My conviction as an Anglican is that I can be faithful to my own spiritual/religious path while being respectfully open to different paths among people. This informs my approach to the research. The desire to work alongside of others for social justice is also informed by liberation theology, which offers me a way to engage my Christian tradition in which includes accessing a critical theory informed social justice framework.

Liberation Theology

The liberation theologies within the Christian tradition that inform me focus on emancipation of all people from oppression (Armstrong, 2010; Fardella, 2005; Healy, 2014; Pagels, 2019; Rifkin, 2002; Warkentin & Sawatsky, 2018). “Several authors have identified the ‘Golden Rule’—the common message found in every religion to ‘do to others what you would have done to you’—as an alternative moral framework for development” (Lunn, 2009, p.945). Liberation work also directly connects with social work ethics, goals, and values (Damianakis, 2006; Lundy, 2011; MacKinnon, 2009). This theological perspective was developed in the Central and South American regions (Gutierrez, 2007; Keogh & Wood, 2013; Munoz, 1990; O’Shaughnessy, 2016). Liberation theology also finds expression in feminist theologies (Brock, 2013; Grimshaw, 2020; McGrow, 2017; Mullaly & West, 2018; Young, 1990) and Black theologies (Cook, 2016; Cook, 2016; King, 2010; Norris, 2020; Scott-King, 1969; St. Clair, 2008). It is within these sources of liberation theology that my spiritual practice is informed and gives focus to liberation/social justice. As identified in the examples above spirituality/religion

can be “a subversive, countercultural discourse” and can “inspire reformers, radicals, advocates” (Swinton, 2014, p.168). Some spiritual/religious peoples find within their beliefs a way to be empowered and make a larger difference in the world (Barbato, 2017; Ellison, 2014; Falsani, 2006; Profitt, 2010; Reeve, 1999 Rifkin, 2002). “Power is not just the top-down force that oppresses; it is also the bottom up and sideways resistance that liberates” (Kumsa, 2011, p.242). In this research, the focus is on liberation, increased justice, for spiritual/religious clients and the larger community. This community justice approach to spirituality/religion runs contrary to much of the dominant culture in colonial Canada.

“Although our culture is pluralistic, religion in the West is largely privatized and compartmentalized” (Peteet, 2014, p.1196). This quite private practice view of religion is primarily a Protestant Christian idea and implies that spirituality/religion has little to no place in the larger society (Harvey, 2016; Moore, 2007; Seljak, 2022). There are many however who hold that spirituality/religion should not only be a private matter but can and should inspire people to social justice work (Armstrong, 2010; Cook, 2016; Grey & Coates, 2013; Scott-King, 1969). One source identified that social justice work done by those accessing spirituality could also be called “public spirituality” (Boyd, 2012, p.763). For many liberation theologians, there is a natural link between being part of a spiritual community and working for social justice (Damianakis, 2006; Profitt, 2010; Warkentin & Sawatsky, 2018).

My personal spiritual/religious life is shaped/informed by Anglicanism, pragmatism, postmodernism, and liberation theology. It is from these influences that this research study was informed and shaped. Critical reflection on practice principles helped keep my influences from being the only story in this research project. Having other voices share their experiences gave full, diverse, and varied perspectives on the important matters of spirituality/religion as related

to wellbeing. The findings from these various sources help give rational as to why social workers should include it in their engagement with clients.

One of the feminist mantras notes that the “personal is political” (Béres, 2020, p.128; Dumbrill & Yee, 2019, p.133; Lorde, 1981, p.98). My personal multiple identities have political implications. Multiple voices needed to be accessed in my research to get a fuller and more complex understanding of the meaning of spirituality/religion in various people’s lives. Both my and the research participants’ identities, along with others found in the literature, needed to be recognized and considered throughout the research. To do this, I followed a variety of strategies as noted above.

Further to the strategies already explored above, I accessed literature written by people with various perspectives on engaging with spiritual/religious clients. This consideration included materials produced by Indigenous peoples (Absolon, 2011; Baskin, 2016), scholars who are critical of spirituality/religion and wellbeing (Freud, 1961; Schuurmans-Stekhoven, 2011), those who identify some aspects of religion to be oppressive (Lundskow, 2005; Marger, 2013; Todd & Coholic, 2007), and people who write from differing spiritual/religious perspectives (Bramer & Ross, 2012; Cheng, 2014; Jung, 1966; Lim, 2015). It was important for me to reflect on my own reactions to all the ideas presented. This was done using the principles of critical reflection on practice and particularly its post-structural and postmodern lens. Throughout this research investigation, I accessed the literature, attended training events, workshops and conferences, and had conversations with many people who have differing views on my research topic. These sources of information, along with ongoing review of the findings from conversations with research participants, informed the conclusions presented.

Self reflexive practice helped me to keep considering what was before me. Critical reflection is an ongoing learning process in which social workers are “making deeper meaning of experience through a process of unsettling and examining deeply hidden assumptions in order to create better guidelines for action and so improve professional practice and develop a more ethical and compassionate stance” (Béres & Fook, 2020, p.3)

Throughout the research I exercised critical reflective skills on practice, including each time a participant was interviewed, as I analyze the transcripts, and in writing memos related to the research (Charmaz, 2014). Lawley (2020) notes the ongoing need in social work practice to both learn and engage in critical reflection on practice for the practitioners as well as clients’ benefit. This principle applies to the research process as well. Writing memos in a journal format and accessing the contents in the researcher analysis of the data was part of the process of Constructivist Grounded Theory that I employed (Charmaz, 2014). Memo writing was another reflective practice done throughout the work of this study.

MacKinnon notes that “self-reflexivity is critical for intellectuals so that that they are self aware of intent, practice and potential implications of their actions” (2009, p.521). In practice and research there is a danger of “what you see is whatever you are looking for” (Hickson, 2011, as quoted by Elsie-McKendrick, 2020, p.95). It is my hope that as I used critical reflection on practice principles throughout the research my bias was minimized, new ideas for me were heard, and the voices of the participants are authentically presented in the research discussion and conclusion of this paper. In doing so I hope to gain from others’ experiences to the end that there is increased knowledge related to best practices with spiritual/religious clients which promotes social justice.

Spirituality/Religion and Counselling/Therapy in Canada

In this section a summary is given of the general influences in peoples' lives of spirituality/religion with a specific focus on the area of Canada in the north of Turtle Island. Part of this exploration examines how spirituality/religion connects with Indigenous worldviews as well as perspectives in the Western helping professions. Consideration is then given to the issues raised by this information as related to the work of helping professions, including those in social work, engaged with spiritual/religious clients.

Spirituality/Religion: Global Perspective

There is a plethora of responses, including within the helping professions and the academy, to issues related to spirituality/religion. The focus in this section will be on clinical concerns for those in the helping professions, including social workers, related to connecting with spiritual/religious clients. As observed by Pargament, Mahoney, Exline, Jones, & Shafranske among researchers and academics there are few who are "neutral when it comes to religion and spirituality, including those who define themselves as nonreligious and nonspiritual, scientists among them. ... Instead of conversation and dialogue ... we have either silence or opinion and provocation" (2013, p.3).

In the past three centuries influential Western thinkers such as Marx, Hegel and Dawkins have asserted that in the West there will eventually be an end of spiritual/religious influences (Hitchens, 2008). Nietzsche's declaration that "God is dead" is an example of such Western thinking (1910, section 125). Although these ideas are part of the dominant discourses within Western societies, spirituality/religion continues to be present in both the West and the larger world's cultures. As noted earlier, spirituality for Indigenous peoples, spirituality/religion for many around the world including people in Canada, is an important part of people's

identities. To exclude spirituality/religion in work with clients may result in professionals failing to work with a key aspect of clients' lives. Some of the impact of Western cultural dismissal or minimizing of the importance of spirituality/religion, is that this area of clients' lives are not part of the therapeutic process among social workers and other helping professionals. The Western cultural bias in the helping professions is that of a negative view of spirituality/religion. This bias can result in a reduction of culturally competent interventions. At a systemic level the Western viewpoint of spirituality/religion is seen as the only approach to the subject that is correct. If this perspective is held by helping professionals, then they may replicate imperialism and thus oppress clients. Respectful engagement with clients in all areas of their lives is important. It also acknowledges present reality concerning spirituality/religion; a powerful presence in many cultures that influences the majority of the world (Behrman, 2009). As Durkheim noted "there is something eternal in religion ... religion seems destined to transform itself rather than disappear" (1995, pp.429,432). Spirituality/religion continues to influence many around the globe and this has specific implications in clinical work by those in the helping professions.

In the past decade it has been estimated that approximately 4.6 billion people around the world consider religion to be important in their lives (Davis, Rice, Hook, Van Tongeren, DeBlaere, & Choe, 2015; Diener, Tay, & Myers, 2011; King & Franke, 2017). One report presents that "80 percent of the world's population self identifies with a religious group" (Olson, Tisdale, Davis, Park, Nam, Moriarty, Davis, Thomas, Cuthbert, & Hays, 2016, p.78). Another group of researchers estimates that "at least 90% of the world population is currently involved in some form of religious or spiritual practice" (Moreira-Almeida, Koenig, & Lucchetti, 2014, p.176). Saxena (2006) found that most of the world's population identify

spirituality/religion as having enhanced their quality of life. A reviewing the above-mentioned studies reveals challenges to estimating the prevalence of the spiritual/religious practices across the globe. One such challenge, as has already been explored in this paper, is that the meaning and understandings of spirituality/religion varies, not only among researchers but in the general population. These bodies of research are noted here to present the overall results in such studies that point to the importance and impact of spirituality/religion throughout the world, and thus for those who come looking for support for helping professionals (Captari, Hook, Hoyt, Davis, McElroy-Heltzel & Worthington, 2018).

Recognition of the importance of spiritual/religious influences for many people is reflected in the United Nations' Universal Declaration of Human Rights which includes the right to practice religion (Article 18). The concern for the well-being of all people is also reflected in Article 25. Well-being is further addressed in the United Nations Development Program where the Human Development Index, used since 1990, attempts to identify measures or categories that enhance human development. The United Nations' Human Development Index measures well-being in terms of "the enlargement of choices made possible by education and literacy, a decent material standard of living, and a long and healthy life" (Cooke, Mitrou, Lawrence, Guimond, & Beavon, 2007, p.3). As noted earlier the ideas in the United Nation's Human Development Index, combined with its' declaration of universal human rights, is of central importance when considering international social work practice (Hick & Stokes, 2017; Lundy, 2011). Such global ideals have a direct connection to the research done in this paper. The social justice perspective promotes spirituality/religion and well-being. As already noted in the preceding chapter, the practice of spirituality/religion is a human right. As such it can strengthen support for diversity and give a foundation for opposition to intolerance. Also, well-

being can be enhanced by spirituality/religion, both individually and in the larger community. Some of the value of spirituality/religion in culture can be illustrated in historic developments.

In the history of most cultures mental health care developed within a religious framework (Graham, Shier & Delaney, 2017; Kao, Peteet & Cook, 2020; McKernan, 2005). The Canadian social work profession has roots in the Christian Church (Graham, Coholic, & Coates, 2006; Vanderwoerd, 2006) Throughout the world there have been powerful interactions within cultures of spiritual/religious ideas (Ellison & McFarland, 2013). These interactions are evidenced in part by human rights work around the globe that is inspired by spirituality/religion (Merry, 2006). The positive influence of spirituality/religion within culture has also been identified in areas in the world where “Islam, Judaism, and the great Eastern religions of Buddhism and Hinduism predominate” (Koenig, 2005, p.29).

Furthermore, many cultures have “expressed social responsibilities in religious terms” and some have noted the positive influences of Confucian, Indigenous, Jewish, Christian, and Muslim spiritual/religious teachings related to community responses to social issues (Graham, Shier, & Delaney, 2017, p.21). In terms of progressive impacts of spirituality/religion, an example is found in the social gospel movement in Canada, a Christian movement that responded to the negative impact of capitalism on the working class (Darrell & Rich, 2017; Graham, Shier, & Delaney, 2017; Mitchell, 2015; Profitt, 2010; Reeve, 1999). In the present there is a diminished public space in Canada for social justice work as being openly identified as deriving from spiritual/religious motives. The social norms informed by scientific approaches, along with the “death of God” understandings of religion, have created dominant discourses that assume solely secular understandings as rational and correct. Acting from a

spiritual/religious center is acceptable if it is not openly proclaimed (Torrekens & Jacobs, 2016; Watts, 2018).

Over the last century, modern Western culture's "positivist social science" increasingly promoted that religion be "moved from the public to the private sphere and church was divided from state" (Lunn, 2009, p.940). Although this generally accepted public norm of spirituality/religion as a private matter is present, the impact of spirituality/religion in the public sphere persists. In spite of prevalent ideas that spirituality/religion is a private matter in the West, throughout the world spirituality/ religion can be seen in public. In the 21st century there has been an "increasing role of religion in politics" as seen in "the rise of the Christian right, Central American solidarity movements, NGO faith-based organizations, and some Western views of Muslims post 9/11" (Lunn, 2009, p.942). Although more is explored later, it is important to note here that with the retreat from the public sphere in the West, there is an increase in private subjective spiritual praxis which one writer identifies as "the individualization of religious practice" (Welton, 2014, p.60).

In this kind of exploration there is a need to acknowledge "the social and political embeddedness ... of all religions" (King, 2013, p.502). Spiritual/religious ideas interconnect with other cultural sources to create dominant discourses (Delany, 2009; Mullaly & West, 2018; Stokes, 2017). Dominant discourses reflect in language the social norms of those with the most power/influence in society, which cause the creation and perpetuation of oppression of marginalized people (Brown, 2007; Dumbrill & Yee, 2019; Mullaly & West, 2018). Cultural dominant discourses can be embedded in the helping professions in such areas as professional norms, best practices, ethical behaviour; and can be reflected in part in what is deemed essential

in educational training (Baskin, 2007; George, Coleman & Barnoff, 2010; Morgan, Berwick & Walsh, 2008; Smith, 2011; Tamburro, 2013).

Historically, many helping professions in the West were connected to the Church (Christie & Gauvreau, 2010; Fairbarin, Stega, & Walmsley, 2018; Graham, Shier & Delaney, 2017; Stokes, 2017; Vanderwoerd, 2006). As has already been noted, in the twentieth century Western training related to human service professions was moved away from spiritual/religious and toward secular scientific frameworks/understandings (Banks, 2021; Lundy, 2011; Walsh-Bowers, 2006).

Western postmodern theorists have generally followed the tendency to disregard spirituality/religion, largely holding the view that it has limited or no use in the progress of humanity (Barbato, 2017; Berman, 2012). Many of the social sciences' outright rejection of spirituality/religion has been promoted by scientific reasoning, which includes evidenced-based information as being centrally important (Fardella, 2005; Barbato, 2017). These dominant discourses on the value of spirituality/religion continue to influence the helping professions in Canada (Coholic, 2006; Groen, Coholic, & Graham, 2012; Gallant, Holosko, & Gallant, 2005). The dominant norm of "scientific reasoning" gives a biased negative framework through which helpers view spiritual/religious clients.

Nonetheless the last few decades have seen a trend to increasingly acknowledge spirituality/religion in the healing process (Coates, Graham, Swartzentruber & Ouellette, 2007; Dunn, 2019; Land 2015; Profitt & Baskin, 2019; Walsh, 2009). Spiritual/religious influences and their impact on well-being, both positive and negative, have been increasingly considered by many in the helping professions (Psaila, 2014). There are other trends in the helping professions that identify spirituality/religion as potentially positive in the work of those in the

helping professions. One source identifies that there is a “growing body of research, there is an increase in international interest and discussions about the integration of ReS [religion/spirituality] into therapeutic settings” (Lee, & Baumann, 2013, p.2). Academic literature related to the helping professions’ work with clients including spirituality/religion is “a growing new field of healthcare” (Puchalski, Kheirbek, Doucette, Martin, & Yang, 2013, p.56). Further examples of increased interest in spirituality/religion can be found in the bodies of literature related to nursing (Racine, 2009; Rassool, 2015; Rogers, Wattis, Stephenson, Khan & Curran, 2019), psychology (Aydin, Fischer, & Dieter, 2010; Moulin-Stožek, 2020; Pargament, Lomax, McGee, & Fang, 2014), psychiatry (Koenig, 2008; Metheany & Coholic, 2009; Sanders, 2011), and social work (Béres, 2012; Crisp, 2010; Este & Bernard, 2006; Graham, Coholic, & Coates, 2006; Warden, Scourfield & Huxley, 2017). Overall, there is an increased recognition among helping professionals of the importance of spirituality/religion when assisting clients (Baskin, 2016; Fredrick, 2014; Post & Wade, 2014; Klanz & Schwartz, 2008; Ronneberg, Miller, Dugan, & Porell, 2014; Sawatzky, Ratner, & Chiu, 2005; Wade, Post, Cornish, Vogel, & Runyon-Weaver, 2014).

Although there is a growing body of literature about the potential importance of spirituality/religion in the helping process, there is a lack in the literature as to how this translates into practice with clients (Coates, 2007; Crisp, 2011; Groen, Coholic & Graham, 2012; MacDonald, 2014). It is my hope that this research contributes to practice literature in this area of concern. My investigation explored what is “helpful and harmful” for spiritual/religious clients (Pargament, 2013, p.xiii). Determining what in practice is helpful and harmful related to spirituality/religion is a complex task. To determine what are best practices

for Canadian social workers engaging with spiritual/religious clients, spirituality/religion in Canada needs to be explored to provide context.

Spirituality/Religion: the Canadian Context

The Canadian context “multicultural” “diversity” and “cultural pluralism” inform understandings of spirituality/religion (Young & Lalande, 2011, p.349). Among those living in Canada there are numerous expressions of spiritualities/religions (Eagle, 2011; Eid, 2014; Seljak, 2022). Most Canadians identify as having some religious connection (Buckingham, 2014; Kvarfordt, Sheridan, & Taylor, 2017; Statistics Canada, 2011; Bibby, 2011; Marger, 2013). The spiritual/religious profile of Canada closely mirrors the world population statistics which estimate that the majority (80%) of the world’s people identify with a religion (Pew Research Centre, 2012). Canada’s population includes many new immigrants who identify with a form of spirituality/religion (Connor, 2009; Ebimbo, Agwu, & Okoye, 2017; Kumsa, 2013; George & Ellison, 2015; Reitz; Banerjee, Phan, & Thompson, 2009; Zapf, 2005). In 2011 Canada’s population was 32,746,505 with 24,929,085 identifying as having a religious affiliation (Statistics Canada, 2011). In secular Western nations there is an understanding that no one spiritual/religious perspective is authorised by and has direct connection to the state. Secular nations, including Canada, have important public ideas such as tolerance and freedom of expression which are rooted in part in the religious understandings of some Christian traditions (Ferrara, 2009; Seljak, 2016; Wilkins-Laflamme, 2017). Historically colonial Canada made every attempt to assimilate Indigenous peoples which included elimination of their spiritualities.

Generally, “in the European colonial era it was seen as the Christian duty to civilize and convert ‘backward’ peoples” (Lunn, 2009, p.945). Colonial Canada was part of this oppressive

process. Systemic harm done to Indigenous people by the colonial Canadian government was done in collaboration with several Church denominations (Absolon, 2016; Bombay, Matheson, & Anisman, 2013; Bradford, 2013; Bush, 2015; Lafrenière, Diallo, Dubie, & Henry, 2005; Maiter, 2015; Regan, 2011; Seljak, 2022; Stanton, 2011; Vanderwoerd, 2006). This included the agenda of converting Indigenous peoples to some form of Christianity (Bradford, 2013, Brock, 2003; Czyzewski & Tester, 2014; Howe, 2013; Huel, 2011; Ruml, 2016; Smith, 2012; Verwoerd, Mitchell, & Machado, 2011). Starting in 1884 AD Canadian Indigenous rituals were banned by Canadian government who “considered them to be ‘un-Christian’” (Basok & Ilcan, 2013, pp.19-20). Church work to colonize Canadian Indigenous peoples can be seen in part when reviewing the impact of the Indian Residential schools, created to “kill the Indian [to] save the man” (Stanton, 2011, p.2). At the same time, many of those Christian traditions were involved in the religious missions and residential schools that violently impacted Indigenous children, communities and nations of Turtle Island (of which colonial Canada is on the northern part). One of the goals of the Truth and Reconciliation Commission was to foster reconciliation among Indigenous and settler peoples. In harmony with the principles of the Truth and Reconciliation Commission of Canada (TRC, 2015), helping professionals need to recognize not only the ongoing colonial impacts of religion on Indigenous peoples and the role of those religious beliefs in the evolution of social work and helping professions (Kennedy-Kish (Bell), Sinclair, Carniol, & Baines, 2017), but also come to learn that Indigenous cultures have always maintained that spirituality is a principal element of well-being and healing (Iseke & Desmoulins, 2011; King, 2013; Recollet, Coholic, & Cote-Meek, 2009; Robbins & Dewar, 2011).

Those in the helping professions in Canada have a responsibility to work with a variety of people and, if clients identify it as important to them, include the spiritual/religious in the services being offered (Hull, Suarez & Hartman, 2016; King & Franke, 2017). The various peoples who live in Canada who connect with workers in the helping professions would often be better assisted if sensitivity to spirituality/religion was incorporated into the counselling/therapy services offered.

In Canada, there is a significant divide between Indigenous and Western understandings of well-being. For thousands of years, Indigenous worldviews of holistic well-being linked spirituality and well-being together (Baskin, 2016). Such Indigenous worldviews were rejected by European settlers, who were primarily informed by the medical model (Nelson, 2012) along with the Christian Churches (Christie & Gauvreau, 2010) regarding the relationship between spirituality/religion and mental health. For the majority of European settlers, to be well spiritually/religiously meant following the Christian tradition. Those settler ideas came from the tradition in many Protestant groups which focused on “the character defects of an individual” that form “moral and religious reasons” for individuals suffering within society (Graham, Shier, & Delaney, 2017, p.24). In addition to the medical model, counselling models now inform those in the helping professions using Western approaches to promote well-being.

Connections between spirituality/religion and well-being have been further informed from the perspectives of counselling models including some that promote holistic approaches that embrace spiritual/religious perspectives (Crisp, 2010; Este & Bernard, 2006; Saleebey, 2013; McDonald, 2011). With the Truth and Reconciliation Commission process and Indigenous approaches to the helping professions being more widely engaged, Indigenous worldviews are now increasingly coming into relation with medical and counselling models to

contribute to Canadian understandings of spirituality/religion and well-being (Baskin, 2007; Lavallée, 2010; Robbins & Dewar, 2011; Sasakamoose, Scerbe, Wenaus & Sandrett, 2016).

As with the modern dominant discourses discussed above, the helping professions in Canada have tended to promote a marginalizing or rejecting view of spirituality/religion (Coholic, 2006). Eurocentric views have influenced professions within settler culture which result in the oppression of Indigenous people including their spiritualities (Bush, 2015; Razack, 2005; Stewart, 2008). Psychiatry has a long tradition of identifying religion as the antithesis of science as can be seen in Freud's reflections on the subject (Berman, 2006; Coyle, 2001; Freud, 1961; Leighton, 2013; Main, 2013). Historically, in North America, psychotherapists were not trained to include spirituality/religion in their work with clients and many still identify their training as having this deficit (Cummings, Ivan, Carson, Stanley, & Pargament, 2014). This is also true for social workers trained in Canada (Coholic, 2006; Groen, Coholic, & Graham, 2012). The complexity of issues clients bring when seeking help often does not include spiritual/religious considerations because of insufficient training in this area of human experience of most in the helping professions (Robertson & Borgen, 2016).

Indigenous ways, medical model and counselling models are further examined below to better understand how spirituality/religion and well-being are generally understood. These categories represent three distinct vantagepoints and were used for analysis purposes only. The three approaches are not presented as three distinct, mutually exclusive, and/or unrelated viewpoints in actual practice. There is greater complexity in considering the implications of these three approaches related to well-being. For example, an Indigenous psychiatrist in a community mental health centre may be informed by elements from all three approaches (Vukic, Gregory, Martin-Misener, & Etowa, 2011). It is for ease of analysis that the three

approaches are separated for this examination of the complexities related to well-being and spirituality/religion. In recognition of the first peoples of Turtle Island, and informed by critical theory, Indigenous worldviews related to well-being and spirituality are presented first.

Indigenous Worldviews

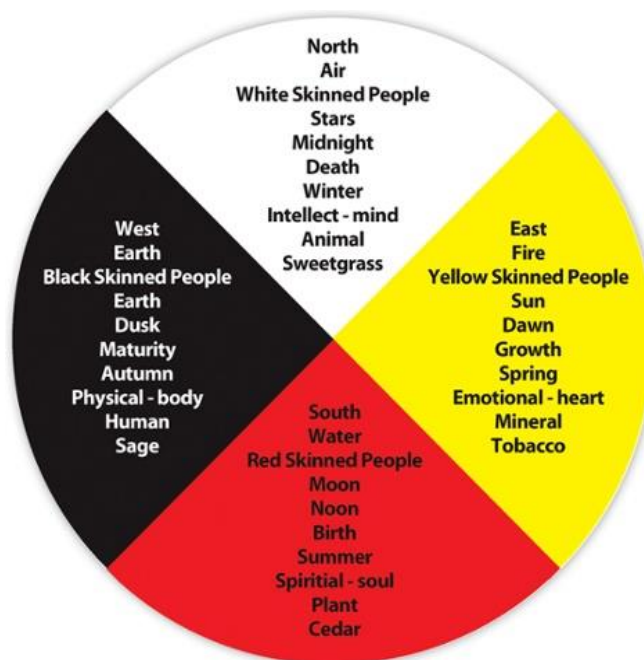
Indigenous spiritualities involve connection to the ancestors, traditions, teachings of the elders, family, community, healing ceremonies, circles, being outside, medicines, storytelling and the land, and are interrelated aspects of Indigenous spiritualities all of which directly relates to peoples' well-being (Baskin, 2016; Fleming & Ledogar, 2008; Howe, 2013; Iseke, 2010; Iseke, & Desmoulins, 2011; Maiter, 2015; Robbins & Dewar, 2011; Recollet, Coholic, & Cote-Meek, 2009; Sasakamoose, Scerbe, Wenaus, & Sandrett, 2016; Stewart, 2008; Vukic, Gregory, Martin-Misener, & Etowa, 2011). Indigenous understandings of a holistic balanced life include spirituality and have direct impact on well-being.

Indigenous well-being is understood as an “interconnectedness of mind, emotion, spirit, and body” (Vukic, Gregory, Martin-Misener, & Etowa, 2011, p.69). This holistic Indigenous worldview links between the mind, spirit, emotion, and body are noted by many scholars (Absolon, 2016; Adelson, 2000; Bell, 2014; Czyzewski & Tester, 2014; Gehl, 2012; Healey, 2016; Healey & Tagak Sr., 2014; Lavallée, 2010; Marsh, Coholic, Cote-Meek, & Najavits, 2015; Nagy, 2013; Noah & Healey, 2010; Stewart, 2008). Considering the experience of well-being one Indigenous scholar describes it as “knowing wholistically” as including “spirit, heart, mind, and body” (Absolon, 2011, p.10). Most Indigenous scholars regard well-being and spirituality/religion as connected with all aspects of a person's life (Cole & Healey, 2013). An example of this Indigenous holistic view of well-being is found in medicine wheels.

One common symbol among many Indigenous people about spirituality/religion and well-being is seen in the medicine wheel (Figure 6). “Historically, the Medicine Wheel has been passed down orally from one generation to the next and is depicted as a circle with four quadrants balancing mental, physical, emotional, and spiritual well being of an individual as well as many understandings of the way of life” (Vukic, Gregory, Martin-Misener, & Etowa, 2011, p.68).

Figure 6

Medicine Wheel



Note: Taken from Bob Joseph, Indigenous Corporate Training Inc. Bob Joseph is “an Indigenous person, or more specifically a status Indian, and is a member of the Gwawaenuk Nation” and the author of *Working Effectively with Indigenous Peoples*.
<https://www.ictinc.ca/blog/what-is-an-aboriginal-medicine-wheel>

A medicine wheel is a “symbolic visual” image of balance in all aspects of one’s life (Sasakamoose, Scerbe, Wenaus & Sandrett, 2016. p.638). The holistic ideas of the medicine wheel permeate many Indigenous cultures. To have balance in life means that intellectual, physical, emotional, and spiritual needs are being attended to within the community (Bell, 2014;

Vernwoord, Mitchell & Machado, 2011). There are Indigenous beliefs related to balance that encourage all human needs to be met. For example, Bell notes that what Indigenous peoples do is “informed by beliefs, values, experiences and relationships to self, others, and creation” (Kennedy-Kish (Bell), Sinclair, Carniol, & Baines, 2017, p.93). In the worldviews of Indigenous peoples on Turtle Island well-being is an outcome of an interconnected holistic balanced life.

Indigenous views of well-being or “health encompasses more than just a physical or mental state, but more of a holistic approach, including physical, mental, emotional, and spiritual” (Sasakamoose, Scerbe, Wenaus & Sandrett, 2016. p.642). This holistic approach includes connections with others within the community (Kennedy-Kish (Bell), Sinclair, Carniol, & Baines, 2017; Saulis, 2012). Spirituality, central to the positive well-being in Indigenous cultures, was, and still is, disrupted by settlers from Europe. To better comprehend present day Indigenous understandings of spirituality/religion and well-being it is essential that the impact of colonization be considered.

The goal of colonial education included imposing some form of European Christian knowledge, language and culture on Indigenous people (Chappell, 2014; Connell, 2007; Deloria, 2003; Huel, 2011; Mawhiney & Hardy, 2009; Smith, 2012). This imposing of Christianity on Indigenous peoples is one example of spirituality/religion having systemic negative impact.

The colonial Canadian “dominant narrative” (Stanton, 2011, p.7) presents benevolent European settlers bringing civilization to Indigenous peoples (Neylan, 2013). The country’s “written history is about Europeans in Canada” (Maiter, 2015, p.91). All Indigenous groups were viewed as the same by the colonizers even though “Aboriginal culture” has considerable “individual and tribal differences” with numerous “cultural worldviews, values, beliefs, and understandings” (Vukic, Gregory, Martin-Misener, & Etowa, 2011, p.66). Colonization

continues to have significant negative impact on Indigenous peoples. “The cultural reality of Aboriginal peoples in distress is caught between two worlds and experiencing acculturated stress” (Vukic, Gregory, Martin-Misener, & Etowa, 2011, p.67).

Colonial assumptions of superior knowledge reject Indigenous spiritualities and holistic world views as seen in the Medicine Wheel (Deloria, 2003; Vukic, Gregory, Martin-Misener, & Etowa, 2011). The Eurocentric medical model is the dominant worldview of the settler people related to well-being (Sanders, 2011). The impact of this dominant worldview included traditional healing and spiritualities being rejected and forbidden by the colonizers informed by Eurocentric Christian medical model worldviews (Howe, 2013; Robbins & Dewar, 2011; Stanton, 2011; Tait, 2000). Along with Christianity, was the imposition of the Western medical model which focuses on dualistic mind/body approaches to mental health and often does not include spirituality/religion (Vukic, Gregory, Martin-Misener, & Etowa, 2011).

For there to be justice, it is essential that Indigenous spirituality/religion be viewed as equally valid to other spiritual/religious traditions (TRC 2015, pp.238,239,331). As noted above, traditional holistic approaches in Indigenous cultures include spirituality (Fast & Montgomery, 2017; Fleming & Ledogar, 2008; Healey & Meadows, 2008; Hill, 2010; Iseke, 2010; Kovach, 2009; Nagy, 2013; Verwoord, Mitchell, & Machado, 2011; Saulis, 2012). Major Canadian Church denominations have begun a process of taking responsibility for their part in colonization and have communicated a desire to work with Indigenous peoples including support of Indigenous ways related to spirituality (TRC, 2015, p.378-395). The responsibility taken by the various Canadian Church denominations can be viewed as part of the process of increasing Indigenous well-being at a systemic level. Honouring Indigenous ways and encouraging increased practices needs to also be included.

One example of Indigenous holistic approaches to well-being is given by Absolon (2011) where she presents her seeking knowledge to include prayer, ceremonies, dreams, her community, the earth, fasting, ceremony, elders, and sacred medicine bundles. The various holistic practices given by Absolon (2011) is one example among many of the ways Indigenous peoples incorporate forms of spirituality/religion in their lives (Zapf, 2005).

When considering Indigenous peoples, it is important to recognize there is a variety of spiritual/religious practices among them. Some Indigenous peoples follow Christianity (Brock, 2003; Deloria, 2003; Gonzalez, Sittner, Saniguq Ullrich, & Walls, 2021; Westman, 2013), others Indigenous spirituality (Baskin, 2016; Kovach, 2009), and some merge these two approaches practising them both (Adelson, 2000; Hill, 2010; Howe, 2013; King, 2013; Macdonald, 2014; Possamai, 2015; Ruml, 2016; Sasakamoose, Scerbe, Wenaus, & Sandrett, 2016; Steckley, 2014; Zwissler, 2011). There are also groups within the Indigenous populations who combine other spiritual approaches (i.e., Buddhism) with Indigenous spirituality (Baskin, 2016). Another example of being informed by more than one spiritual/religious approach can be found among Inuit people. Inuit shamanism, once viewed as pagan and forbidden, is understood from a Christian analysis by many Inuit today (Robbins & Dewar, 2011). “First Nations traditional healing was practiced ... but they were often deemed as unholy or witchcraft by Christians” in the past, and are now accepted by the community (Robbins & Dewar, 2011, p.4). These examples show the complexity of Indigenous spiritualities/religions today. There are many paths related to spirituality/religion among these communities. In all these diverse views there has always been a general understanding among Indigenous peoples that inhabit “Turtle Island” (North America) that spirituality/religion and well-being are connected (Gehl, 2012; Gonzalez, Sittner, Saniguq Ullrich, & Walls, 2021).

Two New Zealand white settler researchers acknowledged learning a great deal from “the work of Linda Tuhiwai Smith (1999) who challenges non-Indigenous researchers to find the sacred in their work and to collaborate with others outside of their own fields of interest” (Wright, Lang & Cornforth, 2011, p.472). As a non-Indigenous researcher, I wish to follow the challenge of Smith (1999) and work collaboratively with Indigenous peoples. This collaborative approach to working with others may be, in part, to identify what needs to be included in the “sacred” work of those in the helping professions engaged with spiritual/religious clients. Given the significance of spirituality/religion to so many connected to Turtle Island/Canada it is imperative for those in the helping professions to understand how to work effectively with people whose lives are guided by spirituality/religion (Woodside & McClam, 2018).

Medical Model

Shah and Mountain note that “the ‘medical model’ is a process whereby, informed by the best available evidence, doctors advise on, coordinate or deliver interventions for health improvement” (2007, p.375). The medical model is based on Eurocentric ideas of scientific medicine (Whooley, 2016). One of the major tenants of the medical model is that a medically trained expert is centrally important to the healing process (Wakefield, 2013). The medical model related to mental health therapy is done by or under the supervision of a psychiatrist or a physician. This approach would claim to be based on “objectivity, rationality, and science” (Whooley, 2016, p.39). The focus in the healing process is on a medical person (physician or psychiatrist) “curing or fixing” people with mental health issues (Hanes, 2017, p.412). The professional medical expert approach to mental health attempts to move other helping professionals to the peripheral of the healing process. Further isolation was the result of separating people with mental health issues from the larger community.

For centuries, in much of Europe, part of the cure for mental health issues involved separating from the general population those with mental health issues and placing them in asylums (Allmond, 2017; Foucault, 1965). As was the practice in Europe of putting the insane in asylums, so was the practice of colonial Canada (Freeman, 2010; Moran, 2014). Later, in the 1960s, Canadian asylums were closed or replaced by psychiatric hospitals in each province (Mulvale, Abelson & Goering, 2007). Throughout Canadian colonial history the influence of the medical model on the other helping professions, including social work, is evident (Absolon, 2011; Baskin, 2016).

In Canada, the settler peoples from Europe brought with them ideas of well-being based on the medical model. This included the newly developed medical model discipline of psychiatry. Medical ideas from Europe, which infused psychiatry, held that mental health had a physiological base (Allmon, 2013; Clegg, 2012; Dowbiggin, 2013; Freeman, 2010; Pomeroy & Anderson, 2013; Wakefield, 2013). In that the focus of this model is on the individual who needs to be healed by the medical professional, the results of this understanding can include the negation of structural influences (Brown, 2007). This approach emphasizes the individual deficits of patients. In the early years of psychiatry, medical personnel understood a “mental disorder as the aberrant functioning of a complex and highly variable human physiology” (Morrison, 2017, p.74). Mental health issues understood through a medical model framework might be described in terms of “inherited traits” (genetic) and/or as a function of an “organic disease” (May, 2001, p.387).

The focus on the body meant medical model professionals gave little to no consideration of spiritual/religious influences. Over time this changed with Freud (1961) and Jung (1966), both influential figures in the development of psychiatry, presenting two very different understandings

of spirituality/religion and well-being. These two differing approaches to spirituality/religion express the continuum of opinions within the medical model community.

Freud identified that spirituality/religion was predominantly a negative influence. “Religious dogma was critiqued by Freud (1928) as belief that was based on authority rather than reason” (Ross, Francis, & Craig, 2005, p.483). Freud (1961) presented that “religious ideas” are “illusions” (p.17), rooted in “infantile” “father issues” (pp.21-22) as well as “between father - complex and man’s helplessness and need for protection” (p.29). Freud made the connection between “religion and obsessional neurosis” (p.56), as well as noting that spirituality/religion is “primitive and infantile” followed by the “uneducated masses” (p.67). Generally, for Freud the reason for and the impact of religion could be reduced to negative psychological variables (Armstrong, 2000; Fromm, 2004; Mitchell, Silver & Ross, 2012; Pedroni, 2015).

Although Freud presented spirituality/religion as a negative, his contemporary, Jung, identified spirituality/religion as having a predominately positive impact on people (Crowley, 1999; Fuller, 1994; Main, 2006; McKernan, 2005). Jung (1966) identified that spirituality/religion might be useful for some to identify the “unknown” or “unconscious” present in “dreams” (pp.21,30). He also noted that religious pluralism promotes “relativism” in the larger community, which Jung viewed as positive (1966, p.23). He identified that various personality types was something to be valued. This “Jungian typology makes to our understanding of religion and personality differences” (Ross, 2011, p.166). Jung’s view was that vast diverse spiritual/religious approaches in the world are important and something psychiatrists need to remain curious about especially in terms of psychological well-being of clients (Bramer & Ross, 2012; James & Wells, 2003; Smith. 2020). This is an important perspective in that “Jung’s reconnection of religious experience to the individual and archetypal unconscious” is seen as a

contributor to well-being (Pedroni, 2015, p.344. see also Main, 2006). These Jungian ideas regarding spirituality/religion continue to have influence today.

In the present Jung's ideas can be identified in both Indigenous worldviews and Western counselling models. Jung had encounters with Native Americans that contributed to his writings related to myth (Deloria, 2016). One aspect of the work of Joseph Campbell (1991, 2019) included explorations of spirituality/religion by identifying through Jungian analysis the psychological dimensions of cultural myths from around the world, including Indigenous and Western spiritual/religious stories. Indigenous writer Vine Deloria Jr. suggested that there was "a compatibility between Jungian psychology and Sioux religious traditions" though he points out that a recognition of such compatibility was often limited by the colonial worldview of Jung and his followers (2016, p.183). Along with these writers, the thoughts of Jung influenced others who produced a continuum of ideas related to spirituality/religion and well-being.

Following Freud and Jung, many medical model scholars have presented on a similar continuum of opinions about spirituality/religion (Russell, & Yarhouse, 2006). Freud's negative view of spirituality/religion continues to influence psychiatrists and others in the helping professions (Baetz, Griffin, Bowen, & Marcoux, 2004; Cassar & Shinebourne, 2012; Cefalu, 2010; Dein, 2005; Lee, & Baumann, 2013). As well, Jung's positive view of spirituality/religion also continues to be influential for some psychiatrists and professional counsellors as evidenced in the works of Erickson, Maslow, May, and Bugental (Maslow, 1999; Serlin, 2011; Tillman, Dinsmore, Hof, & Chasek, 2013; Yount, 2009). Some of these pioneers in the psychology of religion include James, Hall, and Starbuck (Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000, p.51).

Today, direct therapy based on the medical model is primarily carried out by or under the supervision of psychiatrists and medical physicians. The guiding principles of the medical model approach to mental health are found in the “*Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)*” (Woodside & McClam, 2018, p.295). The DSM-5 is the “common language of psychiatric diagnosis” (Sanders, 2011, p.394). This resource contains the descriptions and standard for psychiatric diagnosis being used in clinical and research contexts (Clegg, 2012; Sanders, 2011). Historically the DSM has “pathologized” spirituality/religion (Allmon, 2013, p.538). For example, in the DSM-III “over 22% of all cases of mental illness included religious descriptions” which support negative views of spirituality/religion and mental health (Koenig, 2015, p.27). Over the 20th century, this single negative view has been increasingly challenged. One evidence of this challenge having positive impact is seen in the latest edition of this resource which includes “a nonpathological diagnostic category (DSM-5, Code V62.89) titled “Religious or Spiritual Problems” (American Psychiatric Association, 2013)” (Bronn, & McIlwain, 2015, p.347). Baetz, Griffin, Bowen, and Marcoux note that psychiatrists identify less with spiritual/religious “than do patients, they acknowledge that it is important to include this topic in patient care. Increased discussion and education may lower reported barriers to including spirituality and religion in routine psychiatric assessment” (2004, p.265).

As already noted above there is a long history within the medical model of negative views of spirituality/religion. Lee and Baumann who observe that “Psychiatrists’ own Religious/Spirituality significantly influenced their interpretation of the effect of ReS on psychiatric patients” and that “religious practices have often been viewed skeptically by psychiatric staff” (2013, p.1). The literature identifies that this is changing and that the possible

positive impacts of spirituality/religion is increasingly being acknowledged and worked with by those within the medical model paradigm. Even with these changes taking place there are a number of concerns that can be raised about the medical model.

When considering the medical model there are numerous critiques that have been made (Tabei, Zarei, & Joulaei, 2016). Some have criticized this model for being “paternalistic, inhumane and reductionist” (Shah, & Mountain, 2007, p.375). The medical model approach includes “individual mind/body dualism” and a focus on “brain abnormalities” (Vukic, Gregory, Martin-Misener, & Etowa, 2011, p.69). This approach to mental health assumes it is best to recognize the power of medical model personnel to name client experiences (Rossiter, 2007). The DSM with its many “labels and descriptions” is “what poststructural narrative therapists refer to as ‘problem saturated’ identity-conclusions” (Guilfoyle, 2013, p.86). Approaching mental health in this manner may eclipse systemic influences. There are also concerns about the DSM-5 related to reliability, pathologizing behaviours, ignoring peoples’ strengths, and labelling which has impact on how a person is treated in the larger society (Kirst-Ashman, 2017).

The pathologizing of individuals can have profound impact on clients. Fortunately, there have been changes that move those using the medical model toward a greater recognition of systemic influences in mental health diagnosis. One source identifies that, “mental illnesses are fundamentally socially embedded categories, and so subject to fad, to politics, and to economic pressures” (Clegg, 2012, p.370). Although the increased acknowledgement of systemic influences are positive signs, medical model professionals continue to be slow in incorporating spirituality/religion in their work. One critique of the medical model related to medicalization of mental health notes that there continues to be a general distrust of faith communities and spirituality/religion (Sullivan, Pine, Cheney, Hunt, Haynes, & Sullivan, 2014).

From the beginning of the colonization of Canada, settler people generally assumed that universal Western ideas, as understood by the medical professional experts, gave legitimacy to systems created based on the medical model (Guilfoye, 2013; Mahlert, 2018, Ord, 2009). During the time of colonization many in psychiatry viewed “the brain of the ‘native’ as more simple and crude than that of the civilized, and more vulnerable to the evil effects of civilized life” (Oda, Banzato, & Daldalarrondo, 2005, p.155). As a result, “Europeans and North Americans started seeing the people from the colonized lands as inferior, weak, retarded or unable to progress” (Oda, Banzato, & Daldalarrondo, 2005, p.166). These ideas within the colonial medical model supported and perpetuated stereotypes and discrimination against Indigenous peoples.

One application of critical race theory invites consideration of the intersectional influences of race, culture, and Indigenous teachings (Brayboy, 2015; Fanon, 2004). White settler views of Indigenous peoples in terms of race, culture and spiritual teachings, identify Indigenous peoples as inferior. “Racism is the legitimating ideology of colonialism” (Green, 2006, p.518). Furthermore, both postcolonial and postmodernist perspectives can be useful in the critique the medical model’s grand narrative for well-being and spirituality/religion. Some of the “scientific” ways of understanding are challenged by postmodern perspectives that are skeptical of grand narratives. Foucault’s important work included analysis of the European societal construction of scientific medicine with its’ political implications (1973, 1965). These conversations have also been influenced by postmodernist ideas about the world in general, and specifically, spirituality/religion (Hanson, 2010).

The critiques of the medical model contribute to an increasingly positive understanding of spirituality/religion and possible connections to enhancing well-being. One example of an increasingly positive understanding is be found in Figure 7.

Figure 7*American Medical Colleges & Spirituality/Religion*

Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism, and the arts. All of these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.

Note: Association of American Medical Colleges, 1999.

As has been identified above there is a variety of responses to spirituality/religion by those who are working within the medical model paradigm. Psychiatry has a long tradition of focusing on the negative influences of spirituality/religion (Garfield, Isacco, & Sahker, 2013; Koenig, 2009). This has contributed to a lack of incorporation of spiritual/religious considerations in medicine and counselling training among some within the medical model (Koering, 2005).

Others within the medical model have always advocated for spirituality/religion to be included in the work with clients. One example of this is found in humanistic psychology (Main, 2006). Within this group, psychiatrist Victor Frankl, “considered spiritual beliefs and practices as possible vehicles for reaching higher potential and a deeper sense of meaning” (Cassar, & Shinebourne, 2012, p.133).

An increased openness among some informed by the medical model is also seen in some of the research on work related to the end of life. When reviewing literature on medical physicians, the authors concluded that, “Spiritual coping is important for patients in life-threatening disease” and that “Physician discussion of religion and spirituality is beneficial; however, it is infrequent” (Best, Butow, & Olver, 2016, p.327). This conclusion, that spirituality/religion can enhance coping, has been echoed by other researchers (Behrman, 2009;

Corry, Lewis, & Mallett, 2014; Duckham & Greenfield, 2009; Drumm, Popescu & Kersting, 2009; Este & Bernard, 2006; Kevern, 2013; McLaughlin, 2004; Puchalski, Kheirbek, Doucette, Martin, & Yang, 2013; Ronneberg, Miller, Dugan, & Porell, 2014; Walsh, 1999).

Strengthening the therapeutic alliance includes working with clients who identify as holding spiritual/religious beliefs as well as those who identify as secular and/or atheists (Bartz, 2009; Peteet, 2014). The need to treat the whole person is identified in assessment tools that are described by some as the “biopsychosocial spiritual model” (Balboni, Puchalski, & Peteet, 2014, p.1587). More study is needed to discover increasingly effective ways for those working within the medical model to speak with patients about spiritual/religious matters (Christensen, Cook & Arnold, 2018; Lucchetti, Lucchetti, & Puchalski, 2012; Sajja & Puchalski, 2018). There are many reasons for including this in work with clients.

Several who work within the medical model present spirituality/religion as being connected to “personality traits,” “brain function” and “physiological role in affect regulation” (Saucier & Skrzypinska, 2006, p.1258). Numerous researchers suggest that human beings are “hard wired” or physically predisposed toward spirituality/religion (McEntee, Dy-Liacco, & Haskins, 2013, p.143). These possible connections to the body are something all in the helping professions would do well to continue to research.

Increased conversations about spirituality/religion and counselling between clients and those trained in the medical model is evident. One periodical of the American Medical Association recently published an entire journal exploring spirituality/religion in health care practice (AMA, 2018). A review of recent medical model scholarship has shown that enhanced well-being and spirituality/religion can have a correlation (Allmon, 2013; Baetz, Bowen, Jones & Koru-Sengul, 2006; Kashdan, & Nezlek, 2012; Pargament, 2013; Pedroni, 2015; Seligman, &

Csikszentmihalyi, 2000). This recognition of spirituality/religion being a significant negative or positive component related to the well-being of clients, is a challenging ethical issue for medical model personnel to navigate through (King & Penzias, 2018; Morris & Arora, 2018).

Some who work within the medical model of mental health fully embrace spirituality/religion as part of holistic practice (Rogers, Wattis, Stephenson, Khan & Curran, 2019). There are researchers in psychiatry who present spirituality/religion as helpful to well-being. This positive view of spirituality/religion in psychiatric scholarship is based in evolution, sociology, biology, and positive psychology (Galanter, 2010; Pies, 2008). Another example can be found in physicians who are increasingly aware of the importance of spirituality/religion in palliative care (Balboni, Puchalski, & Peteet, 2014; Koenig, 2005). There are some medical model scholars identify meaning of life questions as the main component of spiritual/religious as it relates to well-being (Corry, Lewis, & Mallett, 2014; Frankl, 1963; Gawande, 2014; McLaughlin, 2004; Schneider, 2015). In the Western helping professions, there is a growing recognition of the potential positive impacts of spirituality/religion which is also informed by a growing openness to Indigenous approaches to well-being. This increasing openness to spirituality/religion and well-being is a promising trend within the medical model community and informs those in the helping professions as what might be considered when engaging with spiritual/religious clients.

Counselling Therapies

In Canada “there has been an expansion in the roles and functions of counsellors; the kinds of settings in which counsellors are employed; the range of theoretical approaches used; the nature, complexity, and severity of presenting client issues; and the diversity of client populations seeking counselling” (Robertson & Borgan, 2016, p.198). Like many other Western nations, the majority of Canadian counsellors can be trained from within a variety of therapeutic models. Counselling therapy incorporates many different therapeutic approaches by a variety of professionals (Humphrey, 2015). For example, counselling can be done by medical doctors, psychiatrists (Gazzola & Smith, 2007), psychologists (Hodge, 2011; Moss & Dobson, 2006; Walsh, Teo & Baydala, 2014), pastoral care personnel (Lasair, 2016; McSherry, Boughey & Kevern, 2016; St. James, 2014), as well as social workers, psychotherapists and educational guidance personnel (Robertson & Borgan, 2016; Gazzola & Smith, 2007).

The literature reviewed for this section of the paper comes from the perspectives of a variety of professional therapists including psychologists, social workers, psychotherapists, and pastoral counsellors. For consistency and clarity, counsellor is used in this counselling model section of the paper to mean anyone who in their professional capacity is assisting with clients’ mental health.

Psychology

Psychologists (a professional designation within Canada) sometimes work within the medical model, but the majority assist through other counselling therapy modalities (Walsh, Teo & Baydala, 2014). There are some who acknowledge an overlap in spirituality/religion and psychology, noting that “the term psychology has meant the study of the soul, consciousness, behaviour, the mind, or the brain, depending on the era and cultural context investigated” (Walsh,

Teo & Baydala, 2014, p.5). “Clinical psychologists are trained in assessing and treating mental disorders and applying empirically supported theories developed by Western science and specific techniques to treat disorders” (Vukic, Gregory, Martin-Misener, & Etowa, 2011, p.73). In one study the researchers identify that “assessing spirituality is often not standard practice for mental health professionals” (McEntee, Dy-Liacco, & Haskins, 2013, p.158). The conclusion of that study is that this needs to change given that spirituality/religion “can contribute to clients’ well-being as seen in their social attachments, emotional regulation, and sense of purpose which has implications for treatment plans” (McEntee, Dy-Liacco, & Haskins, 2013, p.156, 158). In another research investigation the writers identify that “the neglect of study of religion is unfortunate in that it is an important part of many people’s lives effecting psychological process, moral decision making and spiritual well-being” (Shaiah, Chang, Chiang, & Tam, 2016, p.1264). The above-mentioned studies illustrate how over the past decades there is an increase in the considerations of psychologists of the place of spirituality/religion in the therapeutic process. This growing trend in psychology, which includes consideration of spirituality/religion in counselling, also has implications for clinical research.

There has been a general growth across disciplines in spirituality/religious research (MacDonald, 2014; Psaila, 2014). In psychology there is a “burgeoning empirical literature” and an “increased number of health professionals advocating for s/r [spirituality/religion] to be included in practice” (Migdal & MacDonald, 2013, p.275). Although spirituality/religion is important to clients, in a review of a particular professional psychology counselling journal less than 1 percent of the articles was given to the subject (Davis, Rice, Hook, Van Tongeren, DeBlaere, & Choe, 2015). This is one example that reveals how the negative dominant discourses related to spirituality/religion do not easily change. It is within these dominant

discourses that helping professionals create educational requirements, professional ethics, and standards including approved therapeutic modalities. However, there are indicators that change within helping professions are leading increasingly to regarding the impact of spirituality/religion as having the potential to positively enhance well-being.

The apparent lack of spiritual/religious resources in some journals for psychologists does not capture all that is going on in the field. For example, to contribute to meeting the need for spirituality/religion to be included in psychological practice the American Psychological Association (APA) produced a 2-volume book set on psychology, spirituality and religion (Pargament, 2013). This resource is one of many that psychologists can access related to spirituality/religion in counselling work. These changes can also be identified within the medical model, as well as in many helping professions increased openness to Indigenous ways of healing.

A meta study of counselling literature notes that most clients want their mental health counsellors (including psychologists) to speak with them about their spiritual/religious concerns (Harris, Randolph, & Gordon, 2016). Clients want spirituality/religion to be acknowledged by psychologists and some want it to be incorporated into the therapeutic plan (Crook-Lyon, O'Grady, Smith, Jenson, Golightly & Potkar, 2012). Hill, Pargament, Hood, McCullough, Swyers, Larson and Zinnbauer, (2000) note that there are several reasons psychologists should be incorporating spirituality/religion into their practices as noted in Figure 8.

Figure 8*Why Psychologists Need to Investigate Spirituality/Religion*

- historically spirituality/religion had to be considered to understand the whole person.
- spirituality/religion can affect people over the lifespan, as well as have significant influence on groups (i.e., larger society)
- spirituality/religion has direct relationship to cognition, affect, emotion, personality traits
- spirituality/religion is often part of substance abuse recovery helping with social function
- spirituality/religion can have negative impacts (i.e., pathologies)

Note: Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000, pp.53-56.

Increasingly in the literature, psychologists working with spiritual/religious clients are being encouraged to incorporate spirituality/religion in counselling. In part, this encouragement is based on principles found in holistic counselling.

Holistic Counselling

Holistic counselling practices generally include the body, mind, emotions, and spirit, as well as the social contexts of clients (Coholic, 2012; Csiernik, 2012; Dunn, 2019; Levitt, 2005; Morrisseau, 2005; Recollet, Coholic, & Cote-Meek, 2009; Rogers, Wattis, Moser, Borthwick, Waters & Rickford, 2021; VanKatwyk, 2003). Many sources definition holistic practice as work with the whole person (Canda, Furman & Canda, 2020; Rogers, Wattis, Moser, Borthwick, Waters & Rickford, 2021). In the holistic literature reviewed for this research, all included spirituality/religion as one aspect of this therapeutic approach. One example of this is presented by Leijssen who identifies in a “secularized and multicultural world, we can no more rely on the same basic beliefs for everyone. ... existential wellbeing counseling embraces *different traditions of psychological theory and perennial spiritual wisdom* and hence many methods for development and healing” (2014, p.145).

Acknowledging the importance of spirituality/religion in the lives of clients can result in deeper holistic work (Canda, Furman & Canda, 2020; Frederick, 2014; McDonald, 2011; Wright, Lang, & Cornforth, 2011). A clinical illustration of this principle can be seen in clients whose sexual orientation and spiritual/religious identities are in conflict, engaging with these issues with a counsellor could be a way toward resolution (Fallon, Dobmeier, Reiner, Casquarelli, Giglia, & Goodwin, 2013; Ronneberg, Miller, Dugan & Porell, 2014).

There are many, some of whom are noted below, who advocate that spirituality/religion is essentially a common human experience and as such needs to be included in holistic counselling (Oxhandler, Parrish, Torres & Achenbaum, 2015). One set of researchers notes, “To conclude, this study provides evidence that religiosity and spirituality may represent important aspects of human” (Unterrainer, Ladenhauf, Moazedi, Walner-Leibmann & Fink, 2013, p.205). Holistic counselling principles in the literature, generally agree with this conclusion.

Holistic counselling includes the spiritual/religious and can be seen in various intervention practices (Canda, Furman, & Canda, 2020). For instance, “the incorporation of spirituality/religion into psychological end of life care, with a focus on the biopsychosocial-spiritual model of health, and the consideration of spirituality/religion as an aspect of cultural diversity” (Moss & Dobson, 2006, p.284). There are some helping professions’ associations that promote spiritual/religious considerations when working with clients in end-of-life care (AMA, 2018; American Occupational Therapy Association, 2011; CASW/ACTS, 2005). James and Wells’ (2003) review of the literature related to the incorporation of spirituality/religion into traditional therapy groups noted that it produced similar, and in some cases, better results in terms of improving clients’ well-being (also see Augustyn, Hall, Wang, & Hill, 2017). Similarly, a study examining the incorporation of spirituality with cognitive behaviour therapy showed this

approach to be as helpful as groups without spirituality, concluding, in part, that therapeutically working from the clients' spiritual perspective was effective (Pearce & Koenig, 2016). Among therapists there are some who, wanting to be holistic in their work, advocate for arts-based therapy as a way to access spirituality (Coholic & LeBreton, 2007). There are also therapists who focus on meaning as central to spirituality when including it in therapy. Leijssen is an example of this when noting that "Existential wellbeing counseling emphasizes the interdependent nature of physical, social, personal and spiritual aspects of human experience" (2014, p.142). These examples support the idea of working with spiritual/religious clients by including their frames of reference in the therapeutic work.

Holistic therapy principles invite therapists to consider that spirituality/religion may be one variable in clients' lives that contributes to well-being (Bartz, 2009; Davis, Rice, Hook, Van Tongeren, DeBlaere, & Choe, 2015; Fitzgerald & Gladstone, 2009; Maslow, 1999; Mitchell, Silver & Ross, 2012; Recine, 2015; Sterling, Weinstein, Hill, Gottheil, Gordon, & Shorie, 2005; Wade, Hoyt, Kidwell, & Worthington, 2014). In the section below consideration is given to a variety of other ways spirituality/religion can be incorporated into counselling.

Counselling Informed by Ideologies/Principles

There are so many different counselling models it would not be possible to present them all in this paper. An attempt has been made to identify several of the predominant ones that influence Canadian counsellors. Counselling can be informed by a variety of ideologies/principles such as holistic understandings (Wright, Lang, & Cornforth, 2011), Chinese Buddhism (Birnhbaum, 2005; Cheng & Tse, 2014), health promotion (Russell-Mayhew, 2006), existentialist (Schneider, 2015), anti-oppressive practice (Mullaly, 2007) and/or feminism (Wright, 2009). In all the above examples, ideologies/principles inform therapists as they use

particular therapeutic models. Examples of this approach include anti-oppressive feminist informed trauma therapy (Wilkin & Hillock, 2014) and feminist informed emotion focused and solution focused therapy (Seponski, 2016).

In feminist counselling principles there is a commitment to support all facets of women's experiences (Sitter, 2017). This commitment can result in feminist counsellors supporting clients who identify that aspects of their spirituality/religion are useful in their healing process (Averett, Yoon, & Jenkins, 2012; Church, Pettifor & Malone, 2006; Nason-Clark, Fisher-Townsend, Holtmann & McMullin, 2018; Wright, 2009). There are many in the helping professions who advocate feminist therapists collaborate with a religious representative (i.e., clergy) in the work done with clients (Almeida & Lockard, 2005; Breuninger, Dolan, Padilla & Stanford, 2014; Nason-Clark, Fisher-Townsend, Holtmann & McMullin, 2018). Feminist based therapy/counselling is one example of services based on an ideology/principle that informs counsellors/therapists to include spirituality/religion in their work with clients.

Some ideological or principle informed services can include an "ethical imperative" for counsellors to include spirituality/religion in their work in that there is "clear evidence that spirituality is a vital aspect of an individual's culture and development and, as such, simply cannot be ignored in the counseling process" (Giordano, & Cashwell, 2014, p.65). Along with other researchers, these authors present that assessments should include spirituality/religion (Frederick, 2014; Gold, 2013; Hull, Suarez & Hartman, 2016; Oakes & Raphel, 2008). In the use of specific spiritual/religious questions, some suggest that including spirituality/religion in an assessment can help identify "the essential beliefs and values of clients" (Oakes & Raphel, 2008, p.41). Spiritual/religious informed counselling/therapy is another example of ideology/principle informed therapy.

Counselling Informed by Spirituality/Religion

There are several counselling models that have either a spiritual/religious informed component and/or foundation (Kruk, 2006; Parker, 2011). Some incorporate spiritual/religious practices and/or ideas into therapy but do not identify the source. For example, mindfulness practice is a spiritually/religiously based ideas being incorporated into therapy although the spiritual/religious roots of mindfulness ideas are not always presented (Béres, 2012; Birnbaum, 2005; Stratton, 2015; Wasson, Barratt & O'Brien, 2020; Wong, 2015). Spiritual/religious informed counselling can also be seen in work done with people recovering from addictions, where often a holistic approach that includes spirituality/religion is used (Dermatis & Galanter, 2016; Loos, 2002). A more explicit use of spirituality/religion in counselling can be seen in pastoral care in Canada which has its roots in Christian belief and counselling (Ebear, Csiernik & Bechard, 2006; McSherry, Boughey & Kevern, 2016).

There are combined psychology and spiritual/religious approaches as seen in the example of “pastoral books on Jungian typology and Christian spirituality” (Ross, 2011, p.178). The combining of Christian belief with counselling is a common exploration in the literature (Frederick, 2014; Kim & Enright, 2017; Hathaway, 2008; Swinton, 2015; Titus, 2017). Resolving conflict with others using both therapeutic and Christian ideas is an example of this type of combination (Giordano & Cashwell, 2014; Krause, 2016; Hathaway, 2008; Wade, Hoyt, Kidwell & Worthington, 2014). Although these types of therapeutic approaches raise some concern, there are numerous spiritual/religion-based counselling graduate schools in Canada and the United States who note that their mission statements make a strong commitment to diversity and inclusion (Sells & Hagedorn, 2016). What this commitment to inclusion and diversity means in practice is an ongoing research concern (Walsh-Bowers, 2006).

There are many faith-based organizations in Canada that include spirituality/religion in their work (Ebear, Csiernik & Bechard, 2006). One example of this is seen in Islamic centers that offer counselling. Islamic informed counselling is another example of therapy that attempts to integrate spirituality/religion with counselling practice (Isgandarova, 2014). The concerns related to spirituality/religion is identified by Rassool when he notes that “In Islam, the spirit, body and soul have been accorded equal importance. Muslims have a strong belief that there is a balanced connection between one's mental health/spiritual state and one overall health” (2015, p.321). Non-Muslim counsellors working with Muslims need to be mindful that, like all religious perspectives, Islamic beliefs uniquely address existential questions (Pathan, 2016). “Islamic therapy is aimed at reuniting body, mind and spirit and is holistic, attending to the whole person” (Dein, 2005, p.536). In social work “faith-sensitive intervention to meet the needs of Muslims” is a way to demonstrate inclusivity” (Warden, Scourfield, & Huxley, 2017, p.739).

In counselling it is essential to “localize to represent how knowledge is adapted to the local circumstances of culture, community, and values” when considering work with Muslim clients (Graham, Bradshaw, & Trew, 2009, p.544). It is essential to work within clients’ values which means that if Islam informs clients, counsellors need to work with some understanding of what this means to clients (Graham, Bradshaw, & Trew, 2009; Smith, 2020). It is also centrally important that the Muslim community be involved in creating services for Muslims (Ali, Milstein, & Marzuk, 2015; Ibrahim & Dykeman, 2011; Smith, 2020; Warden, Scourfield, & Huxley, 2017). These are some of the considerations in a holistic approach of counselling and Islamic healing practices when working with Muslim clients (Ibrahim & Dykeman, 2011; Pathan, 2016; Rassool, 2015).

These principles in work with Islamic clients may apply to practice with spiritual/religious clients from other traditions. As has already been noted, in the lives of some clients, the importance of spirituality/religion is directly connected to their well-being. As Mutter and Neves identify “spiritual and religious beliefs shape a person’s understanding of him/herself as an individual as well as a person in-relationship and contribute significantly to his/her sense of well-being” (2010, p.167). It is important that practitioners be attentive to client spirituality/religion to better understand and work with them (Post & Wade, 2014; Swinton, 2014).

Conclusion

Although negative viewpoints of spirituality/religions within the helping professions continue to impact the medical model and other counselling models, there is an increasing interest and acceptance in holistic practice which includes spirituality/religion in the healing process. In creating best practices related to engaging with spiritual/religious clients there are several important ideas to consider. Spirituality/religion in its many forms affects the majority of the global population, which is reflected in Canadian settler and Indigenous populations. This fact makes it imperative for helping professionals to acquire skills and knowledge of how to work with spiritual/religious clients. It is also essential to acknowledge that colonial oppression limited Indigenous peoples, who have always held that holistic health includes the spiritual. Critical theory analysis identifies the dominant discourses present in Western social sciences, seen in the example of colonial imperialism, which contributes to the rejection or marginalization of spirituality/religion in the healing process. To not replicate oppression, it is important for helping professionals to apply critical theory analysis to cultural dominant discourses, with particular attention given to how this analysis guides practice. To better understand at a structural

level dominant discourses connected to spirituality/religion, critical theory analysis will be accessed in the next section as human rights and the public sphere are considered.

Systemic Structural Analysis of Spirituality/Religion

One social work principle of analysis is the consideration of “person in environment” (Banks, 2021; Carter & Hugman, 2016). Previous sections have focused on the micro aspects of clients’ spiritual/religious concerns. In this section, spirituality/religion will be analyzed at the environmental, macro level. Critical theory analysis was used in the consideration of spiritual/religious macro concerns.

This exploration begins with a brief overview of culture and spirituality/religion primarily from sociological perspectives. In harmony with the centrally important social work value of promoting social justice, systemic understandings of spirituality/religion from the perspective of human rights will be considered. The human rights investigation of spirituality/religion will include examining concepts related to dominant discourses and public sphere. Following these interconnected analyses specific implications for Canadian professional helpers engaged with spiritual/religious clients will be considered.

Culture

In the study of culture, many facets of the social order are examined including customs, traditions, laws, norms, and institutions i.e., political, educational that create and sustain the society (Couldry, 2020; Dumbrill, & Yee, 2019; Meer. & Modood, 2011; Rutten, Rodman, Wright, & Soetaert, 2013). Religious institutions and religious/spiritual norms are also included in the study of culture (Koch, 2018; Seljak, 2022). Spirituality/religion is an aspect of culture that intertwines with other cultural dynamics (Schnabel & Hjerm, 2014). As Zwissler notes “religion is one cultural complex among many” influencing and being influenced by other cultural factors (2012, p.354). The interconnection of cultural influences in colonial Canada related to

spirituality/religion include dominant historic religious institutions, laws, social customs, and trends. All these dynamic aspects of culture are influenced by, as well as influence, each other.

Sociology has a longstanding tradition of examining religion as one important component in the analysis of cultures/societies. For example, “Durkheim and Weber both considered the study of religion fundamental to understanding modern society and wrote texts that have become classics in the sociology of religion (Weber, 1904; Durkheim, 1912)” (Main, 2013, p.278). For Durkheim (1995) religion facilitates social cohesion in that “religion is first and foremost a system of ideas by means of which individuals imagine the society of which they are members and the obscure yet intimate relations they have with it” (p.227). Weber noted that religion, cultures and economic systems all influence each other and interrelate in society (Davies, 2006; Grosby, 2013; Hayward & Kemmelmeier, 2011). An understanding of the complexity of the significant influences of spirituality/religion in culture and society is a pre-requisite for those in helping professions as they consider how to best engage with spiritual/religious clients.

The complexity of spirituality/religion is illustrated in the many ways it manifests within culture (Seljak, 2022). For example, religion can not only provide individual meaning along with community engagement in worship services, but also can offer various social programs, sports events, and volunteer social action groups (Schnabel & Hjerm, 2014). How spirituality/religion is practiced in the West is understood as coming primarily from individual choice. The practice of religion is understood as a human right as seen in the United Nations’ declaration.

Human Rights

Figure 9

United Nations Universal Declaration Of Human Rights

Preamble: ... *The General Assembly Proclaims* this Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction. ...

Article 18. Everyone has the right to freedom of thought, conscience and **religion**; this right includes freedom to change his **religion** or belief, and freedom, either alone or in community with others and in public or private, to manifest his **religion** or belief in teaching, practice, worship and observance.

Note: taken from the United Nations web site. (**bold added**).

As noted in Figure 9 above, in 1948 the United Nations ratified the Universal Declaration of Human Rights which included Section 18, a declaration that religion is a fundamental right (Ife & Tascón, 2016). In the mid twentieth century most of the western world, including Canada, embraced the idea of human rights as a guiding principle for nations to follow (Bricker-Jenkins, Barbera, Young & Beemer, 2013; Hankivsky, 2004; Mullings, 2012). Seljak states that “the human rights system was a product of the post-World-War-II human rights culture” (2016, p.548). The collective imagination of the West after the war envisioned “an age of rights” in which the entire world would be much improved by moving toward increased universal acceptance of pluralism as a norm for all societies (Frick, 2019, p.1). One of the assumptions of the human rights movement is that government supported equality can “be achieved by individual rights” (Madood, 2018, p.286). The creation of universal human rights through the United Nations was, and still is today, presented as a worldwide agreed upon set of values (Dunk-West, 2018; Kebede, 2018; Langlois, 2002; Sacks, 2002). This aspect of the vision of

inclusivity and acceptance of diversity relates to spirituality/religion. Human rights are presented as protecting all citizens, “non-believers as well as believers” (Domingo, 2014, p.228).

Over the decades that followed, the general implications of the Declaration of Human Rights, and in particular section 18, have been widespread (Backer, 2017; Domingo, 2014; Hannum, 1998; Schabas, 1998). One influence of spirituality/religion being understood as an entitlement is seen in the 37th World Health Assembly where “a historic decision was taken in that ‘*the spiritual dimension*’ was integrated into the healthcare strategy of the member states of the World Health Organization (WHO)” (Giumbelli & Toniol, 2017, p.147). Also, since 1990 the United Nations Development Program created and started using the Human Developed Index to measure well-being based on several human rights (UNDP). Universal human rights informed the understandings of human development as “the enlargement of choices made possible by education and literacy, a decent material standard of living, and a long and healthy life” (Cooke, Mitrou, Lawrence, Guimond, & Beavon, 2007, p.3). Options about spirituality/religion are included in this measuring of well-being or what constitutes a healthy life.

Spirituality/religion as a human right implies that everyone has a choice about these matters, and the community is obligated to create societal structures that support the choices made by citizens. Some have suggested that the impact of the right to spiritual/religious choice has given opportunity for more people around the world to be actively religious (Benton, 2021; Fenelon & Danielsen, 2016). Human rights laws and principles related to spirituality/religion have been increasingly embedded in Western societies.

Human rights can also be supported by many systems of belief, including secular and religious (Domingo, 2022; Hodge, 2007; Kebede, 2018; Langlois, 2002). For example, social workers can access human rights ideas as one principle that informs practice (Hawkins, 2009;

Ife, 2016). Although there are cultural challenges in embracing human rights, in the larger community support can be given for human rights by secular citizens for humanist reasons, and religious citizens based on religious reasons (Bell, 2000; Clapham, 2007; Dershowitz, 2004; Kurasawa, 2007; Thompson, 2017; Woodiwiss, 2005). One challenge comes from those whose cultural ideas focus more on community who identify that Western individualism assumed in human rights does so at the expense of the common good of the people (Clapham, 2007; Dahre, 2010; Failler, 2018; Kurasawa, 2007; Gunn, 2020; Ife & Tascón, 2016; Whitlow, Anderson, Broziwski, Tschirhart, Charles, & Ransom, 2019; Woodiwiss, 2005).

In terms of specific individual rights there are a few direct references in the United Nation declaration to religion. Article 18, as seen above in Figure 9, is the most explicit section related to spirituality/religion. Human rights “protect rigorously the freedom to live one’s life in harmony with one’s deepest and ultimate convictions and commitments, whether or not one’s morality is religiously based” (Domingo, 2014, p.227). Article 18 of the declaration has informed a number of advocacy groups in their promotion for spiritual/religious freedoms. For example, Forum 18, a Scandinavian advocacy group, monitors and advocates for people who are spiritually/ religiously oppressed. This organization summarizes Article 18 as “comprising the following three interrelated components: (a) the right to believe, worship, and witness, (b) the right to change one’s belief or religion, and (c) the right to join together and express one’s beliefs” (Hodge, 2007, p.257). The organization Forum 18 is one example among many who champion spirituality/religion as a human right (Bielefeldt, 2011; Breskaya, Richardson & Giordan, 2018; Little, 2014; Lundy, 2011).

The connection made with religious freedoms and human rights continues to be a standard in Western legal systems (Basok & Ilcan, 2013; Bhabha, 2012; Domingo, 2022; Pierson

& Castles, 2006; Power-Forde, 2016). Spiritual/religious practice as a universal privilege has been embedded in the majority of Western cultures, as reflected in its presence in the European Convention on Human Rights (Berger, 2007; Goldstein, 2022; Power-Forde, 2016). The legal system within colonial Canadian law is another example of this entrenching spirituality/religion as a human right. It is explicit in the Canadian Charter of Rights and Freedoms as noted below.

Figure 10

Canadian Charter of Rights and Freedoms

Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law:

Guarantee of Rights and Freedoms. The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

Fundamental Freedoms 2. Everyone has the following fundamental freedoms: (a) freedom of conscience and **religion**; (b) freedom of thought, **belief**, opinion and expression, including freedom of the press and other media of communication; (c) freedom of peaceful assembly; and (d) freedom of association.

Equality Rights 15.(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, **religion**, sex, age or mental or physical disability. (2) Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, **religion**, sex, age or mental or physical disability.

Note: Canadian Charter of Rights And Freedoms. Government of Canada (**bold added**).

In the beginnings of colonial Canada, nationalism prevailed with “anti-immigration” and “anti-multiculturalist” ideas as guiding principles (Madood, 2018, p.285). Throughout its development, imperialist norms have informed colonial Canada (Baskin, 2016; Czyzewski & Tester, 2014; Pineda, 2017). Assimilation or annihilation of Indigenous peoples were the policies followed by colonial Canadian governments (Bush, 2015; Seljak, 2016). From the very

beginning of colonial Canada, a rejection of Indigenous spiritualities by settler populations was evident. Colonialism imbedded in the larger society makes it difficult to move toward acceptance of various spiritual/religious perspectives within Canada. Even with this colonial dynamic within the dominant culture in Canada, there has been some movement toward greater inclusion of various spiritual/religious perspectives as expressed within the numerous cultural groups.

Given the interconnection of culture and religion, it has been suggested that “a multicultural Canada implies a multi-religious Canada” (Parra-Pirela, 2010, p.9). The Canadian Charter of Rights and Freedoms guarantees freedom of “conscience and religion” (Government of Canada). Along with the Charter of Rights and Freedoms, religious freedom in Canada is also protected by various other human rights legislation (Bhabha, 2012; Dick, 2015; McKenzie & Wharf, 2016; Mullaly & West, 2018). Canadian religious freedom is based in part on the idea that it is centrally important for there to be “harmonious relations between diverse communities achieved through political compromise” (Berger, 2019, p.41). Within these diverse communities, who are all protected by law, there are numerous practices of spiritualities/religions.

Canadian legal scholar Bhabha observes that “the Court grounded its protection of religion and religious freedom in historical and contextual considerations, philosophical values, cultural norms and unwritten constitutional principles” (2021, p.111). The sources that inform the Court are founded in colonial Western Christian ideologies. When considering Canadian society, Supreme Court Justice Beverly McLachlin notes that the “‘multicultural, multireligious’ nature of Canadian society... can only work... if people of all groups understand and tolerate each other. The goal of fostering multiracial and multicultural harmony ‘is of great importance in a society as diverse as ours’” (Berger, 2019, p.51). Although these sentiments of Justice McLachlin appear noble, there is a different experience being lived out by those in the margins

as compared to those in the dominant culture as has been reflected upon in the last two chapters related to the literature review, and critical theory.

Laws reflect the values of the dominant society (Berger, 2007; Meer. & Modood, 2011; Power-Forde, 2016). Canadian multiculturalism is presented as though the dominant culture regards equally all spiritual/religious perspectives (Dallaire, 2013). This plurality in Canadian law regarding spirituality/religion is often presented as neutral, all religions equally regarded, and that no religion is officially adopted by the state (Buckingham, 2014). One example of this is found in a supreme court ruling related to religion in the school where “the Court emphasized the ‘neutrality’ of the secular educational program” (Bhabha, 2012, p.112). This legal perspective of an all-inclusive Canada, does not reflect the lived experiences of the population.

Western cultural ideas related to human rights continues to permeate colonial Canada. The inclusion in all facets of citizen’s lives, including spirituality/religion, is presented as one of the guiding principles of the Canadian court system (Berger, 2007; Kislowicz, 2015). The “rights orientated political culture” in Canada manifests itself throughout the legal system, promoting “secularism and multiculturalism” (Seljak, 2016, p.546). However, social justice movements in the West, including Canada, identified cultural oppressions directly related to spirituality/religion. It was not until the 1950s and 1960s that “the uprisings of anti-colonialism and the civil rights movement” that attempts were made by governments to enshrine these ideas in law (Morey, 2018, p.6). The impact of these movements continued beyond the 1960s. One such Canadian law focused directly on moving Canada forward as a multicultural society.

“Multiculturalism is broadly understood to reflect an acknowledgement of the fact that modern Western nations are composed of diverse ethnic and cultural groups” (Morey, 2018, p.3). One attempt to promote this principle in Canadian law was in the “1988 Multiculturalism Act,

enshrining the recognition of different religions, cultural practices and languages within the nation” (Morey, 2018, p.5). The Canadian government promoted multiculturalism as a way to “shift away from assimilation to integration” (Beaman, 2017, p.263).

Multiculturalism laws and policies are not without concerns. For example, “the discourse of multiculturalism relies on minority affiliations to race, ethnicity and religion” (Sheikh, 2018, p.264). It is noteworthy that it is “not always appropriate to discuss religious pluralism and multiculturalism interchangeably” in that these terms address different issues (Sheikh, 2018, p.270). The multiculturalism promoted today typically omits Canadian history regarding slavery, internment camps, oppression of Indigenous peoples, and harm to racialized peoples (Mullings, 2012). Even with these challenges, there are some who advocate that the inclusion and celebration of diversity as seen in cultures in general, and spiritualities/religions in particular, are essential for an increasingly interconnected global world (Basok & Ilcan, 2013; Meer, & Modood, 2011; Sacks, 2002).

The deliberations related to spirituality/religion as a human right, is only part of what should be considered in the creation and sustaining of inclusive societies. As Harris notes “religious freedom comes with its challenges when we want our religious freedom at the expense of the religious freedom of others” (2019, p.3). Being open to various and contrary views of other citizens demands more than a commitment to individual choice, but also a commitment to the community’s common good (Dallaire, 2013). Focusing the argument for inclusive views of spirituality/religion on individual “religious freedom and civil rights, can cause us to miss the larger systemic influences” present in society (Kazyak, Burke & Strange, 2018, p.3). What choices citizens are given and supported in community are determined by the larger society. Much of the debate in the larger community focuses on human rights but misses the complexity

of spirituality/religion in culture. How human rights are understood, communicated, and enacted in legislation, are examples of the dominant group's cultural norms expressed in dominant discourses.

Dominant Discourse

Dominant discourses reflect the norms formed by the dominant group within society (Bishop, 2015; Fook, 1993; Harding & Jeyapal, 2018; Mullaly & West, 2018). Dominant discourses are “systemic or structural” in nature (Hick, 2014, p.7). Historically Western generated knowledge has been presented as universally true and is an example of a dominant discourse. In a globalized world, we have moved from national to global power structures creating the danger of one dominant group's ideas being presented as the norms for the world (Pollock & Rossiter, 2010). The dominant culture relationships to spiritual/religious groups can be either “tense or harmonious” (Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000, p.70). The dominant culture's views related to spirituality/religion have direct impact on the individuals and communities that practice these ideas, and such dominant perspectives can come to influence our social work practice with clients. When reflecting on Indigenous spiritualities, and the multicultural multi-religious nature of colonial Canada, it is a social justice imperative to support all expressions of spirituality/religion. These expressions are one aspect of people exercising their human rights. It is vitally important that full societal structural supports be present so that diverse spiritualities/religions be the lived experiences of all on Turtle Island/Canada, whether these are in conflict or harmony with the dominant culture.

Spiritual/religious values often reflect the dominant culture. For example, individualism is a value promoted by Christian Churches in Western cultural areas of the world (Sasaki, Heejung, & Xu, 2011; Saucier & Skrzypinska, 2006; Shaiah, Chang, Chiang, & Tam, 2016).

Another North American dominant discourse is the assumption of rationality and European Enlightenment views that dismiss spirituality/religion (Luhmann, Weisman, Aulino, Brahinsky, Dulin, Dzokoto, Legare, Lifshitz, Ng, Ross-Zehnder & Smith, 2021). Increasingly in the West there has been a “displacement of religion by a rationally enlightened culture as signs of social progress” (Hill, Pargament, Hood, McCullough, Swyers, Larson & Zinnbauer, 2000, p.59). Western cultural thinking profoundly influences political norms often resulting in liberal nonreligious views being seen as more progressive (Talhelm, Haidt, Oishi, Zhang, Miao, & Chen, 2015; Seljak, 2022). This dismissal of spirituality/religion has direct impact on how spiritual/religious citizens, individually and collectively, are viewed in the large society.

As already noted, dominant discourse can be reflected in the culture’s religious group as there is a “social and political embeddedness ... of all religions” (King, 2013, p.502).

Spiritual/religious ideas can interconnect with other cultural sources to create dominant discourses. North American culture increasingly promotes “individualism and diminished social engagement” (Hastings, 2016, p.1). These ideals can also find expression in the religious groups of the dominant culture (Sasaki, Heejung, & Xu, 2011). Some suggest that when central beliefs of a culture and religious group are in harmony then spiritual well-being is more likely among that religious group’s members (Shaiah, Chang, Chiang, & Tam, 2016, p.1267). The dominant discourse linking religious and cultural harmony of ideas as a cultural expectation can be a contributing factor in oppression. For example, “Canada, is a country that privileges Christian values” (Kumsa, 2011, p.239). Even in a context of a seemingly secular profession like social work, some have offered a critical view on how Christian values have historically and presently influenced the profession’s values and practices (i.e., Kennedy-Kish (Bell) et al. 2016). This

Canadian spiritual/religious norm held among members of the dominant culture contribute to the oppression of peoples whose practices are other than Christian.

There is a complexity in the connections between Canadian churches and the larger culture. For example, the Christian Churches have been part of suppression of human rights related to Indigenous people and women, and at other times, supportive of human rights as seen in advocating for the working class and women's movement (Mitchell, 2015; Reeve, 1999). Along with religious groups, those in the helping professions can also either hinder or support human rights related to spirituality/religion.

When engaging with spiritual/religious clients, best practices for social workers include consideration of both micro and macro concerns (Mayor & Pollack, 2022). Social justice informed social work includes taking actions at macro levels. Advocacy for spiritual/religious clients in Canada might include engaging with the larger community about the right to wear religious symbols at work, respect for citizens who do not get vaccinated for spiritual/religious reasons, and for appropriate spiritual care in publicly funded institutions (hospitals, corrections) for all, whatever their spiritual/religious affiliation. One aspect of social justice work related to spirituality/religion is full engagement on these concerns within the public sphere (Günther, 2018).

Public Sphere

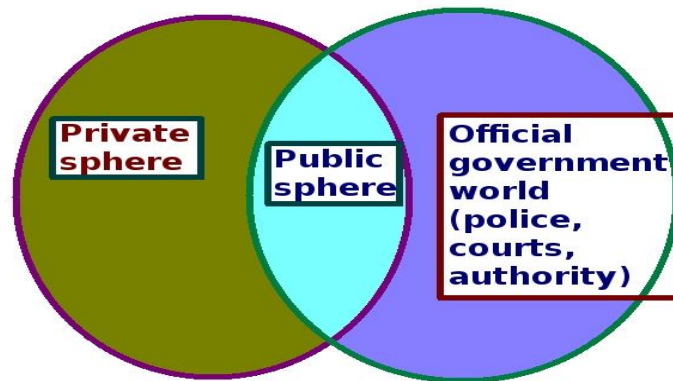
Public sphere refers to the space in which citizens and government authorities meet to debate what is important and discuss how to collectively solve societal issues (Andrews, Dunphy, & Azaransky, 2010; Bohmann, Keding & Rosa, 2018; Brunkhorst, Kreide, & Lafont, 2018; Fisher-Høyrem, 2013; Habermas, 2004; Nanz, 2018; Ryan, 2016). The term 'public sphere' has its origin in "the German word *öffentlichkeit*" which includes the idea of "the state of

being publicly visible and subject to scrutiny by the public” (Oxford Bibliographies, 2020).

Habermas identifies the public sphere as “a realm of our social life in which something approaching public opinion can be formed” (Habermas, Lennox & Lennox, 1974). The central idea of public sphere is illustrated in Figure 11.

Figure 11

Habermas’ Public Sphere



Note: Figure 11. presents the intersection of individual citizens and world intersecting in the public sphere as understood by Jürgen Habermas. Source: Citizendium

The public sphere is generally understood as the shared spaces in which everyone in society has opportunity to “meet through a variety of media: print, electronic, and also face-to-face encounters; to discuss matters of common interest; and thus, to be about to form a common mind about these” (Taylor, 2007, p.185). Public sphere presumes a democratic state in which all can participate equally, which as we have seen is not the lived experiences of citizens when identities such as race, gender, and/or sexual orientation are considered (Breese, 2011; Fisher-Høyrem, 2013; Fraser, 2018; Habermas, 2004; Hodge, 2007; Wickham, 2010). There are also challenges related to full participation of spiritual/religious citizens (Breese, 2011; Goldstein, 2022; Jakobsen & Fjørtoft, 2018; Modood & May, 2001; Portier, 2011; Wickham, 2010;

Verniest, 2006). Oppressive exclusion of some members of society is contrary to what is being advocated in public sphere principles.

Taylor further notes that citizens coming to a “common mind” includes a process whereby “opinion, debate, discussion, analysis, arguments, counter-arguments” are all given for consideration to the end that reasoned consensus is created (2007, p.186). This is what Taylor identifies as a “consensus on democratic core values” informing community policies (Spohn, 2015, p.125). In harmony with social justice principles, “Taylor gives voice to the perspectives and rights of religious believers and more generally, to the really vulnerable members of the community” (Laforest, 2018, p.798).

Habermas identifies the “free communication of ideas and opinions as the most precious rights of humans” (1999, p.70). “In the bourgeois public sphere, individuals and groups criticize the state, discuss society, and debate issues of common concern; Habermas’s public sphere is characterized by rational–critical debate” (Breese, 2011, p.131. Also see Fraser, 2018; Kettner, 2018; Möllers, 2018). Habermas advocates for the ongoing public use of “reason” to engage and keep government “power” in check (Taylor, 2007, p.170. Also see Iser, 2018). Further to this, Habermas advocates for the inclusion of religious citizens in the public sphere but recognizes there are many issues regarding this matter (Jakobsen & Fjørtoft, 2018; Modood & Sealy, 2021; Portier, 2011; Wickham, 2010). Many public sphere scholars advocate that communication among citizens be rooted in reason and that there is “a vocabulary that is accessible to all citizens across cultural and religious divides” (Jakobsen & Fjørtoft, 2018, p.150).

Ideally religious and secular citizens enter into dialogue with each other with a sense of both “humility” and “realism” when engaging with and listening to each other as they attempt to understand each other (Taylor, 2007, p.675). The aim of public sphere dialogue is to discuss and

agree on what is best for society as a whole or what has been termed as the common good (Bohmann, Keding & Rosa, 2018; Fardella, 2005; Høibraaten, 2018; Möllers, 2018; Ormerod, 2009; Walhout, 2010; Van Aarde, 2009). Taylor “makes a plea for resolving religious conflicts through dialogue rather than through politics or the courts” (Buckingham, 2014, p.6). This plea implicitly advocates for meaningful relationships among citizens where their commitment to the larger community motivates them to work together.

There are great complexities in community engagement with spiritual/religious issues (Meer & Modood, 2011). These must be faced for the larger society to increasingly promote social justice and have it translated to the lived experiences of citizens. As has already been noted there is a plethora of expressions of spirituality/religion. Within large world faith communities are many splinter groups, some of whom widely differ in beliefs and practices. Beyond these divisions among religious groups, there is the additional challenges of the lived experiences of peoples throughout history related to spirituality/religion.

Citizens with differing religious views have the weight of religiously informed atrocities, historic and current, to work through together (Hick, 2000; Hitchens, 2001). There continues to be the mistaken claim made that religion is the source of many human problems which might cause some to not wish to engage with spiritual/religious citizens (Dick, 2015; Walsh, 2016). For Marx religion was a means of control of the masses within a capitalist system, identifying the potential of religion to oppress (Armstrong, 2000; Davies, 2006; Mullaly & West, 2018; Young, 2011). Foucault (1965) raised concerns about the social control of citizens through religion. Throughout history there are numerous examples of religious support for national forms of violence including colonialism and war (Chomsky, 2008) In the West, often freedom of religion and the rights of oppressed groups, such as the LGBTQ communities, are “pitted against each

other” (Kazyak, Burke & Strange, 2018, p.2. Also see Bussey, 2017). The public interactions of religion in the public sphere are complicated in colonial Canada, as in most Western nations (Modood & May, 2001; Sacks, 2002). This is seen in the colonialization of Indigenous peoples which included the prohibition of their own spiritual practices and the forced conversion to some form of Christianity (Absolon, 2011; Baskin, 2016).

Along with acknowledging the complexities above, it is accurate to note that within communities, religion, as one of many cultural dynamics, has a significant influence in creating and sustaining dominant discourses (Dover, 2009; Hick, 2000). The complex history of spirituality/religion in Western culture, contributed to the evolution of the idea that spirituality/religion should be confined to private, not public life. There are several challenges to the Western cultural belief that spirituality/religion must be confined to private life.

Spirituality/religion cannot be easily reduced to a private, subjective set of beliefs and practices that has little if anything to do with connections with the larger community (Harvey, 2016; Modood & Sealy, 2021; Walach, 2017). This view has been described as a “trivialized and utterly privatized spirituality” that assumes that this aspect of citizens’ lives has no place in ideas that effect the larger community (Taylor, 2007, p.516). This idea is rooted in an assumption that people who do not identify as spiritual/religious are suited to not needing such restrictions. Public-private separation of spirituality/religion from community life assumes it is possible and best for all (Modood & Sealy, 2021). It is contrary to the feminist mantra “the personal is political” (Lorde, 1981, p.98).

For many who follow some form of spirituality/religion, having “only an inward focus and failing to facilitate connections beyond the self” would not express an authentic practice (Crisp, 2008, p.365). The interaction of culture and spirituality/religion related to social problems

and social justice are for some “spiritual matters” (Thompson, 2017, p.221). For some, both the private and public aspects of life are informed by their spiritual/religious understandings (Ambalu, Coogan, Feinstein, Freedman, Philip, & Stob, 2013; Andrews, Dunphy, & Azaransky, 2010; Durkheim, 1995; Metz, 2004; Sacks, 2002; Schnabel & Hjerm, 2014; Taylor, 2007). These motivating influences can move spiritual/religious people from individual practices to social actions.

As Berger notes, often “religion troubles the law’s individualism ... as religion has an irrepressibly collective dimension and is anchored in the lives of communities, complicated though those lives — and heterogeneous though the practices and beliefs within those communities — might be” (2019, p.54). Many spiritual/religious individuals and groups “have insisted on maintaining a public presence and have refused to confine their faith to the private sphere of personal commitment, family life, and local association” (Seljak, 2016, p.547). It is unfair to these citizens to expect a split where their spiritual/religious views must be kept private and not be part of their public engagement. As Habermas puts it, “genuine faith is not merely a doctrine, something believed, but also a source of energy that the person of faith taps into performatively to nurture her whole life” (Jakobsen & Fjærtøft, 2018, p.150). Spirituality/religion can be the central influence for individuals and/or groups to participate within the larger society (Metz, 2004).

Many religious communities engage with the larger “secular” world of ideas resulting in positive change (Walsh, 2016). For example, within some Christian denominations there are concerted efforts to connect and live within harmony with all people, whatever their expression of spirituality/religion (Parra-Pirela, 2010). Another illustration of positive change can be seen in the advocacy within some Christian communities for “intergroup dialogue” for conservative

Christians and the LGBTQ with the goal of fostering increased understanding and improved relationships (Chi, 2020, p.7). These examples illustrate some of the positive influences that can flow from spiritual/religious communities. However, there is as we have seen a more complex relationship that spirituality/religion has within culture. (Davies, 2006)

Historically the role of religion in society is complicated. Some public activities inspired by spirituality/religion include what many in the larger community would affirm as examples of positive contributions. Bonhoeffer's work to the resistance movement in Hitler's Germany (Clements, 2015; Leibholz, 1995); Dr. Martin Luther King Jr. and the civil rights movement (Cook, 2016; Scott-King, 1969); Dorothy Day empowering workers to unionize (Chi, 2020); and Jane Addams promoting social work settlement houses (Pettegrew, 2012). All of these social actions were inspired by some form of spirituality/religion. However, there are other religiously motivated public activities that are harmful. These include harassing women entering abortion clinics (Albert, 2005), LGBTQ community members being harmed (Beagan & Hattie, 2014), and support for Xenophobia (Lundy, 2011). It is these negative activities that give many citizens reason to be concerned about spirituality/religion in the public sphere, and thus often relegating it to the private sphere.

The marginalization of spirituality/religion, reflected in the belief that it is a private matter, has direct implications on social work practice. Social work practitioners who operate from a perspective that minimizes the importance of spirituality/religion, replicate oppressive dominant discourses. The significance of spirituality/religion to clients needs to be recognized in the helping professions by including these important elements of human experience in the work. Spirituality/religion is not limited to individual assistance but can have significant impact in the larger community.

The examples given illustrate that there is a continuum of spiritually/religiously inspired actions in society. There are questions related to which of the above activities can be supported by the larger society and why. As already noted, many would advocate for reason to prevail to identify generally accepted public actions, whatever the source of inspiration, that contribute to the common good (Dallaire, 2013; Spohn, 2015). Further to this Rawls suggests regarding public sphere engagement that “the relevant distinction to draw is not between ‘secular’ and ‘religious’ reasons, but between public and non-public ones focused on the common good” (Jakobsen & Fjørtoft, 2018, p.152). Ongoing dialogue amongst spiritual/religious and “secular” citizens, should in part, be done in the “pursuit of greater mutual understanding” (Dastmalchian, 2017, p.65). This kind of dialogue focused on the common good among citizens of various spiritual/religious perspectives demands openness and respect related to differences (Høibraaten, 2018). The aim is to not “repress” but rather to “accommodate” for differences in society (Stepan, Linz & Yadav, 2010, p.53). As has been noted several times, this process includes all citizens, including those who are spiritual/religious, to dialogue respectfully to arrive at some consensus on what promotes the greatest good for the most people in the community.

In general, there are concerns about the tensions that can be created when considering the collective common good and the rights of individuals within society (Kettner, 2018; Stepan, Linz & Yadav, 2010). One key principle promoted in the ideas related to public sphere, is that of engaged citizens, including spiritual/religious peoples, can give voice to their various views in an attempt to come to reasoned public policy (Van Aarde, 2009; Karolis, 2013; Spohn, 2015, Taylor, 2007). Social work principles support the ideal of engaged citizens contributing to social policy (Chappell, 2014; Graham, Shier, & Delaney, 2017; Higgins & Weller, 2012). These principles can be applied within a Canadian context.

The social construction of the colonial Canadian dominant discourses related to spirituality/religion is founded in large part on ideas from various Christian Churches (Mullaly & West, 2018; Stolow & Boutros, 2015). The overall view in colonial Canada concerning spirituality/religion is that it is a private matter and has no significant place in the public sphere (Buckingham, 2014; Wickham, 2010). As already noted this dominant discourse has contributed to the oppression of Indigenous peoples. It also negatively impacts other groups. “Canada’s version of secularism hampers the ability of certain ethnic communities to integrate important (that is, religious) elements of their culture into Canadian institutions and public life” (Seljak, 2016, p.545). Diverse spiritual/religious perspectives do not need to be avoided, as seen in the history of the Churches in Canada.

There is a great diversity of belief and practice among the Christian Churches who represent the dominant religion in Canada. Church groups in Western culture run the spectrum of ideas on many issues including sexuality (Kelly, Sutton, Hicks, Godfrey & Gilliban, 2018), abortion (Jakobsen & Fjørtoft, 2018), and in what ways spiritual/religious people should be involved in politics (McDonald, 2011). Presently, besides the Christian churches, the peoples of Canada have multiple religious groups including Hindus, Buddhists, and Muslims (Seljak, 2016) and numerous Indigenous spiritualities (Baskin, 2016), all influencing many who occupy this land.

These diverse spiritual/religious influences result in a variety of political vantage points in Canada, from conservative through to liberal (Ang & Petrocik, 2012; Thomas, 2010; Wilkins-Laflamme & Originale, 2019). This religious pluralism challenges the peoples of Canada to consider how to increasingly move toward “tolerant coexistence of different religious communities” (Welton, 2014, p.60). Many Canadian citizens want to be “included in public life

without forgoing their religious practices” (Kislowicz, 2015, p.365). This underlines the importance of respecting pluralism among all citizens through ongoing dialogue (Benton, 2021; Eid, 2014; Walhout, 2010). Implicit in citizen engagement is a sense of collective community or relationship. What some have identified as belonging.

The idea of all in the community having a “sense of belonging” involves respectful engagement with all inhabitants (Madood, 2018, p.289). For a democratic inclusive dialogue among citizens, everyone needs “a good dose of humility, that is realism” wherein everyone recognizes the value of other opinions when forming a reasoned solution (Taylor, 2007, p.675). The valuing of various views among citizens is promoted by a number of scholars (Fraser, 2018; Meer. & Modood, 2011; Schmalz-Bruns, 2018) Along with many other helping professionals, social workers can be part of the seeking and implementing of collective community solutions. It is this idea that human rights as a discourse would move it away from being an imposed Western cultural idea, to a tool or starting point for dialogue that could assist social workers in community work (Kreide, 2018; Langlois, 2002; Möllers, 2018; Truell & Banks, 2021). Dialogue done in a relational manner, committed to the good of the community, can build community capacity to address common concerns. Open respectful citizen engagement is not without challenges.

Irving notes that “citizens can never all share a particular set of "values or aspirations... characteristics or attributes... and any attempt to create the conditions for this would be coercive or manipulative" (Kislowicz, 2015, p.367). There are many good reasons for the collective moving away from “might is right” to relational connections that “heeds all voices toward evidence-based interaction” (Welton, 2014, p.57). When considering what helps unify diverse communities, it does not require citizens to comply with social norms to not offend and/or not be

an object of negative behaviour (King & Franke, 2017). The variety of spiritual/religious expressions among citizens must be respectfully acknowledged when having open dialogue with the aim of building consensus.

Given the reality of the array of various expressions of spirituality/religion in people's lives "what emerges is the need to better understand how to effectively manage religious diversity" (King & Franke, 2017, p.82). Part of the work of the Truth and Reconciliation Commission given to all peoples is to respectfully engage with Indigenous peoples which includes regard for their spiritual traditions (Baskin, 2016; TRC, 2015). Respect toward Indigenous and settler populations is a foundation for meaningful community engagement. Whatever the spiritual/religious views all must be included in community engagement.

In the search for equitable solutions to challenge spiritual/religious inequity, it would be important to include those who hold to a non-religious secular view of life (Habermas, 2006). As noted, "religious diversity includes religious faiths, secular humanism, denominations, sects, and differences in religious expression" (King & Franke, 2017, p.82). Working toward an increasingly egalitarian society is one aspect of the work of social workers (Caron, Lee, & Sansfaçon, 2020; Dumbrill & Yee, 2019; Mullaly & West, 2018). The well-being of both individuals and society would be positively enhanced in an increasingly inclusive society.

A vision where all citizens respect whatever way of life, religious or secular, could be realized in part by open dialogue (Banks, 2021; Forst, 2018; Habermas, 2006; Høibraaten, 2018; Goldstein, 2018; Goldstein, King & Boyarin, 2019; Karolis, 2013; Norenzayan & Gervais, 2015; Portier, 2011; Walsh, 2016). Habermas "argues strongly that toleration is not just about laws protecting religious minorities: 'it must be practiced in everyday life'" (Welton, 2014, p.61). Social justice must be expressed in the lived experiences of all citizens.

Governments, laws, and human rights declarations can all contribute to the public sphere conversation, but it is groups within a society who are usually the catalyst for changes (Bussey, 2017; Kazyak, Burke & Strange, 2018; Madood, 2018; Möllers, 2018; Stollow & Boutros, 2015). This is illustrated when reviewing civil rights movements (Cook, 2016; Scott-King, 1969) or the various waves in the feminist movement (Zwissler, 2012). People working together within these movements increasingly made real in the lives of citizens, the ideals expressed in laws and declarations. Social workers have historically been part of these movements and can continue to contribute to positive community change (Rifkin, 2002). Part of this social justice work involves building a sense of increasingly strong community.

In terms of building increasing acceptance of spiritual/religious differences among citizens, the work of increasing a stronger sense of community needs to be promoted. As one source identifies, “no political community, certainly not a multicultural one, can be stable and last long without a shared sense of community or common belonging among its citizens and their concomitant commitment to its wellbeing” (Yaqin, Morey & Soliman, 2018, p.v). Focusing on human rights and the legal aspects of citizens practicing spirituality/religion is valuable but not enough. Social justice work must focus on an increasing sense of community or belonging among citizens. It is helpful to remember that “citizenship is about status and rights; belonging is about acceptance, feeling welcome, a sense of identification” (Yaqin, Morey & Soliman, 2018, p.v). Community building is about relationships.

Conclusion

The focus of this investigation is on best practices for social workers engaging with spiritual/religious clients. The research done focused primarily on micro considerations related to this important exploration. Person in environment, or micro and macro analysis, is a core idea in social work practice when engaging with spiritual/religious individuals and groups. To be agents of change social workers, along with other helping professionals in Canada, using critical reflexive skills, need to consider structural factors within the culture by examining social norms, the public sphere, and dominant discourses. Engagement with the larger Canadian society related to spiritual/religious concerns demands that social workers be involved in advocacy, mediation, and education related to spirituality/religion in the larger community.

The micro and macro (person in environment) concerns explored throughout this paper, were used in the analysis of the lived experiences of the research participants. In the next section the research methodology is discussed followed by a presentation of the findings.

Methodology

As mentioned earlier, in my work as a social work practitioner, I have encountered a wide variety of spiritual/religious expressions in clients that continue to give me pause. My primary interest is how to best work with people who identify that their spiritual/religious path is of central importance as to how they live their lives. The literature review revealed that many in other helping professions (psychotherapists, psychiatrists) identify concerns related to best practice work with spiritual/religious clients. Further, many in the helping professions identify these concerns as an under researched area of practice.

As identified in the literature review, there is a growing body of research that identifies a need for sound theoretical practices when working with spiritual/religious clients. In large part, the need to further explore sound practices based on theory, is the reason constructivist grounded theory is used as the guiding paradigm for this study. As observed by Mills, Bonner, and Francis, “To ensure a strong research design, researchers must choose a research paradigm that is congruent with their beliefs about the nature of reality’ (Guba & Lincoln, 1989, p. 43)” (2006, p.26). The constructivist grounded theory methodology reflects my approach to reality in that through a reflexive process and assuming a relativist epistemology” it “attends to researchers and research participants’ language, meanings, and action” (Mills, Bonner & Francis, 2006, p.31).

The focus of this research with practitioners who engage spirituality/religion is participants’ actions and meanings (El-Lahib, Wehbi, Zakharova, Perreault-Laird, & Khan, 2022). Charmaz (2014) presents the exploration of actions and meanings as the central focus of constructivist grounded theory method. This methodology guides my research to better understand how (actions) and why (meanings) therapists/counsellors include spirituality/religion in their work with clients for whom this is important. This research sought to understand what

therapists think and do when they consider the impact of spirituality/religion on a client in terms of contributing negatively or positively to well-being. Constructivist grounded theory focuses on collaborative knowledge building between participants and researchers to contribute to new knowledge bases and theory building. “Grounded theory methods provide a frame for qualitative inquiry and guidelines for conducting it” (Charmaz, 2014, p.14). This research is guided by this frame and guideline.

Grounded Theory

Jones identified that “grounded theory is used to investigate problems of why and how in a systematic way, one that is ‘grounded’ in the data itself rather than being deduced logically or hypothetically” (2009, p.30). In the “1967 publication of *The Discovery of Grounded Theory: Strategies for Qualitative Research*, sociologists Barney G. Glaser and Anselm L. Strauss refocused qualitative inquiry on methods of analysis” (Charmaz, 2014, p.5). Grounded theory is one approach among many in qualitative research (Braganza, Akesson & Rothwell, 2017; Charmaz, 2017b; Gilgun. & Abrams, 2002). Glaser and Strauss identified their method as “grounded theory” because the focus is on creating theory grounded in the research data (Glaser & Strauss, 1967; Glaser, 2009; Lyons & Doueck, 2010; Nagel, Burns, Tilley & Aubin, 2015). Reviewing the work of some of the pioneers of grounded theory (Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1998). Mills, Bonner & Francis, identified that “Grounded theory is a methodology that seeks to construct theory about issues of importance in peoples’ lives” (2006, p.2). Over time due to growing differences in their understanding of grounded theory, Glaser and Straus developed distinct and different perspectives on the method. Glaser remained positivist promoting an objectivist perspective, while Strauss promoted subjectivity and relativism (Charmaz, 2014; Charmaz & Keller, 2016; Clarke, 2013; Mills, Bonner & Francis, 2006).

Grounded theory continues to develop and is used widely today in a variety of formats (Braganza, Akesson & Rothwell, 2017; Nagel, Burns, Tilley & Aubin, 2015). Many grounded theory researchers note that Strauss and Corbin present grounded theory as a subjective and constructivist method (Charmaz, 2014; Mills, Bonner & Francis, 2006). While acknowledging the contributions of Glaser, Charmaz notes that the foundational ideas of Straus and Corbin are the basis of her approach to grounded theory (Charmaz, 2014; Charmaz & Keller, 2016). In my research I wanted to better understand the subjective experiences of how therapists effectively engage with spiritual/religious clients. This exploration will explore important issues related to the therapeutic process and spirituality/religion including what guides the process, examples of practice, and what theories support it. Constructivist grounded theory research parameters allow for collaborative knowledge gathering that contributes to building theory.

In that spirituality/religion is important to many people, exploring how and why therapists can best engage will contribute to a growing body of knowledge related to this significant therapeutic concern. This study focused on participants' therapeutic rationale for including spirituality/religion in the counselling process. The exploration with the participants focused on their experiences in therapeutic/counselling work with spiritual/religious clients. These discussions included what participants identified as helpful and harmful to clients' well-being. The insights from all research participants, along with the literature review, inform the analysis of the findings. Considering the lived experiences of participants in their work with spiritual/religious clients (how), and the ideas that inform their counselling practices (why), is in harmony with constructivist grounded methodology (Mills, Bonner & Francis, 2006).

Constructivist Grounded Theory Methodology

“A student of Glaser and Strauss, Charmaz (2000) has emerged as the leading proponent of constructivist grounded theory” (Mills, Bonner & Francis, 2006, p.31). Charmaz (2014) throughout her book repeatedly identifies that her ideas about grounded theory are primarily rooted in the work of Glaser and Strauss, and further influenced by many other grounded theorists. She also notes that the constructivist grounded theory method is only one way of doing grounded theory research. “Ontologically relativist and epistemologically subjectivist, constructivist grounded theory reshapes the interaction between researcher and participants in the research process and in doing so brings to the fore the notion of the researcher as author” (Mills, Bonner & Francis, 2006, p.31). The emphasis in constructivist grounded theory research is on the subjective experiences of participants and how research findings contribute to theory building. In that the focus of this investigation was on participants’ subjective experiences, the pragmatic implications for therapeutic work, and theory building related to work with spiritual/religious clients, constructivist grounded theory was chosen for this research (Charmaz, 2014; Clarke, 2013; [El-Lahib](#), Wehbi, Zakharova, Perreault-Laird, & Khan, 2022; Nagel, Burns, Tilley & Aubin, 2015).

Constructivist grounded theory is within the larger grounded theory research methodology as developed by Glasser and Strauss; Glasser, Strauss and Corbin (Charmaz, 2014, pp. 5-7, 11-12). The goal of constructivist grounded theory is to construct theory (Charmaz, 2014, p.87). The contributing to theory building is another reason I chose to use constructivist grounded theory methodology. The literature review has identified that counselling skills related to therapeutic responses to spiritual/religious clients are both a general concern among therapists

and is under researched. My research will contribute to the further building of knowledge and theory related to this consequential counselling matter.

Key principles in constructivist grounded theory research include ethnology, subjectivity, pragmatism, social construction, and critical theories. These principles are central to this research project, and I did consider each of these principles in relation to the methodology of my research.

“The ethnographer’s job is to explore” (Charmaz, 2014, p.44). Ethnology is “a qualitative approach that studies the participants in their natural setting” (Jones, 2009, p.29). Ethnology involves direct surveillance in the setting of participants. The focus being on gaining insight from direct observation and discussion with participants. In constructivist grounded theory the method is informed by these principles in ethnology, with an emphasis on understanding the stories of the participants (Charmaz, 2014). This is done by interviewing participants about their subjective experiences. An ethnographic informed researcher seeks insider understandings of the group members’ “meanings and actions” (Charmaz, 2014, pp.121, 133). Constructivist grounded theory is informed by ethnography in that the focus is on the experiences, “meanings and actions” of the participants (Charmaz, 2017, p.299). An ethnographic informed approach is key in my research in that I am seeking to understand how (“actions”) and why (“meanings”) therapists/counsellors include the spiritual/religious when working with clients. Curiosity was centrally important in the interview process, when encountering and exploring spiritual/religious with the research participants. For example, if a participant reported with clients who have direct communication with God, I took pains to explore how these connections are experienced as well as the impact these communications have on the client (Luhmann, 2020). The focus of the interviews with the research participants was on understanding how spirituality/religion came to

be important in the therapeutic process, and what practices/skills were used in counselling that reflects this importance (Mills, Bonner & Francis, 2006).

Acknowledging subjectivity in research is a way of recognizing bias, prejudice, and partiality in everyone (Luhmann, 2020; Mills, Bonner & Francis, 2006). We are informed by the time and place we live. In seeking information from research participants, as a researcher, I am “assuming a relativist epistemology” and acknowledging that both researchers and participants have multiple experiences and understandings (Charmaz, 2014, p.299; Mills, Bonner, & Francis, 2006, p.31). Constructivist research includes “paying attention to the interrelationship between self and knowledge creation” (Smith, 2011, p.214). I recognize I am informed by the time and place in which I live. Systemically, I am in a culture where Western European individualism is the dominant influence (Hastings, 2016). In colonial Canada spirituality/religion is generally viewed as a private matter that can take many different forms including rejection, being part of a faith community, practicing on your own, and/or combining spiritual/religious ideas in practice (Sasaki, Heejung, & Xu, 2011; Saucier & Skrzypinska, 2006). Western European Christianity has been a dominant influence in colonial Canada which results in imperialist actions including discrimination, oppression, and assimilation (Chappell, 2014; Mawhiney & Hardy, 2009; Fast & Montgomery, 2017).

As a social worker I have been influenced by analysis based in critical theories (Mandell, 2007; Mullaly, 2007). As I apply this theoretical approach, it makes it challenging for me to connect with ideas related to universal truth, a spiritual/religious claim that some make. This has led me toward a tendency to reject such claims early in an encounter with a spiritual/religious person who appears to be more rigid and binary in their thinking, which results in me not being fully engaged. In counselling work, I have seen a continuum of experiences, witnessing

spirituality/religion affecting clients' well-being negatively, and others positively. These clinical experiences have been the primary reason for the research I am pursuing. As a practicing Anglican I have also a wide gamut of personal experiences that include helpful and harmful aspects of spiritual/religious ideas. I suspected that participants I interviewed will report similar varied experiences related to spirituality/religion. Attempting to understand all these subjective experiences is a key component of research done using a constructivist grounded theory methodology. It is important for me to acknowledge that I think that spirituality/religion can be helpful. My research is affected by all the above influences and will need to be kept in check by using critical reflection throughout the process. As has been already noted, Fook understands "critical reflection as a way of learning from experience, using a framework based on understanding how we both create and are created by power relationships and arrangements in society" (2017, p.23).

Constructivism rejects the idea of objective reality being discovered in research but instead identifies "that realities are social constructions of the mind, and that there exist as many such constructions as there are individuals" (Mills, Bonner & Francis, 2006, p.2). The collaborative work of participants and researchers produce or construct a body of knowledge (Andrews, 2012; Charmaz, 2014). In a research study participants and researchers are involved in the "co-construction of meaning" (Mills, Bonner & Francis, 2006, p.2). This is of central importance in this research the participants will be asked to talk about their subjective experiences with spiritual/religious clients. In the discussions with all the participants/practitioners we will be co-creating knowledge together which will lead to a theory of therapeutic practice with spiritual/religious clients.

The focus of the research is on how and why spirituality/religion could be part of holistic counselling. Focusing on how it helps clients is a pragmatic approach, which informs constructivist grounded theory. In this research study, pragmatic informed therapeutic work focuses on what spiritual/religious clients identify as helpful and if the therapists have concerns that are informed by the therapeutic models they use (Gokani & Smith, 2020; James 1978). For me it is of central importance to be pragmatic as a social work counsellor. Therapeutically, I am interested in how the client understands spirituality/religion as helpful to their well-being. This approach is in harmony with Charmaz who connects pragmatism directly to constructivist grounded theory, as seen in Figure 12.

Figure 12

Comparison of Pragmatism and Constructivist Grounded Theory

Pragmatism	Constructivist Grounded Theory
<ul style="list-style-type: none"> • Views reality as social • Locates experience in its social context • Assumes process • Presupposes a fluid, somewhat indeterminate reality • Views human beings as agentic actors • Acknowledges multiple perspectives • Emphasizes the significance of language • Sees meanings and actions as emergent and as affecting each other • Provides the roots of a theory of action • Studies people's actions to solve emergent problems • Takes temporality into account • Joins facts and values • Unites the viewer with the viewed • Unifies mind and body • Treats truth as conditional • Advocates social reform 	<ul style="list-style-type: none"> • Views reality as social • Locates experience in its social context • Studies processes • Presupposes a fluid, somewhat indeterminate reality • Views human beings as agentic actors • Seeks multiple perspectives • Pays analytic attention to language • Studies emergent meanings and actions and how each affects the other • Provides methods for theorizing action • Studies people's actions to solve emergent problems • Offers tools to study temporality • Joins facts and values • Bonds the researcher with the researched • Sees research as an embodied process • Views truth as conditional • Provides a method for critical inquiry

Note: This figure is adapted from Kathy Charmaz (2008); ©2008 by Emerald Group Publishing Limited General Process (Charmaz, 2017a, p.38).

“Constructivist grounded theory complements the goals of critical inquiry because its pragmatist heritage includes commitment to social justice” (Charmaz, 2017a, p.35). It is vital for researchers to engage in critical thinking throughout a research project. In research critical theories related to systemic issues are used in the critical analysis of data (Charmaz, 2014). In critical reflection researchers are “obliged to be reflexive about what we bring to the scene, what we see, and how we see it” (Charmaz, 2014, p.27). Critical reflection in social work analysis invites reflection on the subjective experiences of the social worker which includes accessing critical theories in the analysis (Fook, 2017; Gardner, 2016). It is essential that as a researcher I use critical reflection skills all through the research process to identify bias and not replicate injustice. This enhance the likelihood that the research will contribute to theory and practice with spiritual/religious clients that promote social justice.

The focus of the investigation is on the relationship between client well-being and spirituality/religion which will include identifying the ways spirituality/religion promotes or blocks human liberation. It is anticipated that the participants will be identifying what they have experienced as therapists when working with spiritual/religious clients. Using critical reflection throughout the research process I will focus on the participants’ understandings-experiences of spirituality/religion as these relate to human emancipation. As has been identified above, using critical theories and critical reflection can promote social justice (Baines, 2011; Green, 2001).

The principles in constructivist grounded theory of ethnology, subjectivity, pragmatism, social construction, and critical thinking are in harmony with general social work principles (Mills, Bonner & Francis, 2006; Oktay, 2012). My research examines therapy with spiritual/religious clients with attention on what participants (therapists) identify as useful practices and why. Constructivist grounded theory promotes on collaborative knowledge

building between participants and researchers to contribute to new knowledge bases and theory building based on participants' actions and meanings (Charmaz, 2017b). One of the central principles of social work is summarized in the phrase "person in environment" (Chappell, 2014; Hick & Stokes, 2017; Smith, 2017). This social work lens, that environmental issues significantly impact individuals, was one lens used in this research (Charmaz, 2014; Oktay, 2012). Critical analysis is systemic examination that can be done using a variety of theories including postmodernist, Marxist, feminist, critical race, and/or queer (Charmaz, 2017b). Social work critical qualitative inquiry is central to the "social justice" - "human rights" work of constructivist grounded theory with researchers using this "transformative paradigm that seeks to expose, oppose, and redress forms of oppression, inequality, and injustice" (Charmaz, 2017a, p.35).

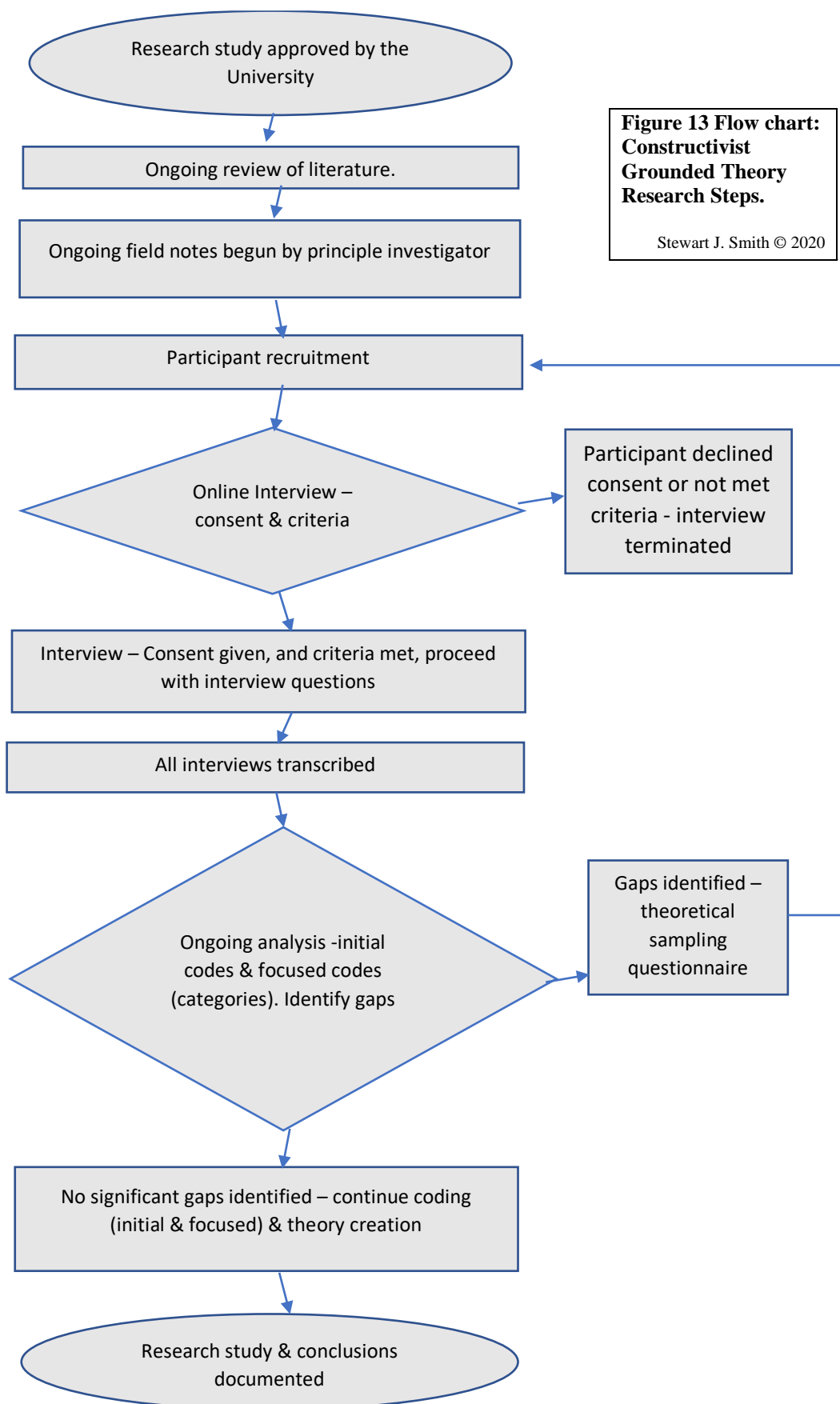
One aspect of this research is to identify principles in therapy that support and promote social justice for spiritual/religious clients. This is another reason why constructivist grounded theory is used in this study. "Constructivist grounded theory developed from pragmatist values promoting social justice" (Charmaz, 2017a, p.39). The research design invites participants to communicate their experiences, training, underlining assumptions/beliefs, therapeutic practices, and concerns related to counselling work with spiritual/religious clients. Constructivist grounded theory is an appropriate approach to exploring why and how therapists in general, and specifically social work practitioners, could effectively include spirituality/religion in their work with clients.

Research Design

The constructivist grounded theory research design for this investigation is informed primarily by Charmaz (2014) and supplemented by other sources (Clarke, 2013; Creswell & Poth, 2018; Glaser, 2009; Glaser & Strauss, 1967; 2006; Oktay, 2012; Strauss & Corbin, 1998; Urquhart, 2013). “Constructivist grounded theory adopts earlier methodological strategies such as coding, memo-writing, and theoretical sampling” and adds “methodological self-consciousness to turn a deeply reflexive gaze ... scrutinizing our positions, privileges, and priorities and assessing” (Charmaz, 2017a, p.34-35). To examine best practices related to why and how social work practitioners effectively engage with clients for whom spirituality/religion is of central importance, the proposed research include data based on the literature review, and interviews with recruited participants. This data collection and analysis will involve ongoing review of research done by various helping professions with a focus on social work literature. Recruitment of therapists, interviews, data collection and analysis are of central importance in informing the research process.

Method

There are a number of steps to follow in a constructivist grounded theory informed investigation. “Engaging in any form of grounded theory study, however, requires the researcher to address a set of common characteristics: theoretical sensitivity, theoretical sampling, treatment of the literature, constant comparative methods, coding, the meaning of verification, identifying the core category, memoing and diagramming, and the measure of rigor” (Mills, Bonner & Francis, 2006, p.27). As mentioned above, the methodology for this research project is informed by Charmaz (2014). Figure 13 below illustrates the various steps in a constructivist grounded theory informed research project.



Literature Review Data

There are two core sources of information for this study. One source of information comes from the participants and researcher (principal investigator). The other source comes from the research literature. These two sources will be accessed in accordance with constructivist grounded theory principles (Charmaz, 2014; Nagel, Burns, Tilley & Aubin, 2015). It is important for researchers to know the literature, the environments, what has been studied to date and to identify gaps (Charmaz, 2014, p.59-61). Grounded theory as understood in Strauss & Corbin (1998), includes “interweaving the literature throughout the process of evolved grounded theory as another voice contributing to the researcher’s theoretical reconstruction” (Mills, Bonner & Francis, 2006, p.28). I will bring together the themes of the literature review with those of the participant interviews in the Discussion that follows the upcoming Results section that details the interview themes.

The review of literature was an ongoing process throughout the research for it is recognized that the concepts arising from the participants’ interviews will need to be brought into the discussion with ideas from the literature. What the participants and research bring to the discussion, along with the literature, engages with existing bodies of knowledge, as well as produces new knowledge that contributes to building theory (Charmaz, 2017b).

Throughout the research the literature review is “read and reviewed as data” (Xie, 2009, p.44). “Engaging proactively with the literature from the beginning of the research process, Strauss and Corbin (1998) identified many uses for this information. It is important to continue “interweaving the literature throughout the process of evolved grounded theory as another voice contributing to the researcher’s theoretical reconstruction” (Mills, Bonner & Francis, 2006, p.5). The research process of ongoing review of the literature along with the data collected from

participants, continually informs future interviews. Critical reflection of practice principles contributes to the goal of “developing new practice-based theories and ways of working” (Béres, 2017, p.281). Constructivist grounded theory methodology purposes on identifying and analyzing new perspectives, trends among participants, and information from the literature, all of which contribute to the formation of new theory (Charmaz, 2014).

Participant Recruitment

Theoretical sampling in research has the researcher select participants who have direct experience with the topic being researched (Butler, Copnell & Hall, 2018; Charmaz, 2014). In this study the inquiry is related to best practices for social workers engaged with spiritual/religious clients. The research design involved recruitment of mental health counsellor/therapist practitioners who include spirituality/religion in their work when it is identified by clients as being important. In constructive grounded theory researchers recruit participants “who have first-hand experience that fits the research topic” (Charmaz, 2014, p.56). Firsthand knowledge of therapeutic work with spiritual/religious clients is one of the criteria in recruiting participants.

It is of central importance to the investigation that participants have direct knowledge related to therapeutic work with spiritual/religious clients. After reviewing the literature four factors were deemed necessary to possess to be part of this study. These factors are reflected in the advertising for research participants for this research project as seen in Figure 14.

Figure 14

Research Participants Eligibility

Participants: Each participant will be involved in one hour long individual interview. To be a participant for this study on Best Practices for Social Workers Engaging with Spiritual/Religious Clients participants will be:

- A graduate trained mental health therapist.
- Registered with a professional college.

- Engaged in direct mental health practice.
- Including spirituality/religion in their work when it is identified as important to clients.

Note: Appendix A - Advertisement for Research Participants.

Participants must have formal graduate training in therapy/counselling. Part of the research work involves exploration of the training received in graduate school related to spirituality/religion. Numerous scholars document that spirituality/religion training for counsellors is greatly lacking in most graduate programs (Allmon, 2013; Crook-Lyon, O'Grady, Smith, Jenson, Golightly & Potkar, 2012; Vieten, Scammell, Pierce, Pilato, Ammondson, Pargament, & Lukoff, 2016). Participants will be asked about their graduate training related to working with spiritual/religious clients to identify if the trend of no or little spirituality/religion was or was not part of their experience.

Generally, more education and practice experience, advances complex thinking (Granello, 2010). The research comparing undergraduate to graduate trained helping professionals, identifies graduate training as correlated to higher levels of positive mental health (Enns, Eldridge, Montgomery, and Gonzalez, 2018). It has also been argued that undergraduate training alone does not always adequately prepare students for the social work field (Johnson, 2011). Having graduate training as part of the criteria to be a participant increases the possibility of richer practice insights being presented.

The criteria to be a participant also includes registration in a professional body (psychotherapy, social work, psychology, etcetera). Considering other helping professions is in harmony with the interdisciplinary nature of social work (Stokes, 2017). As a rule, the role of a professional college related to the helping professions is to protect the general public by ensuring that practitioners have relevant training, operate within a code of ethics, and have competencies

to effectively assist people (Ontario College of Social Workers and Social Service Workers 2020; College of Registered Psychotherapists of Ontario, 2020; The College of Psychologists of Ontario, 2020). This research project investigates participants' ideas rooted in best practice principles which include consideration of the best interest of the clients, theories, ethical considerations, and research informed therapeutic approaches. Being part of a regulatory college enhances the possibility that these elements will be present in the considerations of the participants.

Research participants will additionally have therapeutic work experience providing direct mental health services. Work in mental health services will increase the probability that participants with direct subjective experiences working with clients have over time considered how to effectively engage with them. Practice experience which focuses on the well-being of clients, rooted in theory and therapeutic models, will contribute to the knowledge base collected in this study.

The research criteria will necessarily have participants who identify that spirituality/religion is included in their work as therapist with clients who identify this as an important part of their lives. This experience is essential in that the research focus is on this clinical concern. It is the subjective experiences with spiritual/religious clients that informs the therapist participants' insights or what some call practice wisdom (Valbak, 2015). This part of the research work seeks to discover “(w)hat process does the would-be knower use to find out what it is that can be known?” (Csiernik, Birnbaum, & Pierce, 2010, p.29). The rationale of interviewing working therapists is connected to “the value of practice as a rich source of social work theory and knowledge that enhances or complements formal theories and proceduralized practice” (D’Cruz, Gillingham & Melendez, 2007, p.74). Therapists with direct mental health

involvement in work with spiritual/religious clients will have lived work experiences related to best practices.

All participants will have advanced graduate therapeutic/counselling training, be registered with a helping profession, be working directly in mental health, and include spirituality/religion when identified as important to the client. The participants who meet all the criteria will significantly contribute to the research in that they will possess bodies of knowledge as to why and how best to work with spiritual/religious clients.

To find participants for this research the strategy involves posting advertisements that clearly outline the research and what is being asked of participants (see Appendix A). The advertising postings was distributed to universities and social service agencies in the Toronto and southwestern Ontario areas. The limits of time and availability of the researcher informs why there are constraints in the geographical reach of the study. The strategy employs purposeful sampling which allows researchers to “select the most information-rich and appropriate sources in relation to the goals of the research” (Miller & Alvarado, 2005, p.350). Researchers must purposefully select the most information-rich and appropriate sources in relation to the goals of the research (Creswell, 2013; Csiernik, Birnbaum, & Pierce, 2010). Therapists who review the research project advertisement, self-identify as meeting the participant criteria, and contact the researcher, was sent the research consent form (Appendix B). Through email the researcher will arrange with participants for an interview via a web-based platform. The research was done during the Covid-19 pandemic in which governments require social distancing. In harmony with this requirement only recorded web-based interviews will be conducted and later transcribed.

Between 10 to 15 participants were to be interviewed. Charmaz notes that grounded theory allows for “small samples to produce limited data” (2014, p.33). The number of

participants sought was 10 but the range proposed (10 to 15) allows for further investigation if needed. If there are gaps identified by the initial 10 interviews, then theoretical sampling can be used. In constructivist grounded theory theoretical sampling is used when more information is needed to explore further the developing categories from the data (Charmaz, 2014). The “unanswered theoretical questions” identified from the research data, are used as a basis to create new interview questions, and purposeful sampling is used to identify and recruit participants who would hold knowledge related to the questions (Charmaz, 2014, p.99). This additional information from the second set of participants contributes to the overall research findings data base. If there is no need for theoretical sampling the researcher can choose to focus on the information gathered from the first 10 interviews or interview up to 5 other participants to add to the data collection (Charmaz, 2014).

Eleven research participants were interviewed. One of the recordings of the interview was so poor that another was required. The research participant was contacted about this recording problem and opted to not be interviewed a second time. If they had been willing, I would have then contacted the Research Ethics Board about the matter as well as my advisor for further input. This participant chose not to be interviewed again so it was not an issue. No significant issues or gaps emerged from these 10 interviews so more interviews were not identified as needed.

Interviews

“Grounded theory often employs interviewing as its data collection technique” to understand participants in terms of what they do and why they do it. (Jones, 2009, p.31). The two concerns of constructivist grounded theorists focus are on “the participants’ meanings and that the researcher’s interests are explored” (Charmaz, 2014, pp.84-85). There are “two overall

objectives for interviewing: attending to your research participants and constructing theoretical analysis” (Charmaz, 2014, p.87). When engaging with participants, the researcher will explore spirituality/religion as it relates to the participants’ work with clients, why it is included, how they engage in counselling sessions, what participants identify as harmful and what is helpful, and what practice skills they find useful. A research question guide developed for the researcher when engaged with research participants. Each of the interview questions were placed on PowerPoint slides and were on the screen for each of the online interviews with the research participants (Appendix C). It was important that the research interview format consist of open-ended questions, as well as clarifying questions by the researcher, to invite participants to present whatever they were thought about in the therapeutic engagement with spiritual/religious clients (Dunk-West, 2018; Mills, Bonner & Francis, 2006).

The structure of the interview has three parts within it (Appendix C). The beginning of the interview involves the researcher reviewing the consent form. Participants who agree to be a part of the study are asked to give verbal consent, sign the form, and agree to send the signed document to the researcher as soon as possible. The second component of the interview is a review of the criteria to be a participant in the research investigation. If it is revealed that the criteria have not been met, the person would have been advised, and the interview terminated. Those who meet the criteria will be interviewed using the semi-structured form created for this study (Appendix C). All participants will be given a twenty-five-dollar (\$25.00) honorarium gift certificate to express gratitude for being part of the study. Following the recorded interviews transcriptions will be produced as soon as possible. The researcher needed assistance in transcribing of the interviews, and so a form was created to ensure confidentiality will be maintained (Appendix D).

As the participants and researcher engage with matters related to therapy and spirituality/religion in the interviews, the goal will be twofold. As already identified above, the interests of the researcher will be fully explored via the interview questions. The second interrelated characteristic of the interview is for the researcher to fully understand the participants' perspectives (Nagel, Burns, Tilley & Aubin, 2015). It is anticipated that during the interviews, discussions, explorations, questions, and clarity will take place. For both the participant and the researcher this will lead to insights being articulated and/or discovered. Beyond the interview process, the researcher will be continually reviewing the transcripts of all the interviews. This ongoing analysis will inform the researcher as themes are identified in relation to the literature review that will later inform theoretical ideas. This process is how participants, researcher, and literature are brought together so as to coproduce knowledge that will lead to theory building (Charmaz, 2014; Nagel, Burns, Tilley & Aubin, 2015).

The interdisciplinary nature of the social work profession invites exploring a variety of disciplines when investigating a subject (Stokes, 2017). Professionals trained in helping professions other than social work will bring other perspectives to data being collected. It is anticipated that various perspectives in the data will further enrich the research findings. My interest is in how and why practitioners engage with clients who identify spirituality/religion as being influential in their lives. The interview guide will be followed during the interview process. The conversations with participants will include discovering how spirituality/religion is explored in sessions, why they include it in their work, concerns they have, how they understand engagement, and what principles guide their process.

Data Collection & Analysis

In grounded theory Glasser notes that throughout the research from the beginning “all is data” which includes documents, records, data, interviews, journals, photos, videos, publications, census findings, logs, literature, public records, mass media, web sites, and correspondence (Charmaz, 2014, pp.29, 45-54). Accessing the literature, transcriptions, and all other materials related to the research, I employed “memo writing” in written format throughout the investigation. This is part of the critical reflection and for me will include my identities, privilege, beliefs as a practicing Anglican, (note from identities in critical reflection) themes, questions, guesses ... (Dumbrill & Yee, 2019). In memo writing I will record throughout the project my feelings, thoughts, concerns, impressions, questions, etcetera, which will be included as part of the research data (Charmaz, 2014, p. 162; Clarke, 2013; Engward & Davis, 2015).

The participants will be involved in a recorded interview with the researcher that will be approximately one hour in length. Due to limits related to Covid-19 social distancing the researcher will meet with each participant through a web based secure computer platform. The interview is in three parts (Appendix B) with the first reviewing and receiving consent to participate. The criteria to be a participant will be then reviewed to ensure that it is met. If the criteria to participate is met, then the interview questions will be reviewed. Transcription into a Word document will be done as soon as possible following the interview. Each participant will be sent an electronic copy of their interview. The interview process and participant input are informed by constructivist grounded theory (Charmaz, 2014).

The ongoing review of the data and research, along with the researcher’s continual reflection through memo writing, will be the process throughout the research in the coproduction of knowledge. In constructivist grounded theory, there are two phases of coding: “initial” and

“focused” (Charmaz, 2014, p.109). The initial coding process seeks to identify from the data the participants’ subjective “meanings and actions” (Charmaz, 2014, p.112). Focused codes, the second phase, “sift, sort, synthesize, and analyze” (Charmaz, 2014, p.138). When the emerging initial and focused (themes/categories) codes process is completed, the findings will then be reported.

“The constructivist version fosters asking probing questions about the data and scrutinizing the researcher and the research process” (Charmaz, 2017a, p.34). Researchers use “reflexivity” as a means to “detecting and dissecting our worldviews, language, and meanings and revealing how they enter our research in ways we had previously not realized” (Charmaz, 2017a, p.35). Critical reflection will be used throughout the process which focuses on systemic analysis (Mills, Bonner & Francis, 2006). This analysis includes reflecting on my multiple identities and privileges. In that no researchers are “objective observers” of what they study, identifying the influences of their social positions allow researchers to understand participants’ perspectives more readily (Engward & Davis, 2015, p.1530). Critical reflection practice facilitates processes whereby researchers acknowledge what individually influences them as they cocreate knowledge with participants. In this process researchers are attempting to not privilege their own positions rooted in their social identities (D’Cruz, Gillingham & Melendez, 2007). The reflective process in grounded theory also includes the researcher being transparent in reporting what and why decisions were made throughout the entire research process including choices related to methodology, ethical issues and epistemological assumptions (Engward & Davis, 2015). Critical reflexive practice recorded in memo writing, along with the information gathered from participants and the literature was constantly reviewed by the researcher.

As is stated by Charmaz, “Grounded theory made the iterative practice of moving back and forth between data and analysis a common strategy in inductive qualitative inquiry” (2014, p.94). The analysis of the interview transcriptions will focus on first identifying initial codes, and later focused codes (categories/themes) that emerge. Those themes will be brought into relation with the data analysis of the literature review. As new themes emerge that were not initially reviewed in the literature prior to interviews with participants, the researcher will conduct further literature reviews. Thus, throughout the research, there will be an ongoing review of the transcribed interviews and the literature as it relates to codes emerging from the participants’ interviews (Braganza, Akesson & Rothwell, 2017). In the review of the “data, searching for and questioning tacit meanings about values, beliefs, and ideologies” is central to the process of identifying meanings communicated by the participants (Mills, Bonner & Francis, 2006, p.31). As seen above, the “unanswered theoretical questions” identified from the research data could be the basis to create other focused interview questions (Charmaz, 2014, p.99). If that happens theoretical sampling allows for further recruitment of another set of participants who would hold knowledge related to the new emergent questions (Charmaz, 2014).

Strengths and Limitations

As in all research projects, this proposed research has both strengths and limitations. The limitations include the possibility of the bias of the participants and researcher influencing the data collection and analysis process. The bias of participants does inform their reasons for volunteering to be interviewed. Participant beliefs/values might motivate a spiritual/religious therapist to be part of the study so they can promote ideas related to the research subject. My social location/ privilege the researcher’s interest in spirituality/religion and therapy will need to be monitored through critical self-reflection to ensure that bias does not influence the research

process. The experiences of counsellors have led them to exclude or minimize the impact of spirituality/religion in therapeutic sessions would also be important in considerations of how to best serve spiritual/religious clients. As important as these considerations are to counselling, another limit is that it is outside the scope of this research to consider the reflections of therapists who do not include spirituality/religion in their practice. The small number of participants, 10 to 15, might be viewed as a limitation in this study in terms of generalizability, however this is not a goal in constructivist grounded theory. This is exploratory research, and the results of the research will reflect a limited number of therapists/counsellors.

The strengths of the research include the constructivist grounded theory focus on the data generated directly by the participants. Every attempt will be made to produce a research paper that reflects the meanings and actions of the participants. That both the researcher and participants are therapists/counsellors is also a strength. The therapist participants involved in this project will have likely encountered how clients' experiences of spirituality/religion can be helpful or harmful. Perspectives not considered individually by the researcher and/or participants will be explored in the interviews which will likely produce rich data. Also, practitioners may have insight related to the practical ways to incorporate spirituality/religion into their work with service users.

Ethical Considerations

One ethical concern may include participants' personal and professional struggles with spirituality/religion that may raise issues for them. The Research Ethics Board approval for this study included these concerns being addressed by the researcher advising the participants that they can take breaks when needed, opt to not answer questions, and terminate the interview. The researcher will also suggest that participants access mental health supports if needed. There may

also be issues related to disclosure of specific examples in counselling when service users have not given consent to do so, which means the information gathered will need to be in concert with principles of confidentiality. Participants will be given a copy of the interview. There may also be therapists who may be moderately upset by certain challenges in therapy which includes spirituality/religion. These challenges can be seen in such examples as issues of sexual orientation, gender roles, and/or multi-faith approaches.

In that the goal of the research was to comprehend the actions and understandings of therapists, remaining on this pursuit likely mitigated any serious discomfort for the research participants. None of those involved in the studied identified any issues being raised for them as a result of being parting of the research study interview.

The anonymity of participants is another ethical issue. Participants will not be identified in the research results. Participants will be assigned a number which will be used to file and later report the research findings. Any specific detail such as participants' names, place of practice, and the university names where participants were trained, will not be in the final research report. The details of protection of the identities of the participants, along with other ethical considerations, have been approved by the Research Ethics Board of Wilfrid Laurier University.

Conclusion

There are several significant challenges to consider in the information gathered in this research investigation. "Yet problematic experience—whether it occurs in science, social life, or subjective experience—calls for rethinking, reinterpreting, and perhaps redirecting action. Hence, the use of language and symbols plays a crucial role in thought and action" (Charmaz, 2017a, p.38).

The research conducted was done in response to the need for increased understanding as to why spirituality/religion might be included in social work practice, so that practitioners can best engage with clients for whom spirituality/religion is an importance aspect of their lives. Constructivist grounded theory provides a theoretical framework that allows for the exploration of why spirituality/religion might be important to the helped offered by social workers. Further, constructivist grounded theory methodology provides room for research and theory creation to be done as to how practitioners can effectively work with spirituality/religion.

Research Results

This section presents the findings, identified in categories and subcategories of data gathered from ten research participants' considerations of best practices when working with spiritual/religious clients. What follows this section is the Discussion section in which along with the research findings, the literature is fully considered, and connections across key themes are made related to best practices in work with spiritual/religious clients.

Constructivist grounded theory methodology guided all interview evaluations presented in the research results below. The primary goal of the analysis was to understand the meanings of participants comments on therapeutic work with spiritual/religious clients (Charmaz, 2014). In my ongoing examination of the research participants' transcriptions, I initially identified the four general categories which are under the titles clients, therapists, systemic, and professional helpers. From further analysis of the four categories there emerged fourteen subcategories of subjects. All the categories and subcategories identified below include Figure boxes which contain quotes of the research participants.

The process of identifying categories and subcategories involved several steps. Following the receiving of interview transcription, to ensure accuracy, I listened to the recorded interviews while reading the transcriptions. I then reviewed all the transcriptions to find the initial codes (Appendix E). After identifying the initial codes, a further review of the transcriptions led to focused codes emerging (Appendix E). In both coding processes it was common to review and analyze information from each individual transcription by including the information gleaned from the other transcriptions. The next action was to review all transcriptions again and take notes on each one as related to the categories, as well as the subcategories. The constructivist grounded theory methodology has researchers reviewing literature all through the process of an

investigation (Charmaz, 2014). As such, the categories and subcategories caused me to consider what I discovered in the literature review prior to interviewing the research participants, as well as what I needed to further investigate in the literature to better inform the analysis process. All the above progressive steps led to the identification of the four overall categories and fourteen subcategories.

The four categories identified are under the headings of clients, therapists, systemic, and professional helpers. Within the four categories fourteen subcategories emerged (see Figure 15). Considered as a whole, the four categories identified both individual and structural spiritual/religious concerns related to individual clients and therapists, as well as general systemic influences, along with specific practices in the helping professions. The first two categories, clients and therapists, focused on issues related primarily at micro levels. The last two categories focused on macro and mezzo concerns noting larger structural matters as found in the greater society and specifically in the helping professions.

The first category to emerge was that of clients. This category encompassed the subjective experiences of clients related to spirituality/religion and the therapeutic process. Within the client category, emerged subcategories connected to clients' input on if and how the therapeutic process would include spirituality/religion. Specifics related to clients' intersection of therapeutic processes and spirituality/religion emerged as a subcategory. The last subcategory involved clients' understandings of well-being as linked to spirituality/religion. Please note in Figure 15 the presentation of the subcategory of well-being is in two boxes, identifying positive and negative impacts.

The second category that became apparent was therapists. Within the topic of therapists the research participants talked about how therapists' personal relationship to spirituality/religion

impacted the therapeutic process. Another subcategory identified was the willingness/openness of therapists to engage with spirituality/religion. The final subcategory was the impact of the therapist's understandings of holistic counselling practices as related to spirituality/religion.

The third category identified was systemic or structural concerns that are connected to the earlier analysis of the larger society as related to human rights, social justice, and public sphere. Subcategories that emerged within this category included spirituality/religion as connected to academic-therapeutic understandings, public sphere, human rights-social justice, and critical theory. The participants all made links between systemic issues and therapy work with spiritual/religious clients.

The final category to emerge was professional helpers as related to assisting spiritual/religious clients. The professions reviewed included training and practices of psychologists, psychotherapists, psychiatrists, social workers, nurses, and medical doctors, as related to spirituality/religion. This category contained the subcategories of helping professionals in general, professional ethics, training/education for therapists, and the social work profession.

Assigned to each research participant was a random number from 1 to 10 to protect their identities. Presented all through this section are the quotes from research participants' interviews which informed the identification of categories and subcategories. Figure 15 summarizes in chart form what all research participants did and did not talk about. Following Figure 15 is the detailed presentation of the four categories and subcategories.

Figure 15

Research Participants' Summary of Topics Discussed by Research Participants

Participants' Numbers	1	2	3	4	5	6	7	8	9	10
Clients										
Client-Directed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Intersection of SR & Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Positive Well-Being	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Negative Well-Being	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Therapists										
Therapist-Counsellor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Holistic Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Engagement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Systemic										
SR Definitions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Human Rights & Social Justice	✗	✗	✓	✓	✗	✓	✗	✓	✗	✗
Public Sphere	✗	✗	✓	✓	✓	✓	✓	✗	✗	✓
Critical Theory	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Professionals										
Helping Professions	✓	✗	✗	✓	✓	✓	✓	✗	✓	✓
Ethics	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓
Education	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓
Social Work	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗

Check marks indicate subcategories discussed by the participants.

Red fill in boxes with X indicates subcategories not discussed by the participants.

Clients

Communicated in a variety of ways by all research participants was the therapeutic principle of the best interests of clients being at the center of why and how they engage with spirituality/religion in therapy work. The participants identified that in the therapeutic process it is centrally important that the treatment be client directed, therapists work with the intersectionality of spiritual/religious and therapy, as well as the focus on the clients' well-being.

Client-Directed

All research participants repeatedly asserted the essential therapeutic idea of client centered therapy. This was an important principle that informed the research participants' work as therapists engaged with spiritual/religious clients. For all research participants the value of spirituality/religion revealed by clients was understood as an invitation to further explore these matters. Some of the exploration of spirituality/religion can be done in initial assessments with clients (see Figure 16).

Figure 16

Client Directed Initial Explorations of Spirituality/Religion

- Research Participant 1 "I think you need to do an assessment that takes into account what might be one of the most significant factors in a person's ability to cope.... the assessment question would be very open. I usually ask, 'Does spirituality or any type of religion or faith play any kind of role in your life?'"
- Research Participant 7 "I'll usually come right out and ask if they have any faith communities they're part of. Or I'll ask them if spirituality or religion is part of their life. I'd like to know that in the early stages ..."
- Research Participant 8 "... then in my own practice it's more the initial session when I'm asking people about strengths and that's often where there's a time that it comes up, or sometimes I might explicitly ask, 'Are you a spiritual individual?' 'Is there anything that is important to you in that way?' And then if they say, 'yes' and explain what it is then I say, 'Would it be helpful for you to have that as part of your therapy?'"
- Research Participant 9 "... it is driven by the client, but I introduce it at an intake. And if they are identifying with a certain faith perspective, then I find resource that might also be part of the therapy."

From the beginning to the end of work with clients, all the research participants advocated following the lead of clients related to the process of how to beneficially include spirituality/religion. For therapy to work well therapists need to incorporate the spiritual/religious clients' frames of references as seen in the research participants' comments in Figure 16. These comments are some examples of what the entire research participant group communicated related to how early in the therapy relationship it is crucial to ask questions related to these

matters. Assessment questions (Figure 16), as well as conversations throughout the therapy (Figure 17) regarding spirituality/religion, are necessary for therapists and client to effectively work together.

Figure 17

Client Directed Spiritual/Religious Conversations

- Research Participant 3 “I think that people, each individual uses their values or their faith or their religion in their own individual way.”
- Research Participant 4 “... I leave it up to the clients and how much they're willing to share with me.”
- Research Participant 5 “... you don't mind kind of questioning that or even rejecting it, but there is a faith or belief system there that is meaningful to you.”
- Research Participant 7 “... it depends on whether or not it's something they want to have that conversation. So it's entirely driven by where the client's at on that. ...a client I work with who's Indigenous. And she's not active in much in the way of ceremonies. So we've had some conversation about that.”

Whether identified in formal assessments, conversations, or both, all research participants stated that identifying spiritual/religious resources within clients was only the beginning of the therapy work as seen in the comments in Figure 17. All research participants who include an assessment in their work, noted that whatever clients answered, further exchanges would follow. These conversations often included explorations of outside resources from clients' spiritual/religious perspectives (i.e. books, web sites, groups, other relationships, rituals, practices) that might help in addressing the issues that bring them to therapy. Further, therapeutic conversations that followed would also include how this part of clients' lives might apply to the issues that motivated them to access therapy services.

Examples of the positive impact of including spirituality/religion in therapy are in Figure 18. Research participants indicated that including spirituality/religion in the therapeutic process was always helpful if the inclusion was client directed and informed. Exploring and better

understanding what clients believe, experience, practice, and think, assisted the research participants in their therapeutic work.

Figure 18

Client Directed Therapeutic Process

- Research Participant 5 “I think like there's been evidence to show that when you use the language the client uses it facilitates more bonding. ... spirituality does not have to designate any specific belief or meaning ... it's more about a profound experience that's deeply impactful upon you and touches you deeply.”
- Research Participant 6 “I was able to engage with clients based on their construct of religion for themselves as well. ... my practice is mostly geared towards Muslim. And the reason that they come is because they want religion and spirituality to be a part of the service they receive.”
- Research Participant 7 “... So I want to know where this is in their life. It's just so big that I can't imagine doing counseling or psychotherapy without understanding where the faith or religion or spirituality is, in somebody's life. ...also just being open to exploring, what does this mean to the client? How does this find expression?”
- Research Participant 10 “... I wouldn't take for granted those meanings for people. I would draw them out on them to see what they mean. ... the respect for wherever people are at, in terms of their own authentic questions about what it all means and God.”

All research participants acknowledged the importance of not including spirituality/religion if this was expressed by clients. For those with little to no spiritual/religion in their lives, clients communicated its exclusion from therapy. Negative experiences can be another reason that led clients to exclude spirituality/religion. Further, clients may be accessing therapy due to leaving a spiritual/religious way of life. In all these examples the research participants noted the importance of clients informing the process in therapy. Although reasons to exclude spirituality/religion is not the focus of this research, it is noteworthy that all research participants gave this consideration in their work as therapists. This exclusion further illustrates the importance of client direction in therapy.

Clients who have spiritual/religious elements in their lives identify a host of what that these influences guide how they live. As seen in Figure 19, these elements can be central in informing their worldviews.

Figure 19

Client Directed Communication of Worldviews

- Research Participant 2 “... it gets into what are the questions and the issues and the concerns of ultimate significance in their lives? I don't stay away from religious or theological- in fact, I welcome when explicitly theological or spiritual or religious kinds of categories or language comes up. I'm right there with the client.”
- Research Participant 6 “And it's the source of strength ...Islamic that it's their ancestors and their children to come and it's a cycle ... and it doesn't end with one person...”
- Research Participant 8 “I will say, ‘I'm a therapist, I have some training. I certainly have some specific knowledge in certain areas and then there's you, and you are the expert on your own life.’ I think when it is such a huge part of your identity and the way that you perceive the world and others and just how everything operates, I think it can be really helpful- ... to bring into the therapy session.”
- Research Participant 9 “I really want to be sensitive to the fact that I know that my way is not everyone's way. And yet I believe that the spirituality piece of us, that piece that knows that we're part of something bigger and needs to connect to it. I want to honor that place in each client and how they experience that. I just want to remain curious and open to serving them how they would be served.”

The research participants also noted that for other clients spiritual/religious elements may have an impact on only certain aspects of their lives and not their overall worldviews. Examples were given of clients who are connected to spirituality/religion, but it was not central in informing their individual lives. For social reasons such as family, culture, and/or school connections, spirituality/religion may be simply a small part of clients' lives. It can act as a personal resource for coping, finding strength, etcetera, but for some clients spirituality/religion may not be significant and so is not included in the therapeutic process. Following where spiritual/religious conversations go with clients can give further insight to therapists on clients' experiences, understandings, and resources.

For all research participants following the lead of clients regarding the place of spirituality/religion was a vital and sensible therapeutic practice principle. While promoting client directed practice the research participants also identified complexity, for both clients and therapists, in applying this principle. The implications of this practice principle connects with the overlap between spirituality/religion and therapy.

Intersection of Spirituality/Religion and Therapy

The practice focus in this section explored the practical applications of therapy ideas in work with spiritual/religious clients. All the research participants presented the interconnection and compatibility of ideas within therapy models and spirituality/religion, as exemplified in the examples found in Figure 20.

Figure 20

Intersection of Spirituality/Religion and Therapy with Clients

- Research Participant 2 "... model, like cognitive behavioral therapy. And when I notice that they're struggling to resonate with something, oftentimes I find if I'm able to switch to present almost the same idea, every idea from like a religious or spiritual perspective, that people tend to respond better to that."
- Research Participant 4 (*Sikh client reports SR practices helped*). "If that's helpful, incorporate it. And again, I think it's because like we do evidence based, so I want to stick to my CBT techniques ... and I don't want to come across as me just saying, 'Turn to religion or turn to your faith, it'll solve all your problems.'"
- Research Participant 8 "... a client dealing with symptoms of depression tells me that faith is important to them and in the past has been helpful in dealing with symptoms of depression of the past, it would really be a disservice or unfortunate to that individual not to have the opportunity to talk about it."
- Research Participant 9 "... sometimes things get distorted. Like I can hear clear cognitive distortions that are brought in under the umbrella faith or theology. Sometimes that comes into my work where I'm trying to tease out cognitive distortions or even beliefs that they've been holding onto that holding them hostage in a way that is detrimental to their mental health."

All research participants presented therapeutic principles that work in harmony with the spirituality/religion of clients. Figure 20 presents comments that demonstrate therapists working

from conceptual frameworks of counselling while incorporating the spiritual/religious language of clients. These illustrate the overlap or connections between spirituality/religion and therapy. There were specific links identified by the research participants between spirituality/religion and therapy concerns.

One intersection was the exploration of issues related to purpose and meaning. In Figure 21 the research participants communicated understandings of the interconnection of purpose and meaning and spirituality/religion. For example, existential questions can be part of either or both therapy models and spirituality/religion. It is to this point that the research participants noted the interconnection of therapy and spirituality/religion.

Figure 21

Intersection of Spirituality/Religion and Therapy in Exploring Meaning and Purpose

- Research Participant 4 "It's basically what gives you meaning and what connects you with other people."
- Research Participant 5 "I think meaning and purpose go hand in hand... it's a secular way to do spirituality with all people because no one is going to be offended by the idea of increasing meaning in their life."
- Research Participant 7 "Sometimes we're looking for meaning and purpose ... and to me that takes us into the realm of the spiritual... But it's this larger sort of existential notion of a life that is lived with meaning."
- Research Participant 10 "... some kind of existential question or around meaning ... what their beliefs and values are. ... is there a religious tradition you grew up in that gave you some sense of meaning around that?"

All research participants' examples in therapy practice illustrated the connections between spirituality/religion as a resource to enhance well-being. Examples of these connections are in Figure 22. Clients sometimes find that spirituality/religion can be a source of strength. One example given was that of a coping strategy connected with cognitive work and spiritual/religious stories as sources of wisdom, inspiration, and encouragement. Therapists can

explore with clients how spirituality/religion could be part of the supports and/or solutions to the issues that bring them to therapy.

Figure 22

Intersection of Spirituality/Religion and Therapy as Sources of Strength

- Research Participant 3 “So professionally it's allowed for a space for a client to express to me how important their faith is to them. ... And for me to draw upon their faith as a way to facilitate their healing. ... for me the openness is certainly acknowledging people's interest and strength and part of their narrative and their story as they come to values or spirituality or religion.”
- Research Participant 4 “Sikh client ... the world of faith in his life. And the presenting issue was anxiety. So later on, we were talking about the importance of saying positive self-coping statements or thoughts. I asked them ‘Okay, in your faith is there a verse or is there a prayer that you recited or practice when feeling anxious?’ They said, ‘Yes, there is a verse.’ And he likes to recite this verse when he's feeling so overwhelmed.”
- Research Participant 5 “...for people seeking out emotional support and otherwise... So our spirituality being included in that and our healing process, and our coping strategies.”
- Participant 8 “I think that it can be as a huge strength for some people. ... And so I feel that it would be doing some clients a disservice not to bring spirituality into therapy.”
- Research Participant 9 “... there's a link between understanding ourselves in all of our humanity. So our spirituality being included in our healing process, and our coping strategies, I think that there's a link ...”

Clients may also interweave cultural, community, and/or familial identities with spirituality/religion. The examples given included significant religious holidays where family gathers together and spends time in a larger cultural community. Clients who do not hold spirituality/religion to be central to themselves as individuals, may still have this element as a component of the therapy content in that the connection relates social supports and well-being. The research participants identified the importance of being mindful of the interconnection of social, cultural, and/or familial links of spirituality/religion.

All research participants expressed the potential usefulness of clients accessing their spiritual/religious experiences to make meaning, cope, find strength, connect with their

community, and/or find respite. This relates directly to clients' well-being, which was another subcategory identified.

Clients' Well-Being and Spirituality/Religion

Spiritual/religious well-being has an impact on the well-being of other aspects of clients' lives. To be well spiritually/religiously might have potential impacts on clients' emotional, intellectual, and/or social well-being. As noted above, for some clients the spiritual/religious can be interwoven with central aspects of themselves as connected to their community, family, education, and/or sense of identity. All research participants identified the connections of well-being and spirituality/religion in clients.

Each of the research participants observed that spirituality/religion can impact clients in varied ways from negative to positive. In their comments (Figure 23) they assessed on a continuum the potential multiple impacts on well-being of spirituality/religion.

Figure 23

Clients Well-Being and Spirituality/Religion on a Continuum

- Research Participant 8 “I would say in that case it was maybe both hurtful and helpful.”
- Research Participant 9 “... I don't believe I'm there to change their beliefs, but sometimes I think I am listening with that ear of how has this been helpful or really unhelpful along the way? And is there room to challenge it without offending which is right.”

They noted a complexity in measuring the impact on well-being as related to clients' experiences of spirituality/religion. It is not a simple task to evaluate and then conclude that it is either helpful or hurtful. In the examples shared in Figure 24, clients engagement in spirituality/religion effected their emotional, social, and/or intellectual well-being.

Figure 24*Intersection of Spirituality/Religion and Therapy Impacts General Well-Being*

- Research Participant 4 “If someone is part of a faith community, it can also offer them social supports so having a connection with some kind of a community or some kind of a group that they socialize with or interact with. That is also another motivator to encourage, if somebody already has that aspect in their life, to bring it into the work that you're doing together.”
- Research Participant 5 “So it would be good if the religious part of it didn't have to be totally cut off for people seeking out emotional support and otherwise”
- Research Participant 9 “... they learn to live with that suffering, because it's not suffering that we can make go away, no matter how much psychotherapy work we do with them. So if there some relief through their spirituality, that's great. So, yes, I am very open to it. I also believe that this is one of the things that is one of the greatest offerings that come from organized religion. It provides people a place of community, a sense of belonging.”

A crucial idea in holistic practice is that human experiences interconnect with people's intellectual, emotional, physical, spiritual, and social lives. One example given was that clients' connections to spiritual/religious groups may increase positive social well-being, while negatively impacting other aspects of their lives (i.e. self-esteem). The nuanced experiences of clients revealed that evaluating the impact of spirituality/religion is complex, demanding a safe thoughtful ongoing exchange between clients and therapists.

In Figure 25 there are a variety of measures used by the research participants to determine if spirituality/religion has a positive impact on clients' well-being. They identified the impact on clients' social well-being when they are part of a faith group. It is important for therapists who want to work to enhance overall well-being, to make room in sessions to talk about clients' spirituality/religion as related to other areas of their lives.

Figure 25*Clients Well-Being and Spirituality/Religion: Determining Positive Impact*

- Research Participant 2 “If it's helping them move towards their goals, if it's helping them be more of a healthy person, if it's helping them treat people with more respect. Anytime it's fulfilling that sense of purpose and meaning that I was talking about before, that's what I really consider helpful ... from the spiritual perspective”
- Research Participant 9 “... we talked about the possibility of flourishing, thinking about other ways of viewing faith. That may be more life-affirming. ... a positive grounding thing in their life, or a positive relationship in their life, or if they've benefited from practices that they engage in. ... Helpful if they find a peace in it, if they find wisdom in their spiritual practices or they find peace and calm and, acceptance and love. I guess it falls under those flourishing...”
- Research Participant 10 “... whatever they have, whatever resources they've grown up with, if they're part of a religious tradition, and I respect that, and try to engage with people where they're at.”

For the research participants the negative impacts of spirituality/religion is determined by assessing if there is a diminished overall well-being in clients (Figure 26).

Figure 26*Clients Well-Being and Spirituality/Religion: Determining Negative Impact*

- Research Participant 1 “So, she makes a good case or understanding that an abusive marriage is not the sacrament that God intended. So even that, in a way, I'll use with someone who's using religion to justify her reasons for continuing to be horribly abused...”
- Research Participant 2 “And I would say this is often true with Christians as well, the judgment of other Christians or the self-judgment of our interpretations of what we read in the Bible can be more harmful. ... Anytime that it is harmful to yourself in some way, I would usually question if it's factually based on the real religion or the spirituality, or if it's an interpretation of the spirituality.”
- Research Participant 5 “...there are ideologies out there that are inherently not helpful to people as well. Like even going back to the ideology, it's like a religion in itself and it's not really good for people.”
- Research Participant 4 “And also the more you can understand how they view spirituality. Because for many people they have been abused in that aspect and anything spiritually could actually bring up trauma ...”
- Research Participant 6 (*self identified as a Muslim woman wearing hijab*): “... people are interacting in a negative way, other professionals and clients.”
- Research Participant 8 “It sounds like when other people are in any way devalued”

The literature reviewed identified the impacts, negative or positive, that spirituality/religion can have on clients. “The critical question is not whether religion and spirituality are good or bad, but rather when, how, and why they take constructive or destructive forms....” (Pargament, Mahoney, Exline, Jones & Shafranske, 2013, p.7). This continuum from positive to negative impact on clients was also acknowledged by all research participants. Recognizing the potential negative impacts of spirituality/religion on clients and then raising these concerns in therapy were identified by the research participants as very challenging

Spiritual/religious conversations in therapy can be difficult as communicated by the research participants. Participant 1 talked about encounters in which the stories from clients about clergy counsel made it appear that the clergy lacked training in therapy. Participant 1 went on to identify the need for strong therapists’ skill and sensitivity when challenging what spiritual/religious leaders advised. Other research participants noted the complications when exploring options with clients to change faith groups if that could enhance their well-being. Therapists identifying harm to clients by their connections to spiritual/religious systems have great challenges in how to present these concerns to clients. The research participants communicated the need for strong therapeutic alliance with spiritual/religious clients to be able to have those more complex conversations.

All research participants identified negative impact on well-being as a possibility for clients who are spiritual/religious. Making use of various therapeutic models, all research participants expressed concern regarding spirituality/religion if the impact resulted in harm to self (i.e. worth, esteem, volition, power). A couple of research participants presented that harm resulting as connection to spirituality/religion is usually due to a misinterpretation of the religion. Others noted that there are religious groups that produce negativity as related to well-being.

Whatever the research participants' thoughts about what produced the dynamics that negatively impacted clients, all identified they collaborate with clients, communicating their concerns to find client solutions.

The research participants identified that effective work with spiritual/religious clients needs to be client directed, recognize the intersections of therapy and spirituality/religion, and focus on well-being. The second category that emerged from the research participants concerned therapists, specifically how they engage clients related to their spirituality/religion in the therapy process.

Therapists

The literature identified that what transpires in therapy regarding spirituality/religion is determined by individual therapists. This gatekeeping role of therapists was seen in the comments made by the research participants as they reflected on their work as therapists. Each identified what they understood related to spirituality/religion in their own lives, as well as in therapy, and the possible impacts on clients. There were reflections on therapists' personal convictions connected to therapy practice, holistic views of health, and the level of engagement in therapy of spirituality/religion.

Therapists' Personal and Professional: Spirituality/Religion

All the research participants personally connected with spirituality/religion. Although fully explored in the Discussion section, it is noteworthy that research sources identified a direct connection between the personal and professional. One talked about accessing various Christian denominational resources. Another was aware of influences on them from Hinduism, Roman Catholicism, and Indigenous spiritualities. Yet another research participant explained that ideas from Buddhism, Paganism, and Roman Catholicism guide their life. Two research participants

identified as practicing Muslims. Three different Christian denominations were at the core of the belief systems of three other research participants. Most openly disclosed that spirituality/religion was a source of inspiration to do therapy work. For these professionals spirituality/religion is one of the resources that “keeps them vital and caring, thus addressing burnout or cynicism” (Participant 1). There were ongoing connections made by the research participants related to their own vitality, positive well-being, and/or purpose as related to both their personal and professional lives.

These lived experiences of the value of spirituality/religion made it comfortable for research participants to include it in the therapeutic process. All research participants were open to learning from spiritualities/religions other than their own. Most communicated that being open to spirituality/religion came from a pro-spiritual/religion bias that needed to be monitored if clients identify that it is not to be part of the therapeutic process.

All the research participants explicitly talked about their personal and professional views of spirituality/religion (Figure 27). In the accounts they discussed how they integrated their personal spiritual/religious ideas into their therapy services as seen the sample quotes chosen from the research participants’ comments (Figure 27).

Figure 27

Therapists Personal and Professional Connections with Spirituality/Religion: The Personal

- Research Participant 3 “... what my faith or my religion has done for me in terms of structure it provides me some guidance about what to do, about what not to do.”
- Research Participant 4 “So when I went through that experience spirituality played a really big role in just keeping me strong during that experience and overcoming that big challenge in my life. ... I'm accountable in my social practice in front of God... I'm accountable to what I do in front of God,”...
(if clients do not wish to include spirituality/religion) “a Muslim clinician will treat anxiety in the same way as a mainstream secular clinician.”
- Research Participant 8 “In my own experience with speaking with a therapist, I find it's very helpful for me to be able to speak about my beliefs and my faith and to just have that

be part of the conversation because it's such a huge part of who I am. ... spirituality has been a huge part of my life for decades.”

- Research Participant 9 “I engage in spiritual practices, such as meditation, prayer, worship, fellowship, and they ground me. ... I am helped by spirituality and religious practice. ... I never want to impose it on any client.”
- Research Participant 10 “I'm attuned to concerns that people raise. If they raise questions around meaning, spirituality, religious experience, I'm let them know that I'm with them on that and I have an interest in that. I have some experience in that. I'm comfortable. As therapists we talk about that notion of use of self. ... I'm prepared to share in ways where I feel it's therapeutically beneficial to the client to share what my religious perspective or spiritual perspective is and to be open about that.”

In discussions about the use of self in therapy (see Figure 28) research participants communicated that their personal integration of spirituality/religion made it easy for them to navigate the topic when asked to do so by clients. All communicated a measure of comfort disclosing to clients, when asked, that they have personal connections with spirituality/religion.

Figure 28

Therapists Personal and Professional Connections with Spirituality/Religion: The Use of Self

- Research Participant 1 (*many clients are Roman Catholic*) “I am a practicing Roman Catholic with a strong faith”
- Research Participant 2 “I really try to make sure in my professional relationships, both with clients and with my peers and management, that I live in accordance with my values because they are quite important to me.”
- Research Participant 5 “I think spirituality and psychotherapy cannot be separated. They are one in the same. Psychotherapy is spiritual work by nature. Part of it's because it's a human relationship, and part of it is because I guess to go back to that word of transcendence, that's kind of the point of it.”
- Research Participant 9 “I'm a Christian ... a therapist who is a Christian.”

The value of spirituality/religion differs among clients whose experiences can be identified on a continuum ranging from harmful to helpful. It is the work of therapists to engage with clients to discover how these experiences impact their lives. The research participants all communicated that engaging in a thoughtful respectful manner with spiritual/religious clients

strengthens the working bond or therapeutic alliance between them. A strong therapeutic alliance creates an effective environment for the work pertaining to holistic health.

Holistic Counselling and Spirituality/Religion

The research participants communicated that including spirituality/religion in the work with clients was in harmony with holistic health principles (see Figure 29). It is important to recognize that “humans are bio-psycho-socio-spiritual beings” (Sullivan, Pine, Cheney, Hunt, Haynes, & Sullivan, 2014, p.1268). This was consistent with the review of the literature related to holistic health models including Indigenous worldviews as seen in medicine wheels.

Figure 29

Holistic Counselling and Spirituality/Religion: Biopsychosocial Spiritual Health

- Research Participant 3 “... from a clinical standpoint we talk about the biopsychosocial perspective. Part of that social perspective to me is about facing spirituality ... The who and what we are, who we are in terms of where we come from, and who is our family and who are our friends, and what in terms of what are those components that make us who we are, what are our experiences, that moves us through the different transitions, how do we make sense of the world...to be spiritual, that's part of life. It's a holistic way of thinking about therapy.”
- Research Participant 4 (*identified as a Muslim woman who wears hijab*) “... part of me not wanting to come across too strong because my visible identity with my faith. When I explain spirituality to my clients I usually use the medicine wheel. Sometimes when we talk about self-care and start off by talking about the physical aspects, emotional social, and then going to the spiritual...”
- Research Participant 7 “... when they feel alone, when they feel so sad by their lives, that if they have a community that they can go to, that's an extraordinary gift. So I think that's why I am open. I'm open to it for all kinds of reasons. It's a source of comfort. It's a source of meaning.”
- Research Participant 9 “I believe that we are at that holistic piece again. So I believe that we are thinking, feeling, physical and spiritual beings. And so to miss out on the spiritual piece, to understand where someone is at in terms of their spiritual health and how they cope. I think I would, I would just be doing them a disservice to not be making room for it if they wanted it.”

The research participants acknowledged the utility of spirituality/religion in the therapeutic process in that it promotes holistic health (Figure 29). As already noted in the

exploration of the intersection of spirituality/religion and therapy, a holistic lens is vital in work with clients. Holistic lenses related to spirituality/religion were inclusive as presented by the research participants. As therapists they identified working with whatever clients presented in terms of spiritual/religious practice.

Figure 30

Holistic Counselling: Specific Spiritual/Religious Mental Health Services

- Research Participant 2 (*example where clients were asked*) “Are you interested in looking at this from both perspectives, both emotion focused therapy and including an author that I really value who is a Christian?”
- Research Participant 6 “For me I often think that it's easier to work with people who are invested in spiritual, spirituality and religion ... because regardless of if they're Jewish or Christian, there is a foundation there that is similar. There is a belief in higher order, there is a belief in God or in however that person understands. And most of the religion and spirituality work comes back to the world as a holistic kind of-... understanding and working with that Jewish and the Christian faith.”

As seen in Figure 30 there were research participants offering therapeutic services that included a specific spiritual/religious perspective. One research participant offered private practice therapy from a Muslim perspective. Two others in their private practice included particular Christian perspectives in the therapy. Research Participant 6 (see Figure 30), a practicing Muslim, felt they could collaborate with clients connected to any of the Abrahamic faiths (Jewish, Christian, Muslim). All participants echoed the general sentiment found above that engaging with clients' understandings of spirituality/religion was key in effective holistic therapy practice.

As noted above, the research participants all noted that spirituality/religion can harm clients. As such, therapy includes work with clients who reject spirituality/religion and do not wish to explore alternatives. In identifying what might be harmful, research participants used therapeutic principles in their analysis. Spiritual/religious ideas that diminish self, create social

isolation, limit or reject the value of individual experience, and/or increase self hatred, were all examples given by the research participants of potential harmful impacts of spirituality/religion. As therapists they identified the above as damaging clients holistic development. Having a holistic model of therapy, that includes spirituality/religion, all the research participants promoted the need to continually engage with clients in all areas of their lives throughout the therapy process.

Therapist Engagement with Spirituality/Religion

All the research participants supported ongoing deeper conversations with clients about spirituality/religion. The primary benefits of these conversations include a stronger therapeutic alliance, increased understanding/clarity of client ideas for both clients and therapists, and identification of how spirituality/religion might relate to the issues that bring clients to therapy.

Two therapeutic alliance examples are in Figure 31 and represent what all in the study communicated related to their work with clients. The research participants repeatedly noted the importance of meeting clients “where they are” (on their own terms). The alliance involves respectful connection between clients and therapists in which all aspects of clients’ lives are part of therapy. The research participants, along with the literature, noted the importance of respectful relations with clients in that it creates an increasing trust that generates cooperation in the counselling process.

Figure 31

Holistic Counselling and Spirituality/Religion Impacting Therapeutic Alliance

- Research Participant 6 “... the word in the literature culturally appropriate and I would like to think it's a more client appropriate. So it doesn't have to be cultural, it could be religious, it could be spiritual or whatever, but you're meeting that client where they're at...”
- Research Participant 10 “... therapeutic alliance ... able to work with that (*clients' spiritualities/religions*) we may not see everything the same and I have my own views, but

I'm really respectful of yours. And so professionally, it's about meeting people where they're at."

As clients articulate their spirituality/religion, therapists engage by asking clarifying questions, to help clients better understand what they believe, think, and practice. Exploring this with clients also helps therapists better understand clients' worldviews. Figure 32 presents research participants' examples of deeper work with spiritual/religious clients. Clients giving clarity related to this area of their lives can assist them in uncovering insights as to what meanings and solutions they possess related to the concerns that led them to therapy.

Figure 32

Holistic Counselling and Spirituality/Religion Exploration Findings in Increased Insights

- Research Participant 1 "I ask clients to help me to understand how the religion works, what they believe."
- Research Participant 2 "... to challenge someone. And if I come at it from her strong Christian values of what she's called to do as a Christian or how she believes, God's views of her or how she sees herself. ... the value of what the scripture means or what a faith means ... this is what a psychological system of intervention might mean."
- Research Participant 3 "So I may know very little about the Bible, or Koran. But I'll say, 'Well, if you're religious, then tell me, what are some specific passages or stories that you could draw from, that'll help you to ease whatever you're going through a little bit. ... I will sit in that space with them and acknowledge and validate when they talk about their faith ... And I will ask deeper level questions. What is it like to sit in a church? Or What's it like to be in a mosque? Or What are some difficulties that you have with that?... it's not enough for them to say yes or no ... You're going to dig a little deeper and find out what's the connection, what's the meaning ... what's the experience."
- Research Participant 8 "... then it's an opportunity for us to discuss the thoughts that come up and then how she feels and an opportunity to talk about if we shifted those thoughts every so slightly what that might be like. So it's almost like ... the word organic keeps coming to mind ..."

Therapists were the second category identified from the research participants' interviews. Therapists' personal spirituality/religion has a direct impact on the therapy process. The understandings of holistic practice and the place of spirituality/religion is important for

therapists' consideration. From those understandings a third subcategory of conversations emerged in which the research participants talked about how to engage with spiritual/religious clients.

Clients and therapists are the primary individuals involved in therapy. At a micro level, these individuals play a significant part in determining the place of spirituality/religion in therapy. No human interaction is done in a vacuum but rather within contexts of place and time in the larger society. The dominant group creates and sustains norms in all areas of life including therapeutic ones. It is essential to acknowledge that clients and therapists are both subject to systemic oppression where "the prejudices of the dominant group are imbedded in societal systems" (Dumbrill & Yee, 2019, p.365). The third category identified from the participants concerns the systemic.

Systemic

Every one of the research participants identified macro and/or mezzo concerns related to systems or structures within society that create and sustain oppression related to spirituality/religion that directly impacts the therapy process. This was also observed in the literature. All the research participants spoke of academic and therapeutic understandings of spirituality/religion and accessed critical theory in their analysis.

Academic and Therapeutic Definitions of Spirituality/Religion

All the research participants presented how they understood spirituality/religion, how these terms relate, and how these understandings inform therapy practices. These concepts were formed by systemic influences, namely academic and therapeutic, rooted in dominant cultural norms.

Figure 33*Systemic Need for Clear Academic & Therapeutic Definitions of Spirituality/Religion*

- Research Participant 8 “It's an interesting question and I think it's one that causes me to pause and reflect. ... Right, what do I mean when I say spirituality? Because I think sometimes these are words if we're already in that world and if it's already part of who we are, sometimes we just use those words and just have this understanding without putting words to it..”

The interviews echoed what Research Participant 8 stated above (see Figure 33). All research participants communicated they needed to further reflect to be more precise in what terms like spirituality and religion mean and how these ideas apply in work with clients. In the literature review an examination of the terms spirituality and religion identified the need for precision when applying them to therapeutic work. In all interviews research participants advocated for therapists to have working definitions for spirituality/religion, as well as skills to apply these understandings to the therapeutic process.

As seen in Figure 34 each research participant was able to articulate what they understood these terms to mean, how these ideas applied in their personal life, as well as the ways spirituality/religion integrate into the work done with clients.

Figure 34*Systemic Academic & Therapeutic Understandings of the Spiritual/Religious*

- Research Participant 3 “I think religion is a structure for me. Well a religious institution. It guides me. Religious precepts and principles and even practices and spirituality for me is part of it is my own practices around touching faith. Spirituality is more about the self.”
- Research Participant 4 “Someone could be religious but not spiritual. And I guess, spirituality to me is when your whole way of being, your values are connected to like the worldview or the values, that they're informed by the values of your faith. And you see a more of a whole way of life ... Religion to me just sounds like something that you just do once a week, say on the Sunday or on the Friday and that's it. Whereas spirituality is that you see your faith or your religion feeding into all different parts of your life, on a day to day basis. So it's not just the ritualistic aspect of things it also feeds into your values and the way you view life.”
- Research Participant 6 “... spirituality/religion as a way of structuring my life that brings coherence and an understanding and all of that entails belief in God. And like I say refer back to theology to define scripture that I believe in. ... So, for me, religion is a way of organizing life in general. And it determines your social interaction with people ... And usually when we think about spirituality, we think that it's connected to people wanting to be better human beings. And religion, the difference between spiritual- spirituality and religion and religion for me is the template to be a better human being.”
- Research Participant 6 “... religion as a way of life- faith or religion spirituality ... because that's where the person's coming from.”
- Research Participant 9 “... religion to me is the set of rules around the spiritual practices that you are engaged in. ... where spirituality is the part of you that connects with the divine and your sense of self that is grounding ... So I think that it's the deepest sense of self and where we're connected, we're sort of connected to the divine. ... Where you're free and you know that you're loved and you're the beloved and you don't have to earn things. And that to me is the ultimate experience of spirituality. You love yourself and you're connected to yourself and to people absolutely.”

Among all research participants they communicated overlap in the terms, but they made a distinction as to the meanings of spirituality and religion. The sources reviewed for this study identified a large a body of literature that found spirituality and religion to be interrelated terms. Both the literature and the research participants presented religion as external and objective. The research participants presented religion as specific groups' organization of doctrine, beliefs, dogma, and rituals that guide spiritual/religious clients in morality, values, and identifying virtues. Most noted specific examples of religions such as Buddhism, Christianity, Hinduism,

Islam, and Judaism. Within each particular religion are a plethora of expressions/perspective that were identified that fall along continuums (i.e./ liberal-conservative; progressive-traditional; inclusive-exclusive; mainstream-fundamentalist). Also noteworthy is that most of the literature and all the research participants presented spirituality as subjective, personal, relational, lived experiences, meaning making, purpose, wisdom, and/or mystery. For example it was noted by Participant 2 that spirituality is a “strong set of values ... that impacts what kind of person I want to be and how I treat others.” All research participants expressed that it is possible to be spiritual but not religious, or religious and not spiritual.

Knowing what therapists mean by their use of the terms of spirituality/religion is vital to effective therapy. These working definitions interface with what clients mean by spirituality/religion. Therapists are not the experts on the lives of clients, and this stance makes attending to clients’ stories all the more important to effectively work together. The principle of including spirituality/religion in work with individuals who are predisposed to spirituality/religion is also crucial when engaging the larger community.

Public Sphere and Spirituality/Religion

Overall research participants noted that in Western culture there is an increasing negative view of spirituality/religion in general. One example of this is in Figure 35 in which the participant identified an overall dismissal of spiritual/religious concerns by the dominant culture.

Figure 35*Public Sphere and Spirituality/Religion as Related to Dominant Discourses*

- Research Participant 3 In the larger society spirituality/religion “tends to be such an ignored part of who and what we are.”
- Research Participant 4 “I think as a Muslim woman, specifically, who visibly wears the hijab ...trying to distance yourself from the mainstream portrayal of your religion. So you do know that there are a lot of prejudice and there's a lot of misinformation out there about your identity. So it's always been something that I'm just careful in navigating.”

The research participants repeatedly noted that at the societal level dominant discourses of spirituality/religion in relation to the larger community, are unimportant, at the periphery, and viewed with a measure of hostility (Figure 35). An awareness of this dynamic in the general population is present in the participants' conversations with clients. Negative views of spirituality/religion by the dominant culture can have impacts in multiple ways on the work of therapy. In the examples presented in Figure 36 there are illustrations of the nuanced ways anti-spirituality/religion can impact therapeutic work.

Figure 36*Public Sphere and Spirituality/Religion Influences on Therapy Work*

- Research Participant 5 “And then we worked together for a while and then one day she asked me what my denomination was, and I never really saw her after that. ... So like some Protestant Christians do not like Catholics at all.”
- Research Participant 6 “... adherence can be sometimes alienating because like I mentioned before as well, social work faculties and social work practices are very secular in nature and the religious pieces often absent. For me because I'm a Muslim woman as well, and this is also evident to everybody. My religion does have impact in that one can talk about it as being negative, in social interactions with others...the stereotypes that go along with being Muslim. So that comes up in my work sometimes and in my professional life and my personal life...”
- Research Participant 8 “When I hear it's not explicit hate or anything like that, but a very conservative view ... there's not the explicit hate, but there's something being communicated that's lacking approval or something toward LGBTQ ... the implicit message in what the person is saying is that it is sinful to be LGBTQ.”

As seen in Figure 36, Participant 4 identified that being a Muslim has resulted in negative encounters with other professionals as well as clients. For one spiritual/religious client, the structural religious differences between groups that the clients and therapists identify with, can result in clients terminating services as stated by Participant 5. There are also cultural conservative views in the dominant culture in forms of religion as seen in the insight from Research Participants 6 and 8.

All research participants noted they work with spiritual/religious clients with whom they differ. These differences can include such matters as spiritual/religious practices, beliefs, choices, and/or group affiliations. Further, all reported experiences of clients directly asking about the research participants' own spiritual/religious identities. In all but one story, research participants stated that clients have remained working with them while recognizing their differences. When considering how this acceptance of differences was embraced and therapeutic work continued, research participants communicated that the underlying principles that create and sustain this dynamic were based in mutual regard and a positive working relationship.

Six of the research participants indirectly identified human rights and social justice concerns but did not use those terms in their analysis. Rather they used terms such as community influences, fairness for everyone, group pressure, and inclusion related to diversity. The other four research participants specifically presented that the analysis of human rights and/or general social justice ideas is one important aspect of therapeutic work.

Human Rights and Social Justice: Connections to Spirituality/Religion

All the research participants identified systemic factors as influencing therapists and clients in regard to therapy. As already noted, four research participants specifically accessed the language of human rights and/or social justice for their analysis (Figure 37).

Figure 37*Human Rights and Social Justice Connections to Spirituality/Religion*

- Research Participant 3 "... around being against conversion therapy and really respecting the dignity of the person. I'm not going to do this because the agency tells me not to although there's a bit of protection there. But the skill was not about the agency, the skill was about my own training and my own style. My own ethics and values."
- Research Participant 8 "... the harm that has been done to people in the name of faith, in the name of spirituality over the years, whether it's conversion therapy just making people think that there's something wrong with them when there isn't - I didn't want to have any part of that is oppressing or harming"
- Research Participant 8 "... this particular client come from a particular faith community that seemed to see that women should be subservient; women were less than men-... a very patriarchal community. I don't think that my job as a therapist is to change someone's belief or theological views. However, I think as a social worker I also have a responsibility to work with people in such a way that brings positive change to their own lives and maybe even beyond that."
- Research Participant 9 "And I say that with respect and also like a heart for wanting people to be free. To explore and, and from personal experience ... that religion is the formal part of how we do understand spirituality. It has the potential around connection with a larger community."

In the comments in Figure 37 there are human rights-social justice ideas of dignity, equality, and freedom. The literature generally identified these concerns as related to spiritual/religious citizens. Social work academics in particular explicitly promoted social justice principles be applied to all which included spiritual/religious peoples. These concerns of the research participants linked to dominant cultural oppression impacting spiritual/religious clients accessing therapy. Standing in solidarity with spiritual/religious people is a social justice issue. One aspect of social justice work is utilizing critical theory analysis.

Spirituality/Religion and Critical Theory

All research participants applied the analysis of critical theory in their responses to the research questions as related to therapy with spiritual/religious client. In Figure 38 there are

examples of how the systemic oppression in dominant cultural discourses has direct impact on individuals providing and/or accessing therapy services.

Figure 38

Spirituality/Religious and Critical Theory in Therapy Work

- Research Participant 3 “The institutional harm that's been done through religion ... the overarching kinds of messages that's how sometimes religion can be interpreted or misinterpreted to oppress people or to make them feel less than. ... like I wouldn't want to impose spirituality and faith, and religion on a person if they didn't want to touch it. I think it's essential ... Well, I think because first of all we don't do it anymore. ... as a culture, as a North American, Western, Capitalistic culture ... We shit on people who subscribe to a faith, and I think that's one of the most disrespectful things that we could be doing. I think it's unethical, I think it's unprofessional.”
- Research Participant 4 “... I was inferring about Islamophobia. But I mentioned that being Muslim, being a woman, all of those things impact ...”
- Research Participant 6 “... as a Muslim woman, one of the stereotypes that I get often is I fall into that abused category. You know, Muslim women are usually not abused, what's the word I'm looking for, um, anyway, they're oppressed. ... I suppose for my experience with, and my thinking about people who are Christian and are religious, it's got the same foundation as my own, and I think for most people. I hope that that stigma is not going to stay with us for too long, and that people feel comfortable in whatever religion, spirituality.”
- Research Participant 7 “I feel a little bit of a sadness, because I'm thinking this is probably missed in more therapeutic relationships than is ideal. And it's not that it should be organized spirituality, or organized religion ... But this whole notion of some of the things we've talked about here ... I think it probably gets a bit of a bad rap, in that we don't talk about religion or politics.”

As highlighted in Figure 38, the ignoring, avoiding, and/or being hostile toward spirituality/religion at a cultural level impacts therapists and clients. One story included professional peers interacting poorly because the research participant openly practised a spirituality/religion. Others noted tensions in the lives of spiritual/religious clients who experienced marginalization, as exemplified in Figure 39.

Figure 39*Spirituality/Religious and Critical Theory: Mezzo and Macro Oppression*

- Research Participant 2 “Yes. I very much believe in spirituality and religion that what is often hurtful is the actions of people in the church or in their equivalent of that that usually involves some form of judgment. And oftentimes clients will internalize that and judge themselves based on something that they've heard ... the community is in some ways using power and control to make the person act in a certain way. ... they're socially punished, they're maybe cast out or treated like a social outcast.”
- Research Participant 8 “as a social worker include helping people toward liberation. ... I also identify as a feminist as well.”
- Research Participant 9 “I want to create a space for safe exploration of those beliefs because they don't, they can't do that in their church. Like there's no room for that in their church. And so as they explore themselves and what's been holding them back or what does help them. I think that there's room for that. ”
- Research Participant 10 “I would say it's an intuitive appraisal of what they're saying and to what extent their religious spiritual inclinations are enlivening, empowering, help them connect, help them feel alive, help them feel compassionate, or to what extent they feel oppressed, restricted, punished, despised, wronged, or unduly critical and narrow. And you get into the ingroup outgroup, we're saved, you're not. Those kinds of things would be signals to me ...”

There are religious groups who use spirituality/religion to justify their systemic harm.

Participant 1, a practicing Roman Catholic, reflected on the use of “Catholic guilt” to control the masses. In Figure 39 there are examples of particular Christian groups prohibiting personal growth by promoting one way to believe, think and act. Participant 9 identified ways that therapy can open pathways to spiritual/religious growth that may not be possible in certain religious groups (see Figure 39). Being aware of systemic issues that impacts spiritual/religious clients can contribute to greater empowering within the therapeutic experience.

Structural influences impact therapy work that includes spirituality/religion. Academic-therapeutic understandings, public sphere engagement, human rights-social justice discourses, and critical theory analysis, impact the lives of spiritual/religious clients and can influence the practice of therapists. Considering these areas of discourses, the research participants

communicated connections to therapy practice as related generally to systemic or structural influences. The fourth category to come forward was a specific systemic/structural influence namely, the helping professions.

Helping Professions

The last category that emerged in the coding process were the structural factors related to the helping professions. All the research participants spoke of their own specific professions (psychotherapists or social workers). The helping professions subcategories identified include general practice, professional ethics, education/training for therapist, and social work.

General Practice

All research participants reported having opportunities to observe in organizations and among helping professions how professional helpers navigate spirituality/religion in mental health services. Norms in general practice for professionals related to spirituality/religion were noted.

Research participants identified a significant gap in mental health practices related to work done with spiritual/religious clients. In Figure 40, the conversations about spirituality/religion brought to the surface how this is one area where mental health practitioners are less likely to engage in helpful ways.

Figure 40*Helping Professions: Mental Health Practices and Spirituality/Religion*

- Research Participant 4 “... there's always been like some kind of tension in incorporating spirituality in mental health practice. ... But I am aware that more recently, there's more of an interest to engage people's different spiritualities. And there's been more research into the positive impact it can feed into a person's overall mental health and well-being. So I'm very excited about that kind of change in progress.”
- Research Participant 7 “We know in the world of organized mental healthcare, you talk about dogma, they call that religiosity. If someone is obsessed with religion, or they're afraid God will punish me if I do that, they talk about the hurtful perspectives. Religiosity. Well, religiosity it's an insulting term. It's medicalizing somebody's experience.”
- Research Participant 8 “I think it gives a client a sense of agency too ... so that it's not just the medical model, of me saying, ‘This is what's important for you and this is what you should do, and this is what you need to talk about.’ I think it allows for collaboration in the therapeutic process as well.”

Pathologizing and medicalizing spiritual/religious practices by those in the helping professions is not beneficial to clients. Participant 4, among other research participants, noted an increase in the interest among the helping professions related to the topic (see Figure 40). The literature reviewed affirmed a significant growing interest among practitioners in the helping professions as to how spirituality/religion can be effectively incorporated into practice. The research participants remarked that this is a hopeful trend. One example of this openness was presented by Participant 1 who, in their therapy practice, has medical doctors referring Roman Catholic patients for counselling with a spiritual/religious dimension. The doctors have communicated to Participant 1 that the spiritual/religious component can be centrally important to clients.

There was consensus that therapists need to be open to clients who talk about their spirituality/religion (see examples in Figure 41). The argument presented was that if any aspect of clients' lives are centrally important there must be opportunity in therapy sessions to discuss these matters.

Figure 41*Helping Professions Openness to Spirituality/Religion*

- Research Participant 4 “So not do harm but try to be as helpful as possible.”
- Research Participant 5 “... having that general curiosity and exploration is a great start. And if the person wants to go into spiritual or religious things they will, or for others it might be a more secular exploration, like a nonreligious one, but either way deeply meaningful for the person. ... Therapists should challenge their biases and fears around exploring spirituality and religion, and maybe to tend to their own unresolved issues around spirituality and religion, if those are blocks to exploring them.”
- Research Participant 6 “I wish counselors knew is that for many people religion and spirituality matter- and if it matters enough engaging with it would be more helpful to clients as opposed to, marginalizing it as an aspect of their life or an area where they are comfortable. I would recommend that a question be asked, and a conversation be heard about that.”
- Research Participant 7 “And it's taking us down a road that's fraught with judgment. We get all these sorts of ideals around it, but how core it is to have this sense of I am a meaningful being having a meaningful life experience, and that I matter, and that there's something beyond me that matters. And that if we lose that, or somebody's missing that, or this realm of things, of all these things we've talked about is missing in that therapeutic, think of what we're missing. Think about what we're missing.”
- Research Participant 9 “So, I don't know that I have a word of wisdom on it except, be careful but include it because it's important.”

For therapists to best understand and discover the meaning of spirituality/religion in the lives of clients, they must explore these topics with them. Research participants advocated for this in practice and understood this inclusion as an ethical imperative.

Professional Ethics

All but one of the research participants commented on ethical guidelines or principles as related to spirituality/religion. Most noted their own professional colleges and the obligations they have as members. In Figure 42 there are reflections on the ethical imperative for therapists to include spiritual/religious concerns with clients. The commitment to inclusive empowering therapeutic work demands therapists respect and work with spirituality/religion. There were other specific ethical concerns noted by the research participants.

Figure 42*Professional Ethics and Spirituality/Religion*

- Research Participant 2 “I very much believe in the evidence-based models that we use. I don't think it's wise to kind of throw them out the window whenever there's a spiritual client. I want to use because I think those things are, inspired in a way. So they can pair up or they can be integrated. ... I guess that's a little DBT mixed in with my (laughing) my Christian perspective.”
- Research Participant 3 “... the code of ethics we're supposed to see people as holistic. We're supposed to maintain people's dignity. That's one of those inherent dignity of people, and we're supposed to respect people's right to self-determination.”
- Research Participant 3 “So I think with social work ethics, I think when it comes to working with people it's been that understanding of people's dignity is so much about being holistic. Then if we're going to take the biopsychosocial model, the ecological model, the narrative model, all these perspectives. And to me that becomes important. I think that as I've watched clients' work through or embrace their own faith and spirituality.”

A repeated sentiment from the research participants was the need for them to keep the distinction of the therapy role separate from that of someone who is personally interested in spirituality/religion. The main point was to not focus on therapists' personal responses to ideas presented in therapy (see Figure 43). Rather, therapists are to focus on analysis based in therapeutic principles as applied to clients' well-being. This relates directly to the scope of practice.

Figure 43*Professional Ethics and Therapist Bias*

- Research Participant 7 “... keep your bias in check. It's not my place to dissuade anyone in any direction.”
- Research Participant 8 “I'm not seeking to change someone's belief in the session either.”
- Research Participant 9 “... I don't believe I'm there to change their beliefs... your identity and your relationship with this person is as a psychotherapist.”

The scope of practice was another recurring theme that came from the research participants (see Figure 44). Whatever clients present to therapists related to spirituality/religion

therapists offer the services for which they received training. There were research participants who had additional graduate training in one or more expressions of spirituality/religion. These therapists identified that the working knowledge from spiritual/religious training informed therapeutic practice but never replaced or usurped it. All research participants expressed the need for trained therapists to providing services embedded in evidenced informed therapeutic paradigms that include spirituality/religion.

Figure 44

Professional Ethics Informs the Scope of Practice

- Research Participant 1 “I think you need to know if you're outside your scope of practice”
- Research Participant 8 “I am not there as in a theological role, but as a social work role ... and I think the same as people have assumptions about (laughs), Catholics and Anglicans and Presbyterians. Those as assumptions might get in the way of the therapeutic work.”
- Research Participant 8 “... a person who is a person of faith, who is a spiritual person, and they are a therapist, and they don't wish to have that be part of their therapy sessions, like I honestly think that that's okay too. I would hope that if someone came to them and said, ‘No, this is really important to me,’ then they'd say, ‘Well, I'd be happy to refer you to someone.’ You know I don't think we should have the expectation that everyone is at ease with spirituality being part of the therapy session.”
- Research Participant 9 “I have some set up boundaries here. ... I don't pray with clients only because I don't think that that is my role. I believe that I am there to help them like with psychotherapy, I do sometimes direct them to go speak to their pastor or go speak to their spiritual director. And I just try to keep those lines fairly clear, but to be honest, I do pray for my clients when I'm not with them.”

All research participants promoted the importance of transparency concerning every aspect of the services they offer (Figure 45). If therapists offer spirituality/religion as part of the therapy that information must be provided to the general public. The public information must also include that spirituality/religion is optional, and it is clients who decide its place in therapy. Transparency was a principle promoted even in terms of the manner the therapeutic office was organized.

Figure 45*Professional Ethics Related to Transparency*

- Research Participant 2 “But my website ... a lot of my clients find in Psychology Today it outright says Christian on there.”
- Research Participant 3 (*clients to know*) “What are therapists’ values, what are their spiritual, religious experiences.”
- Research Participant 8 (*advertisements for participant’s private practice*) “I have something where I say for people who are spiritual or people of faith, they’re more than welcome to have it be part of the therapy process if they identify that it would be helpful for them.”

All research participants noted that transparency related to the possibility of spirituality/religion should inform the look of their offices. All communicated that when considering the placement of symbols, books, pictures, degrees, etcetera, the consideration of the impact on clients is imperative. If opting out of spirituality/religion as part of therapy is an option, then the working office needs to reflect a neutrality, not promotion of, spirituality/religion. The only exceptions noted would be therapists who specifically work with spiritual/religious clients (i.e./ Muslim community).

All the research participants expressed the importance of ethical guidelines to inform practice as related to spirituality/religion (see Figure 46). One reoccurring ethical principle was that therapeutic services focus on the best interest of clients which manifests itself in therapy services offered within the scope of practice.

Figure 46*Professional Ethics in Providing Therapeutic Services*

- Research Participant 3 “... analysis rooted in therapeutic ideas ... So it would be definitely rooted in the ideas around therapy, around enhancing people's well-being. If something's not enhancing their well-being or if it's not balanced, ...”
- Research Participant 6 “I've seen spirituality in a professional setting as a very positive way of helping people to think about their own lives and their own issues and to move forward based on that.”

Most of the ethical matters raised by the research participants noted the need for professional preparation and development in those areas of practice. In the conversations with research participants ethical concerns included discussions about professional education/training.

Education/Training

The topic of education/training related to therapy and spirituality/religion was a reoccurring theme for nine of the ten research participants. There were general observations around helping professions training, and specific ones presented related to social work education.

Two of the requirements to be a research participant in this study was graduate level training and registration in a professional college. All research participants spoke about education/training from their varied educational experiences, professional designations, and their work as therapists. Figure 47 below presents in random order the education of all 10 research participants.

Figure 47*Education of Research Participants*

BA, MSW	BA, BSW, MSW, PhD	BSW, MSW,	BA, MSW	BA, MSW, MA
BA, MDiv, MSW	MSW, PhD (c)	BEd, MDiv	BA, MEd, PhD	BA, MA

Key: Letters Initials for Degrees:

- Undergraduate: BA – Bachelor of Arts; BSW – Bachelor of Social Work; BEd – Bachelor of Education.
- Graduate: MA – Master of Arts; MDiv – Master of Divinity; MSW – Master of Social Work; PhD – Doctor of Philosophy.

Seven research participants had social work graduate training (Figure 47). Among those seven, two had additional graduate training and one undergraduate training in spirituality/religion and therapy. Two of the psychotherapists completed graduate level spiritual/religious and therapy training. Among the research participants there were six registered social workers, three registered psychotherapists, and one registered as both a social worker and a psychotherapist in the two separate professional colleges.

In the comments of the research participants there was a general concern raised that in their graduate programs spirituality/religion was not part of their educational preparation in the helping professions (Figure 48). Both Participant 9 and 10, who have additional training in spirituality/religion, communicated that there was a stark difference in their trainings, identifying that the helping professions graduate schools (i.e./social work, psychotherapy) did not equip them to work with spirituality/religion. The majority of the research participants had training in social work schools and spoke specifically about their experiences.

Figure 48*Education/Training Negativity Regarding Spirituality/Religion*

- Research Participant 3 “We need to read a little bit more deeply about this stuff... So in undergrad and graduate education, it's one of those things that are lost.”
- Research Participant 4: “That therapist feel it's ‘awkward’ to bring it up or it's not their place, I think it's because a lot of times in our training, because of the whole move towards wanting to be taken seriously as a field of knowledge and not just like a soft science or whatnot ... That is one of the reasons that has pushed us away maybe from religion or spirituality or faith. ... This was not part of their training; they do find it sometimes even like not professional to bring into the therapy room.”
- Research Participant 6 “... that religion was absent voiceless in the curriculum and in the classroom. ... So, the readings that I was doing did not really account for religion and spirituality. For me part of my own identity is so linked to religion and spirituality. ... So, I was very disappointed, needless to say that it was such a silencing experience in terms of religion in school and my personal life it's such a big part. So, I think this study is sort of a way of creating some balance for that piece of the disconnect between academics and religion.”
- Research Participant 9 (*spirituality/religion practically omitted from therapist training*) “... having done a Master of Divinity, having some access to some broader concepts of God.”
- Research Participant 10 “What guides me in the therapy room, good question. I think what I've internalized in terms of my training at (*school name omitted*) seminary, which is respecting each person's religious/spiritual identity, truth. To start with really listening and accepting and respecting wherever each person is. And I think that's part of what came out of my training. ... So the way I work is based on my own best experience and understanding, my training. I went to a seminary, I've studied theology, I read the scripture.”

The literature identified that although there is a growing interest in spirituality/religion as related to helping clients there is also a systemic resistance to incorporating it as seen in the education/training of helping professionals. This issue was identified by the research participants whose education/training was in social work. Figure 49 presents varied comments on social work graduate schools and spirituality/religion. All social work trained research participants identified an absence of education in this area of work with spiritual/religious clients. Several speculated that a Western cultural hostility rooted in prejudice toward spirituality/religion prevented the

open discussion of these concerns in classrooms. Whatever the reasons for the absence of these topics, all social work graduates noted forms of negativity toward spirituality/religion.

Figure 49

Education/Training Spirituality/Religion in Social Work Schools

- Research Participant 2 “... need spiritual/religious social work models, in the same way we have cognitive behavioral therapy.”
- Research Participant 3 “... the whole idea of spirituality and religion and... In social work practice, it's not something that we tap into a whole lot. I think that because of this I think has gone to far. Sometimes goes a little bit too far to the extremes about trashing religion. ... We focus so much on the negative impact of religious institutions on people that we serve. People who we serve we kind of fail heavily to really look at the value and benefit that religion and spirituality provide to our clients.... In the academic setting it's been very interesting because people, especially those folks who identify as Christian, have a lot of difficulty putting their hand up and saying, 'I'm Christian.' And I have a concern that they feel they will be marginalized or isolated because of having a dominant faith.”
- Research Participant 4 “... there are a lot of prejudice and there's a lot of misinformation out there about your identity. So it's always been something that I'm just careful in navigating. ... people have absorbed so much misinformation and have a lot of prejudice that they're projecting towards me because of everything that they've been fed from the negative portrayal of Muslims in the media. In a social work class, you felt like, I still need to be careful about raising these issues.”
- Research Participant 5 “... in the social work program, I didn't take many clinical courses there. It was more like macro social work courses. So I didn't really get the opportunity to see what they felt about spirituality.”
- Research Participant 6 “I think it's work time, social work schools and, not just schools, but professional practice sort of pay more attention. I know this dialogue has been going on and there is literature from maybe 20 years ago, but sometimes it feels like it's still not happening in the field as much as I would think it should be. And that's just me, but I think there is particularly in schools of social work that people should not feel as alienated if they want to consider spirituality and religion.”
- Research Participant 6 “... in thinking about critical theories now, which is flooding the field of social work, is that if you're identified as an oppressed group, you've got power, or you've got the right to say what, you know, that you're being oppressed. But if you are from the mainstream group, that's a little bit more difficult. ... Which has implications of what's allowed to be talked about and what isn't allowed to be talked about in a classroom.”

Those research participants who completed graduate social work training reported limited, and often times negative, class discussions of spirituality/religion. Two Muslim research

participants, who wear hijab, noted an anti-spiritual/religious atmosphere in their social work graduate experiences. Research participants observed that their social work academic learning experiences, included strong undertones of spirituality/religion being a negative force in the world. This dominant cultural idea upheld in graduate schools is the primary reason that social workers do not engage well with spiritual/religious clients.

Further to the above, it was identified that therapists need to know how to work with people who follow particular spiritual/religious paths (see Figure 50).

Figure 50

Education/Training – Working Knowledge

- Research Participant 1 “... there is a need for some ‘working knowledge’ of spirituality/religion to work with people.”
- Research Participant 4 “... more recently I attended the Muslim Mental Health Conference ...”

All research participants advocated for therapists to have a rudimentary working knowledge of spirituality/religion. Specific suggestions were made that spiritual/religious work could be learned from workshops, seminars, books, webcasts, professional development webinars, and/or literature. They advised that therapists develop an openness and gain knowledge about spirituality/religion to effectively engage with clients’ worldviews.

Social Work

As already noted, the majority of the research participants were social work practitioners who spoke specifically about the profession. Given that the research question is related to best practices for social workers engaging with spiritual/religious clients, separate space has been given here to consider what the research participants noted about the profession (see Figure 51).

Figure 51*Social Work Practice and Spirituality/Religion*

- Research Participant 3 “... first look at yourself. Because I think that in counseling, therapy, social work, we still do things to people. We don't take a good hard look at ourselves. So that whole thing of reflexivity ...:”
- Research Participant 4 “I really think it's important that we honor all identities of the clients and spirituality has been something that's perhaps been neglected or not as valued perhaps because in our society and specifically also in the field of social work where it is very secular we don't want to be biased, we don't want to impose our values on others. But when we allow the client to bring that into the therapy room, it could really impact their understanding of themselves and have a holistic understanding of who they are in different aspects of their lives.”
- Research Participant 8 “... some distinction, although they're seem a little related that it's not that you were straightening out anyone's theology, but as a social worker that's why you're identifying your relationship and that the principles you run by as a social worker...”

As exemplified in Figure 51, there were identifications of oppressive views of spirituality/religion in social work graduate schools. These research participants thought that the hostility toward the spiritual/religious was rooted in anti-religious Western colonial informed perspectives. Most wondered about the fear in graduate training gatherings related to open spiritual/religious discussions. Research participants speculated that these concerns are so controversial and viewed with hostility it gives reason for professors to limit or avoid these discussions. There are valid concerns being raised in these observations.

Organized religion in Canada has been the source of oppression for Indigenous peoples, as well as others on the margins. The Christian Churches in colonial Canada have demonstrated a willingness to work within the dominant culture to create and sustain norms rooted in sexism, racism, and xenophobia. However, the oppression of people by religious organizations is not the entire story. There are social movements, community supports, and individual achievements inspired by spirituality/religion. As has been noted by the literature and research participants the

impacts of spirituality/religion, individually and collectively, can be evaluated on a continuum from negative to positive. In part the challenge is to tease out how to determine these impacts. These determinations then informs next steps with individual clients as well as within the larger community.

This final category related to the structural organization of those within the helping professions has the subcategories of general practice, professional ethics, education/training for therapists, and social work. As has been identified above there are complex matters to consider in identifying what are sound principles in work with spiritual/religious clients. The four overall categories and their subcategories all help to address the research question of what the best practices for social workers are when engaging with spiritual/religious clients. In the Discussion section that follows these concerns will be unpacked.

Conclusion

Figure 52

Conclusions

- Research Participant 3 "... I don't think that one has to subscribe to a religion to be good at doing spiritual and religious work. I think if we come from a place of humility, of curiosity, and of respect, and exceptional openness, that we can totally capitalize on faith and spirituality and religion in the work that we do."

The research participants' responses to the research questions led to four interrelated categories with subcategories emerging from the analysis. Consideration of the data led to identifying the categories of clients, therapists, systemic, and helping professions. In the majority of the responses by research participants the focus on the client category was a primary concern raised throughout the research interviews and often linked to the subcategories of intersection of spirituality/religion and therapy; well-being; holistic counselling; and engagement. Repeatedly

promoted by all research participants was the need for all therapists to be skilled in work related to spirituality/religion (see Figure 52).

The ideas emerging from the data are in harmony with the social work principle of person in environment perspective in which interrelated micro, mezzo, and macro concerns are all considered in social work practice. The information gathered from the research participants and literature review can be brought together to help inform what might be best practices for social workers engaging with spiritual/religious clients. In the Research Discussion section that follows, the categories emerging from these interviews will be brought into a more sustained dialogue with the themes from the literature review as we consider the implications of the research data in relation to the core research question: What are best practices for social workers engaging with spiritual/religious clients?

Discussion of the Research Findings

In this section are the findings of the research and a critical discussion of their potential implications for practice. The research participants and literature reviewed inform the exploration of what are best practices for social workers engaging with spiritual/religious clients. The thematic issues found in the literature were consistent with the responses of participants. As noted in the previous section, the research participants' information generated four categories: clients, therapists, systemic, and professional helpers. Each category contain subcategories within them. The information provided by the research participants led to further review of the literature, particularly as it related to social workers. Reviewing literature throughout an investigation is in harmony with constructivist grounded theory methodology (Charmaz, 2014). The ideas explored are in four sections in which consideration is given to all subcategories within each of the four categories that were identified in the previous Results section of the interviews. Each category contains an aspect of what are best practices for social workers engaging with spiritual/religious clients. At the end of this section there is a summary of all the information produced from the research reviewed to identify best practices for social workers engaging with spiritual/religious clients.

Clients

When considering the importance of including spirituality/religion in the helping process, Harris identified that "the faith or belief system or religion or worldview of the client is the lens through which the client experiences the world and the challenges and blessings of life. It is often the center of 'meaning-making' for the client" (2019, p.7). Although more thoroughly explored below, it is important to identify here that the individual spiritual/religious views, or "meaning making" of clients are created within larger systems. All the research participants

noted the significance of therapists' understanding and working with spiritual/religious clients. This client focus is the first category that emerged from the research, a focus that was noted throughout the research participants' comments related to all the other categories and subcategories. From the client category, the subcategories that emerged were related to clients' roles including client directed therapy, the connections of spirituality/religion and therapy, and well-being and spirituality/religion.

Client-Directed

Client centered work was identified in terms of partnership between clients and social workers as related to the services clients are accessing (Lundy, 2011; Mbakogu, 2020). Social work scholars Dumbrill and Yee (2019) write an entire chapter to fully explore this principle by identifying "service users' theory" as core to anti-oppressive social work (pp.255-281). The service users' theory presents clients as the experts of their own lives making it essential for social workers to work collaboratively with them. When considering the relationships between social workers and clients, the social work scholarship overwhelmingly promoted a focus on client informed therapy guided by humanistic principles such as egalitarianism, mutuality, strengths, as well as empowerment (Early & GlenMaye, 2000; Hodge, 2005; Murphy, Duggan & Joseph, 2013). These humanistic principles apply to the work done with spiritual/religious clients.

The significance of spirituality/religion for some clients guides them in all aspects of their lives, including therapeutic work, which includes their perceptions of issues and viable solutions. This is a pattern found in this research and was also indicated in the literature review (Captari, Hook, Hoyt, Davis, McElroy-Heltzel & Worthington, 2018; Stewart-Sicking, Fox, & Deal, 2020). Arens observed that "religion is first and foremost not a 'view of life,' but rather a

‘way of life’”(2004, p.373). For some clients, all aspects of their lives center around their spirituality/religion. “To someone who is an observant member of a faith, religious identity is an integral part of that person’s very being. The requirements of one’s faith – its discipline and the rules that it lays down for conducting one’s life” (Power-Forde, 2016, p.602). Clients’ spirituality/religion can inform how they interact within the larger society including what they wear in public (i.e. hijab), where they shop (i.e. kosher food), and what entertainment formats they access (i.e. no alcohol use). The research participants also affirmed that for clients whose identities or core being center on the spiritual/religious, their therapy process is informed by those perspectives. Accordingly, “it is important for social workers to understand clients’ unique experience with religion and spirituality” (Limb, Hodge & Alboroto, 2020, p.31).

It can be both affirming and empowering for clients when social workers accept the spiritual/religious as part of the therapeutic process (Darrell & Rich, 2017; Thompson & Moss, 2019). Oppressive dominant discourses related to spirituality are disrupted and challenged in social work practice when this aspect of clients’ lives are respectfully encountered. Also, social workers making room for all aspects of clients’ lives is one way to demonstrate an unconditional positive regard. This “unconditional positive regard” (Wilkins, 2000, p.23) is shown when therapists respectfully accept and work with all aspects of the lives of clients, which contributes to the creation and sustaining of a strong working relationship (Farber, Suzuki, & Lynch, 2018; Murphy & Cramer, 2014; Rogers, 2007).

Unconditional regard for the spiritual/religious in clients’ lives can be one aspect of empowerment of clients. As Aponte observed “therapy that pivots on clients’ free will is a work grounded in clients’ belief that they can direct their own lives. The freedom to choose is where people convert their personal uniqueness into their personal action” (1999, p.82). Social workers

demonstrating positive regard to spiritual/religious clients, contribute to strong working relationships in which clients more effectively navigate the challenges they face.

The practice principle for social workers to follow is to engage in spiritual/religion discussions with clients (McKernan, 2005). In two different meta-analysis studies the findings indicated that accommodating clients' preferences to include spirituality/religion in the therapy "increased the likelihood of improvement while in treatment" (Swift, Bird, Penix & Trusty 2021, p.1. See also Captari, Hoo, Hoyt, Davis, McElroy-Heltzel & Worthington, 2018). These two studies, along with the literature reviewed, and the insights of the research participants, all supported practicing an openness to the inclusion of spirituality/religion in social work with clients.

Both the research participants and the literature review identified how centrally important it is for social workers to explore the culturally constructed understandings of spirituality/religion in the thoughts, beliefs and experiences of clients (Luhrmann, 2020). Further to this, the exchanges between therapists and clients concerning these matters will include an overlap of ideas found within spirituality/religion and therapy models.

Connections of Spirituality/Religion and Therapy

All research participants and the literature reviewed identified an interconnection between spirituality/religion and therapy. They all identified meaning and purpose as commonly having a connection to spirituality/religion for clients. The literature indicated that concerns related to meaning, purpose, connection to others, and/or spirituality, can be part of spiritual/religious work, as well as the work of therapy (Fromm, 2004). The research participants observed a similar pattern in their work as therapists. By allowing this intersection to inform the process social workers then engage with spiritual/religious clients within frameworks or

worldviews that are important to them in relation to coping, managing, and finding solutions to challenges.

It is vital for social workers to understand the “worldview” of clients, which includes spiritual/religious perspectives (Kisthardt, 2013, p.72), as well as the “unique experience with religion and spirituality” (Limb, Hodge & Alboroto, 2020, p.31). The research participants demonstrated this principle in their advocacy for respectful curiosity regarding clients’ spirituality/religion. Following this curiosity can ensure that social workers understand and incorporate these aspects of clients’ lives into the therapeutic process. Although explored in greater detail below, some resolutions for spiritual/religious clients might include work with others toward systemic changes. Here the consideration is primarily on individual solutions.

One aspect of work within the worldviews of spiritual/religious clients is to recognize the intersection with therapy concerns related to coping, understanding issues, and choosing solutions, which can help in the therapeutic process (Fromm, 2004). As therapists, social workers may be concerned about clients’ coping, stress management, and/or acceptance of circumstances. Some clients may understand the need for coping, stress management, and/or acceptance, as part of their spiritual/religious journeys (Bockrath, Pargament, Wong, Harriott, Pomerleau, Homolka, Chaudhary & Exline, 2021). Therapeutic models used by social workers with clients can have treatment plans that include prayer, meditation, and/or reading sacred texts. In a considerable number of research findings “when a client’s treatment goals include not only symptom remission, but also spiritual development, integration of R/S within psychotherapy is a treatment of choice” (Captari, Hook, Hoyt, Davis, McElroy-Heltzel & Worthington, 2018, p.1950). This finding was affirmed by all the research participants who identified that spiritual/religious clients

want that part of their lives to be included in solutions to issues that bring them to therapy. The literature examined also supported the integration of spirituality/religion into therapeutic work.

This principle can inform the multiple varied ideas clients hold related to spirituality/religion, thus making it part of their healing process (Daniels & Fitzpatrick, 2013; Dixon & Arthur, 2019; Leighton, 2016). When clients speak of concerns such as meaning and purpose, these matters can be explored using spiritual/religious and/or therapeutic terms. For spiritual/religious clients sharing their life stories within the context of connections such as larger meanings and purpose can be empowering (Cadell, 2012; Randall, 2009).

Client directed therapy that can include both therapy models and spirituality/religion were identified as possible contributing factors in effective therapeutic work. The focus of such work with spiritual/religious clients is on their well-being.

Clients' Well-Being and Spirituality/Religion

Spirituality/religion has a direct impact, ranging from negative to positive, on the well-being of clients. The research participants all observed this in their work as therapists. Further they identified the well-being of clients as an important therapeutic measure of the impacts on clients of spirituality/religion. If the research participants could identify clients' spirituality/religion as enhancing well-being then it became part of the therapeutic plan. If not then this concern was raised with clients. The reviewed research literature supported this principle as well (Deweese, Wilcox, Campbell, McCormack, Terry, & Davis, 2022).

Enhanced well-being of clients related to their spirituality/religion is implicit in holistic therapy. For example spiritual/religious clients might identify that this part of their lives can be a central aspect of their coping strategies (Bell, Busch, & Fowler, 2005; Cadell, 2012; Zhang, Hook, Hodge, Coomes, Davis, Van Tongeren, Davis & Aten, 2021; Larsen, 2011). The strategies

clients adopt when facing various struggles (“interpersonal” “moral” “doubts” and/or “ultimate meaning”) can include spiritual/religious practices (Zhang, Hook, Hodge, Coomes, Davis, Van Tongeren, Davis & Aten, 2021, p.245). For some clients, their experiences from the beginning through to end of life can be highlighted and enhanced by spiritual/religious rituals (Crisp, 2008). The above examples, as well as illustration from practice given by the research participants, suggest that the well-being of clients can be positively enhanced by spirituality/religion.

The potential positive impact of spirituality/religion on clients might also include creative and alternative ways of understanding challenges. The research participants, along with the scholarship reviewed, noted that creativity can be central to clients’ spiritual/religious practices and understandings that assist in coping and dealing with problems (Coholic, 2012; Crisp, 2008). Challenges can be viewed by clients as opportunities to grow spiritually/religiously (Cadell, 2012; Zhang, Hook, Hodge, Coomes, Davis, Van Tongeren, Davis, & Aten, 2021), a divine calling to social justice work (Sandage & Morgan, 2014), all part of a divine plan (Avent Harris, 2021; Stroope, Draper, S., & Whitehead, 2013) and/or cause to continue or return to spiritual/religious practices (Corry, Lewis, & Mallett, 2014; Kuo, Arnold, & Rodriguez-Rubio, 2014; Shaw, Peacock, Ali, Pillai, & Husain, 2019; Stewart, 2008). Luhrmann and Morgain suggested that “people who pray actually have different sensory evidence with which to interpret the claims they make about reality” (2012, p.386). It is beyond the scope of this inquiry to explore in depth the actual affects of transcendent experiences which can directly impact clients in their sense of purpose, meaning, connection with others, and/or the mystical (Buber, 1970). However, whatever these experiences actually are, divine encounters or client thinking they have had divine encounters, social workers need to focus on what impact these encounters have on the

well-being of the client. This focus on well-being and spirituality/religion as an important practice principle to follow, was repeatedly emphasized by the research participants.

There can be possible negative as well as positive impacts of spirituality/religion on the lives of clients. It is vital in therapy for clients to identify their subjective experiences of spirituality/religion including the impact these experiences have on their lives. Working with spiritual/religious clients social workers can communicate concerns as well as affirmations about the ideas shared in therapy sessions. One aspect of effective therapeutic practice includes challenges to clients related to possible negative impact on well-being connected to their spirituality/religion (Crisp, 2020). It is necessary for social workers to use a measure of professional care in why and how they evaluate clients' ideas, otherwise oppressive dominant discourses related to spirituality/religion could be reflected in the exchanges between social workers and clients. Both the challenges and affirmations given by social workers regarding spirituality/religion need to be grounded in therapeutic principles.

The category of clients were explored in terms of client directed or centered therapy, the overlap of some spiritual/religious and therapeutic ideas, and the focus on the well-being of clients. These all have implications for social work practice.

Client Category: Summary of the Implications for Practice

The information considered in the client category identified some best practices for social workers engaging with spiritual/religious clients. These findings are summarized in Figure 53.

Figure 53*Best Practices Client Category*

When working with spiritual/religious clients social workers:

- work from within holistic practice principles to include all aspects of peoples' lives.
- are directed by clients as to how spirituality/religion will be incorporated into their therapy work.
- show unconditional regard as clients explore spirituality/religion.
- engage clients throughout the therapy process by recognizing that some therapy and spiritual/religious ideas overlap.
- process with clients their spiritual/religious identities in therapy so that both clients and social workers better understand how spirituality/religion contributes to clients' healing processes.
- focus on holistic health counselling to increase the well-being of clients.

Spirituality/religion is one aspect of holistic health related to other aspects of client's well-being such as physical, social, mental, and emotional. The holistic health paradigm has implications for therapists in their work with spiritual/religious clients.

Therapists

The second category identified in this research study related directly to therapists. In many of the helping professions therapy can be one of the services provided. For this research, therapy was understood in terms of mental health services provided by someone in the helping professionals who accesses counselling, therapy, advising, and/or psychotherapy principles (CASW/ACTS, 2005; Pohlmann, Heinecker & Leopold, 2014). This is related to this research study, in that therapy can be done within the practice of social workers (Gila, 2019; Lee & Tratner, 2021; Pleines, 2019). As the category of therapist emerged in the research findings the implications for social workers' surfaced in the subcategories of personal-professional, holistic therapy, and engagement.

Therapists' Personal and Professional: Spirituality/Religion

All the research participants for this study revealed deep-seated connections between their personal and professional lives as related to the spiritual/religious. How each research participant personally understood and practiced spirituality/religion directly impacted how they incorporated it into their therapeutic work. The literature reviewed overwhelmingly concluded the same. Therapists' personal values, experiences, understandings, etcetera, have a direct influence on their professional work.

The worldviews of social workers impact their work with spiritual/religious clients. Harris (2019) asserted that "the faith, religion, belief system, and/or worldview of the social worker is the lens through which the social worker sees the world" (p.7). The "lens" informs social workers as to what they comprehend as to what should be included in therapy sessions. Whatever the understanding of spirituality/religion social workers possess, it informs if and how they will work with the spiritual/religious dimensions of clients. The social worker is "the professional as expert" which gives "epistemological privilege ... to define problems and actions" (Lawley, 2020, pp.38-39). Social workers' spiritual/religious perspectives can have a substantial influence on how they collaborate with clients (Parker, 2011).

If left unchecked, the values of social workers regarding spirituality/religion can perpetuate oppression of clients. For example, "a number of studies indicate that counselors and other professionals are sometimes bearers of society's homonegative values through their own religious beliefs" (Fallon, Dobmeier, Reiner, Casquarelli, Giglia, & Goodwin, 2013, p.41). As well, Western culture values are sometimes in the belief systems of Christian churches (Sasaki, Heejung, & Xu, 2011). If dominant cultural values are in conflict with spiritual/religious clients' values then the therapy process, can be hindered by the therapist, which could result in some

harm to the client. All the research participants gave examples from their own therapy practice experiences of times when they needed to be aware of their own bias regarding what clients were sharing related to spirituality/religion. Not imposing one spiritual/religious way of thinking on clients, as well as supporting individual spiritual/religious paths, supported the individuals they were working with, and social justice principles such as human rights. Social workers wanting to promote social justice – human rights in the therapeutic process must monitor their own biases.

Reflexive practice is a fundamental part of social work practice to best serve clients and promote social justice. Systemic concerns are explored in the third category, Systems, but it is important to note these matters in this subcategory as well. The feminist mantra that “the personal is political” relates to this concern (Dumbrill & Yee, 2019, p.133). In this category, the personal, the individual social worker’s worldview, contributes to the political, structural systems. The personal influencing the political is relevant to all social workers and connects to whatever their views are related to spirituality/religion.

All research participants identified spirituality/religion as important to both why and how they work as therapists. There are numerous people in the helping professions that echo these sentiments (Ball & Crisp, 2022; Frost & Gardner, 2021). Some social workers are in the field directly due to the spiritual/religious values they hold. In one Canadian study the majority of the social workers and social service workers interviewed about the role of spirituality/religion in their work, identified the personal importance of their connection to a ‘faith tradition’” (Kvarfordt & Herba, 2018, p.163). Regard given to clients can also be given to social workers who personally value spirituality/religion. Professional regard toward fellow social workers, whatever their spiritual/religious convictions, promotes equality and respect. This openness has the potential to have positive impact on social work practitioners.

Spirituality/religion in social work practice has implications in the work done by practitioners and in the lives of clients including the greater promotion of the community working together. George and Ellison (2015) present an example of mutuality in their exploration of work with migrant people. They note that the twofold purpose of “spiritually based social work” is “first, to help social workers understand spirituality for themselves, and second to help them use this to initiate a non-judgemental, collaborative and client-centred approach with their migrant clients” (George & Ellison, 2015, p.1717). The second point made has been presented throughout this research. The first principle of George and Ellison (2015) was that therapists’ spiritual/religious lives can be informed by clients through the therapeutic process. This mutual exchange between therapists and clients was consistently affirmed by the research participants in their therapy practices with spiritual/religious clients.

The spiritual/religious practices of social workers can also increase their own well-being and by extension have positive impact in their work as practitioners (Frost & Gardner, 2021). For example, Furman, Benson, Moss, Danbolt, Vetvik, and Canda identify that “faith also can play a positive role in Christian social workers’ practices and provide a compatible interpretive framework that enhances core social work values, which can, in turn, open avenues of resilience, reconciliation and forgiveness” (2016, p.75). In the reflections of the research participants, they identified the crucial importance of their own spiritual/religious lives which inspired them in their work as therapists. Spiritual/religious therapists, personally assisted in their work by their beliefs, may also be perpetuating helpful ideas as they engage with clients.

Whether individual social workers personally value spirituality/religion or not, their understandings impact how these meaningful human experiences for clients might be navigated in the therapy process. “Having developed clarity about how religion and belief are understood

in the social and conceptual landscape, being aware of one's assumptions and having some knowledge of some religion practices and beliefs, all inform professional practice and the skills required" (Crisp & Dinham, 2019, p.1548). Including spiritual/religious clients' values in the therapeutic process can be part of counter-culture work. The gatekeeper role of the profession in terms of what is and is not part of therapy, needs to be guided by social workers use of reflexive practice.

As noted above, reflexive practice includes monitoring bias and privileges that could diminish therapeutic work. Social workers need to diligently access reflexive practice principles to not perpetuate systemic injustices. As noted above it is imperative for therapists to connect reflexive practice to therapeutic work. In all of the approaches to assist clients, Indigenous, medical model, and counselling/therapy, the literature strongly suggests the inclusion of spirituality/religion in these processes. Best practice includes recognizing the impact of spirituality/religion on some clients and social workers, and models of therapy that include spirituality/religion which can be part of the healing process. Including spirituality/religion in holistic therapy can take many forms as seen below.

Holistic Therapy and Spirituality/Religion

Well-being in Indigenous and other holistic approaches to therapy is understood as multifaceted and includes spirituality/religion (Absolon, 2016; Bell, 2014; Coholic, 2012; Dunn, 2019; Gardner, 2016; Larsen, 2011). Best practice includes acceptance of and working within diverse approaches to well-being impacts at both the individual and systemic levels. In their exploration of this subcategory, all research participants keenly advocated that spirituality/religion be included in holistic therapy informed work, in that it is an essential element to what it is to be fully human. Emphasizing the same point Crisp asserted "there must

always be the recognition that a person's spiritual/religious needs are inextricably related to their growth and development. We must recognize and be mindful and respectful of spiritual needs as integral to growth and development" (2008, p.368). In engaging with spiritual/religious clients, social workers should follow clients by working with whatever is significant to them. This includes spirituality/religion (Captari, Hook, Hoyt, Davis, McElroy-Heltzel & Worthington, 2018). Clients will "pick up cues from a social worker regarding their openness to the spiritual dimension" (Wagler-Martin, 2005, p.4). The research participants all identified the importance of this aspect of people's lives being attended to in counselling.

There is a danger that helping professionals "devalue clients through negative terms, assessments, diagnoses, and mandates for their behavior" (Harris, 2019, p.6). Oppression related to spirituality/religion is challenged when regard is shown by therapists and this part of clients' lives is incorporated into the ongoing therapeutic process. Postmodernist views of multiple realities and perspectives, as well as rejection of meta narratives, inform holistic practice. To promote clients' holistic health, the inclusion of spirituality/religion starts in the first meetings with whatever form the initial assessment takes (Lundy, 2011; Pandya, 2021). Spiritual/religious assessment questions could open up dialogue, so the complexity of clients' experiences are part of their healing process (Limb, Hodge & Alboroto, 2020).

The importance of spirituality/religion being part of client assessment is essential in that "religion or spiritual practices may play a central role in a client's life" (Lundy, 2011, p.158). Lundy (2011) promotes the inclusion of spirituality/religion in assessment and ongoing work with clients as being rooted in human rights informed practice (see also Ife, 2016). The inclusion of spirituality/religion is not an "uncritical tick box" exercise but invites engagement with clients about these matters (Regehr, 2013, p.707). All research participants declared their commitment

to ongoing open dialogue regarding spirituality/religion with clients throughout the therapeutic process. If spirituality/religion is identified as vital in clients lives, social workers need to explore how this might contribute to clients' holistic well-being (Bricker-Jenkins, Barbera, Young & Beemer, 2013; Csiernik, 2012). This spiritual/religious connection to well-being can contribute to other areas of well-being such as social, mental, and/or emotional.

Some clients associate their spirituality/religion with their communities which means it needs to be included in therapy work (Daniels & Fitzpatrick, 2013; Dixon & Arthur, 2010; George & Ellison, 2015; Jisrawi & Arnold, 2018; Leighton, 2016; Stewart-Sicking, Fox, & Deal, 2020). For example when working with a family it is important to identify the “level of religious/spiritual beliefs and their involvement in faith communities” (Lundy, 2011, p.230). This connection to a faith community may be contributing to all or some of the family members experiencing enhanced social, emotional, mental, and/or physical well-being. Further, there may be ongoing support from spiritual/religious leaders for positive changes to take place that are being initiated in the therapeutic process. Each individual family member has multiple identities including ethnic, cultural, and familial, which might be related to their faith community. Because of the role of spirituality/religion for some clients, reconnecting or continued connection to a faith community can be part of their healing process (Adamczyk, Zarzycka, & Zawada, 2022; Ball & Crisp, 2022; Boyd-Franklin & Lockwood, 1999; Lundy, 2011; Walsh, 1999). The promotion of connecting with spiritual/religious communities can be part of holistic therapeutic work. Those research participants, all of whom engage in individual, couples, and/or family therapy work, also underlined the importance of work that considers faith community connections. Therapeutic consideration of faith communities includes assessment of impact,

negative or positive, on the well-being of clients. The research participants presented the inclusion of faith communities in therapy practice as consistent with holistic health principles.

How social workers understand therapeutic holistic practices informs how much, if any, the therapeutic process will include spirituality/religion as they engage clients. The research findings indicate that best practice principles include full engagement with clients related to spirituality/religion.

Engagement with Spirituality/Religion

To engage with another in therapeutic settings, therapists purpose to deeply connect so as to participate in a process for the good of clients (Leighton, 2016; Yalom, 2009). The research participants underlined that their engagement with clients included a respectful curiosity primarily shown by listening and asking clarifying questions (MacKinnon, 2009). The therapist needs to “avoid assumptions based on religious identification, and instead, explore their unique desires, needs, and expectations” (Captari, Hook, Hoyt, Davis, McElroy-Heltzel & Worthington, 2018, p.1950). Social workers should attempt to understand and work with spiritual/religious clients’ worldviews (Crisp & Dinham, 2020). Even without holding similar beliefs, social workers can engage with spiritual/religious clients to better understand their perspectives and affirm, or challenge as deemed necessary for the good of clients (McKernan, 2005; Rosemarin, 2018).

The clinical implications in the literature and from the research participants is that when clients and social workers talk about meaning of life issues this allows discussions of varied views from atheism through to fundamentalism. Best practices include engagement with clients no matter what views they hold regarding spirituality/religion. Therapy informed by postmodernism moves social workers away from meta theories toward embracing diverse

perspectives. This engaged openness by social workers in therapy has direct implications in the work done with clients and in the larger society. It is significant to note that meaning of life issues can also be addressed without spirituality/religion as can be seen in existential therapies (Vos, Craig, & Cooper, 2015; Yalom, 2009).

It is also important to engage with clients who have left spirituality/religion and now are in crisis (Healy, 2014). The experience of leaving spirituality/religion impacts clients' well-being. The reasons that led to the decision to leave, the social network that might be severed, and/or the emotional responses to moving on into unknown territory, can be included in therapy with clients who no longer identify as spiritual/religious. What meaning and purpose they feel they now have would be part of the exploration with such clients. The focus of this investigation was on those clients who practice some form of spirituality/religion, but it is important here to note that meaning and purpose are concerns for many clients. Steger and Frazier "suggest that meaning in life may be an effective conduit through which therapists and clients can discuss 'ultimate' matters, even when they do not share similar perspectives on religion" (2005, p.574). The authors also noted that "we hope that these results encourage counselors to explore with their clients the fundamental questions of meaning and purpose in life" (Steger, & Frazier, 2005, p.581). Social workers encounter a variety of people with diverse views regarding spirituality/religion. Whatever spiritual/religious views social workers and clients hold, there are ways to work well together for the good of clients (Rosemarin, 2018; Stewart-Sicking, Fox, & Deal, 2020). To provide helpful service social workers need to be respectful, curious about, and engage with spiritual/religious clients.

It is essential in practice for social workers to be curious when encountering spiritual/religious clients. If clients report having direct experiences of the Divine it would be

important to further explore how these connections were made as well as the impact these experiences have on clients (Luhmann, 2020). Exploring spirituality/religion can include conversations about meaning, purpose, spiritual connection, community, and creation. The social work principle of person in environment (spiritual, community and creation) can inform conversations in therapy. What and why clients believe can be integrated into the therapy process. The therapeutic focus would be on how clients' spiritual/religious lives might connect to solutions related to the issues that bring them to therapy. Best practices include asking open ended questions about these matters to give opportunities for clients to explore further what they believe and how it applies to their lives.

Figure 54

Examples of Spiritual/Religious Counselling Questions

Wagler-Martin (2005) an academic and counsellor, suggests the following questions: "In my practice I have found several key questions to be helpful in recognizing the spiritual component of people's lives. These questions include:

1. Are there any spiritual beliefs that give your life meaning? [Or that you subscribe to?]
If so, could you tell me about them?
2. Are there specific practices or rituals that are important to you? [Or that enhance your sense of being true to your beliefs?]
3. What has contributed to or informed your beliefs?
4. How do you find ways to honour these beliefs in your life?
5. What gets in the way?
6. What do you think might be different for you if you honoured these beliefs more fully?

Note. From Wagler-Martin, W. (2005). Listening to our Stillness: Giving Voice to Our Spirituality (Spirituality & Clinical Practice). *Critical Social Work*, Vol.6, No.2, (2005).

Figure 54 illustrates, with a set of questions, a potential approach to engagement with spiritual/religious clients. Wagler-Martin (2005) is one among many sources who present practice approaches for therapists engaging with spiritual/religious clients (Crisp, 2008; Holloway & Moss, 2010; McKernan, 2005). These questions could inform and guide social work practitioners' skills in their therapy work. In their practices the research participants reported

having similar standard questions about spirituality/religion that they used throughout therapy sessions. Their explorations with client included queries around what grounds a person, gives full joy, is meaningful, and/or groups they connect with related to important values. The research participants all indicated that when spiritual/religious clients connected with faith groups were asked these questions the faith affiliation was forthcoming. Those clients on individual spiritual focused journeys also responded by sharing what they pursue on their own. It was the research participants' sharing of standard questions around spirituality/religion that caused me to return to the literature to further explore what best invites these conversations in therapy.

Having various strategies, such as exploratory questions, to further discover clients' spiritual/religious lives, was supported by all the research participants. It is necessary for social workers to acquire and use these strategies and skills to fully engage with spiritual/religious clients.

Therapist Category: Summary of the Implications for Practice

Summarized in Figure 55 are the findings related to therapists. These are best practices for social workers engaging with spiritual/religious clients.

Figure 55

Best Practices Therapists Category

When working with spiritual/religious clients social workers:

- are aware and monitor the influences of their personal lives on their professional lives.
- base their therapeutic work on holistic health principles that include spirituality/religion.
- use reflexive practice related to their own spiritual/religious bias, privileges, as well as structural issues.
- engage with clients throughout the therapy process to identify how the spiritual/religious might assist clients.

The focus of the first two categories, Clients and Therapists, were primarily directed toward individual concerns. In the first category the main findings focused on clients' personal subjective understandings and experiences of spirituality/religion as related to their particular healing process in therapy. In the second category the issues identified for therapists were related to awareness of their distinct subjective approach to spirituality/religion and how these matters are incorporated into their therapeutic practice. These investigation findings identified micro concerns in the first two categories of Clients and Therapists. In addition to these findings, the third and fourth categories from the research suggested mezzo and macro concerns as identified in the categories of Systemic and Professional Helpers.

Systemic

As has been asserted above, social work analysis of person in environment identifies the importance of including how systems have impact on individuals (Mullaly & West, 2018). Person in environment could be understood in terms of "case to cause" (Einbinder, 2020, p.329). In social work "case" involves determining, with clients, the issues clients face. The other component of social work related to "cause" identifies with clients what systemically creates and sustains the issues impacting clients, as well as envisioning solutions. When considering spirituality/religion, social workers examine the impact of the issues on clients and how the larger community supports or diminishes spiritual/religious well-being (Zapf, 2006). In this investigation the research participants identified these concerns in the general subcategories of academic and therapeutic, human rights-social justice, public sphere, and critical theory. In that both the research participants and the literature generated a great deal of information related to critical theory, the systemic section of this paper is further divided into two. The first set of subcategories, academic and therapeutic, human rights-social justice, and public sphere are

presented and summarized in Figure 56. The final systemic subcategory of critical theory generated several topics which are separately given and reviewed in Figure 59.

Academic and Therapeutic Understandings of Spirituality/Religion

In research and general academic work, what we mean in the terms we use is centrally significant. Clarity in terminology communicates, with some measure of precision, what is being examined and what conclusions are being made. The literature review identified a plethora of academic and therapeutic work definitions of spirituality/religion. These varied definitions were also evident in the responses of the research participants. Alongside with this, the helping professionals' literature reviewed indicated an increased interest in and recognition of the value of spirituality/religion as related to well-being. Although the significance of spirituality/religion for clients is increasingly considered in the literature, only a small portion is focused on how this concern might be incorporated in direct practice therapeutic work. The research participants made the same observation when they acknowledge this growing interest not being accompanied by training related practice principles in their professions in work with spiritual/religious clients.

Professional practice principles include clear definitions (Psaila, 2014). What is meant by spirituality/religion in social work practice then informs social workers' focus when engaging with clients. When there is a deficit in the skill sets of social workers around how to effectively engage with spiritual/religious clients, the fall back position in therapy might reflect dominant cultural discourses thus perpetuating oppression. All the research participants identified their working definitions of spirituality/religion, what academic and therapeutic sources informed these definitions, and what this information meant in their work with clients. Best practices for social workers include a clear working definition of spirituality/religion. Crisp asserted "in professional practice it may be necessary to adopt a definition of spirituality which can

encompass a wider range of beliefs” (2008, p.365). Crisp further recommended that in therapy work it might be useful to have “a framework of spirituality as lived experience” and “minimize the use of explicitly religious language” (2008, p.372). These suggestions presented by Crisp is an example of how defining terms give frames of reference that directly impact social workers’ therapeutic engagement. Social workers’ working definitions of spirituality/religion are key in effectively using therapeutic frameworks to assist clients, in that they set informed parameters as to what will be explored in therapy (Crisp, 2020).

Social workers’ definitions of spirituality/religion are one aspect of therapeutic work. The definitions or understandings of clients are also central to the healing process. The best directions for social workers to follow related to spirituality/religion are the ones presented by clients. In therapy, if clients are to be understood, what they mean by spirituality/religion is of significance for social workers to understand and work within. This was another critical point made by the research participants. The principle of working with and accepting the many understandings of spirituality/religion is not only helpful in the therapy room, but also in the larger society.

Public Sphere and Spirituality/Religion

The term public sphere characterizes the spaces where citizens accept the differences among themselves including spiritual/religious, exchange ideas, and find mutually acceptable solutions to community concerns (Habermas, 2004; Taylor, 2007). This presupposes that there is an openness in the larger society to concerns raised by citizens informed by various spiritual/religious belief systems (Dallaire, 2013). All research participants acknowledged the limits around public engagement of spiritual/religious ideas, identifying both the concern of this reality, and presenting some ideas of why this is so.

The concern for everyone to have a voice in the community is a central tenant of liberal democracies who embrace ideals related to human rights. The research participants upheld these principles, and several suggested that society benefits when the capacity to engage respectfully with differing ideas is present in community. They also raised the concern around fundamentalists who often present ideas in binary ways of thinking. When considering fundamentalist citizens, the principle of inclusion of all within society is central to social justice – human rights ideals. This inclusion of all, incorporating even those who do not follow the principle of inclusion, is a difficult but necessary principle to follow. The capacity for some spiritual/religious people to respectfully engage with those they differ with was another identified concern of the research participants related to community work. The promotion of respectful engagement within communities was a theme that emerged from all sources of the research investigation.

Social work practice can include a variety of roles within the larger community including work as advocates, mediators, activists, and educators (Hick & Stokes, 2017a, p.18). Community workers promoting respectful engagement among citizens, “take on the perspective of the other” to better understand and work together (Habermas, 2004, p.32). Social workers involved in these various forms of community engagement can contribute to systemic change for increased social justice (Berzoff, 2013). This work is for the common good and incorporates support of spiritual/religious clients/citizens. As well social workers’ efforts might include engagement with faith communities, along with other spiritual/religious organizations such as religious or denominational universities and religious based social services. Social workers can be part of these organizations or be outside agents working on interagency projects. Community

engagement with spiritual/religious groups has the potential to promote inclusion of everyone in the community contributing to social justice work.

At a systemic level, social workers have an opportunity to link with spiritual/religious community leaders to work together for positive change (Berzoff, 2013). One example of this was illustrated in social workers engaging with spiritual/religious leaders to educate and advocate concerning intimate partner violence (Drumm, Popescu & Kersting, 2009; Nason-Clark, Fisher-Townsend, Holtmann, & McMullin, 2018; Nason-Clark, Holtmann, Fisher-Townsend, McMullen & Ruff, 2009). Illustrations of working with spiritual/religious leaders were also shared by the research participants. Examples included collaborative work with ministers who referred clients to the research participants for counselling, as well as clients in therapy whose therapeutic plan included ongoing connection with spiritual/religious advisors. It is imperative for social workers to recognize that religious organizations are part of the larger community and can contribute to the promotion of social justice.

Social workers engage with spiritual/religious clients as well as with the larger community. Engagement with the larger society was described by Habermas as the public sphere, as open communication among citizens, which he identified as a “human right” (1999, p.70). Promoting human rights is central to social justice work.

Human Rights and Social Justice: Connections to Spirituality/Religion

Thompson identified social work as being founded in “social fairness” for everyone (2017, p.3). Social justice is “a process of change towards equal distribution, wide recognition, and democratic representation” as well as “recognition and acceptance of cultural diversity” that includes spirituality/religion (Basok & Ilcan, 2013, p.4). For many human rights is understood as the respect for “inherent dignity and human worth” which is the basis for social justice work

(Clapham, 2007, p.4). Human rights promote “universal respect for the civil, political, and social rights of human beings” (Basok & Ilcan, 2013, pp.135-136. See also Hawkins, 2009; Ife & Tascón, 2016; Lundy, 2011). Human rights ideas are connected with person in environment promoting a “collectivism” where there is an interconnection of the good for individuals and community (Weaver, 2016, p.140). This regard for diversity within cultures, includes celebrating and respecting peoples’ rights related to following whatever principles of spirituality/religion they choose (Gardiner, 2016; Wagler-Martin, 2005; Warburton, 2009).

Power-Forde (2016) reflected on the inclusive nature of human rights by noting that “freedom of religion or belief ...its purpose is to ensure equal respect for human beings as potential holders of profound convictions and faith-based practices, whatever their specific contents may be” (p.591). Although acknowledged in varied ways, all research participants identified concerns related to the dominant society’s negative views of spirituality/religion. Both they and the literature identified that the rights of people to follow their spiritualities/religions has direct implications for all in the people helping professions.

In Western cultures there is a “traditional bias against religion in the social work profession” (Graham, Bradshaw, & Trew, 2009, p.546). In therapeutic work “religious and spiritual diversity can lead to polarization, misunderstanding, and oppression if not adequately processed” (Post & Wade, 2014, p.604). Left unchecked, prejudiced approaches in the helping professions can contribute to oppression. To not actively promote social justice related to spiritual/religious groups within the community is to support the status quo. It is critical that social workers make every attempt to identify these biases and present remedies that increase justice for all in the larger society.

Upholding inclusion with spiritual/religious clients has implications for social workers engaging with individuals as well as community organizations. “Social service agencies risk becoming yet another instrument of Western colonialism if they lack awareness, sensitivity, and competence around cultural nuances and complexities” (Graham, Bradshaw, & Trew, 2010, p.344). This includes awareness of the cultures that influence social workers and the ones that influence clients (Colby & Dziegielewski, 2004).

It is crucial for social workers to acknowledge that Western therapies developed from one cultural perspective and are not applicable to all people of the world (Barise, 2005; Bouzientia, & Boulanouar, 2016; Pathan, 2016). This underlines the importance of recognizing in the helping professions that “cultural assumptions that originated in Europe and North America” are not universally true (Graham, Bradshaw, & Trew, 2009, p.546). An openness to multiple perspectives, including spiritual/religious ones, is another best practice principle for social workers. Social workers informed by human rights frameworks, promote, celebrate, and work with diverse spirituality/religion.

Inspiration, finding the strength, energy, and reason to carry on, is a crucial part of social justice work (Barlow, 2022). Social workers and clients who practice spirituality/religion may find within these frameworks reasons and strength to be involved in social justice work (Aponte, 1999; Coholic, Groen, & Graham, 2012; Crisp, 2008; Dallaire, 2013; Grey & Coates, 2013). This was affirmed in the literature and by the research participants. It is one of many reasons for social workers to promote spirituality/religion in the larger community.

In the social work profession, there is an explicit commitment to work for social justice at both individual and systemic levels (CASW, 2005; Hair, 2015; Hodge, 2007; IASSW, ICSW, IFSW, 2016). Baines underlines this social work commitment around the world as “our

collective struggle for social justice” (2011, p.28). To promote social justice “therapists should also pay attention to issues of religious minorities and the effects of oppression, discrimination, and past hurtful experiences” (Wade, Post, Cornish, Vogel, & Runyon-Weaver, 2014, p.142). The experiences of the marginalization of clients, should inspire therapists to be “change agents and advocates for social justice ... to operate from a social justice advocacy paradigm” (Ratts, & Hutchins, 2009, p.269). This practice principle of being social advocates applies to all Canadian social workers (Caron, Lee & Sansfaçon, 2020; Hawkins, 2009; Lai, 2017; Nason-Clark, Holtmann, Fisher-Townsend, McMullen & Ruff, 2009; Ratts & Hutchins, 2009; Woodford, Newman, Brotman & Ryan, 2010; Young & Lalande, 2011).

With this consciousness, social workers, along with other professional helpers, need to be vigilant to not oppress spiritual/religious peoples and contribute to increased social justice for them within the larger community. Social or systemic analysis is key in understanding why spirituality/religion flourishes in some areas of the world and not in others. Social structures are products of human development and need to be scrutinized to ensure justice for all. As has already been noted, this process of creating and sustaining human social structures has been identified as the social construction of reality (Berger & Luckman, 1981). One of the central ideas of the social construction of reality is that all human endeavor has origins in a time and place, rooted in history, culturally influenced, and subject to change over time (Berger & Luckman, 1981). The subjectivity of ideas is evidenced in theories, bodies of knowledge, and cultural norms (Honneth, 2018). Construction of reality flows out of “knowledge as local, situated and embedded” (Hardy & Jobling, 2015, p.525). Social workers contribute to this construction including the ideas related to spirituality/religion.

The analysis of the social construction of spirituality/religion can assist social workers to not replicate oppression by assuming universal understandings of spirituality/religion. For therapists it is critical to “practice respect and cultural humility when discussing patients’ religious worldviews and practices. Be especially sensitive to one’s own potential biases about organized religion and to clients’ experiences of the sacred” (Captari, Hook, Hoyt, Davis, McElroy-Heltzel & Worthington, 2018, p.1950). As has been already noted, the research participants also advocated for care among therapists around humility and respect toward all spiritual/religious clients. This stance of cultural humility and curiosity within social workers contributes to creating space for helpful conversations with spiritual/religious clients (Jisrawi & Arnold, 2018). Ongoing analysis of environment/social structures is essential in comprehension of “spiritual well-being” and spirituality/religion in general (Diener, Tay, & Myers, 2011, p.1289). As has been explored, oppression can be replicated in the helping professions including social work. Reflexive practice in social work, investigated in greater detail below, can contribute to the commitment to and the advancement of social justice.

As a group the research participants reflected a continuum of ideas related to overall systemic issues. All used critical theory analysis in their discussions of clients and identified such issues as xenophobia, sexism, patriarchy, homophobia, and racism. In regard to human rights, social justice, and the public sphere, there were a variety of opinions as to how these concepts related to practice. All research participants remarked on these important concepts but varied as to how to apply them in counselling. Some suggested that raising the awareness of clients of these systemic concerns, applying the analysis individually and within their spiritual/religious communities, was best practice rooted in social justice principles. It was the

findings related to systemic issues that identify the need for greater training related to the application of structural analysis when working therapeutically.

The promotion of social justice by social workers is done at micro, mezzo, and macro levels. In individual work with spiritual/religious clients, social workers can take care to support and be an ally. Within organizations anti-oppressive practice agency policies, including services provided and hiring practices, can also be part of the solution. Spiritual/religious sensitivity might include training for staff, hiring staff trained in therapy that includes spiritual/religious matters, as well as being part of coalitions within the community that address issues related to spirituality/religion. Social workers can also work within their professional colleges and associations, social work schools, as well as advocacy organizations, to promote increased inclusion of spirituality/religion in the services provided to communities. All these practical suggestions of micro, mezzo, and macro levels of work are connected to spirituality/religion and human rights.

The United Nations Declaration of Human Rights also manifests itself in the Canadian Association of Social Workers in the Code of Ethics, which presents the “obligation to uphold and promote the principles of human rights (CASW/ACTS, 2005)” (Lundy, 2011, p.129. See also Crisp & Dinham, 2020). This includes the right to choose and practice spirituality/religion. The Social Work Code of Ethics identifies ‘the pursuit of social justice—with “special regard for those who are marginalized, disadvantaged, vulnerable”’—as a primary value’ (CASW/ACTS, Code of Ethics, 2005, p.5). For Canadian social workers, their code of ethics informs work with clients. This ethical approach to practice is further informed by critical theory.

Systemic Category Part 1: Summary of the Implications for Practice

When considering the category of system, there are a number of principles that inform best practices for social workers engaging with spiritual/religious clients (Figure 56).

Figure 56

Best Practice Systemic Category (Part 1)

When working with spiritual/religious clients social workers:

- in academic research and professional education explore definitions, the potential importance, and how spirituality/religion can be included in therapeutic work.
- engage with the larger community to promote the inclusion of diverse spiritual/religious groups.
- show respect that is rooted in human rights and social justice principles regarding spirituality/religion.

The summary Figure 56 comes from the first three subcategories of the Systemic category. Within the Systemic section, the fourth subcategory, critical theory, included several elements within it.

Spirituality/Religion and Critical Theory

The research participants raised concerns related to what theories inform helping professionals. The major concerns were related to what theories offer helpful systemic analysis and as well as what theories inform best therapeutic practices for therapist as they engage with spiritual/religious clients. As critical theory principles emerged from the research participants' ideas, this led to the consideration of a number of interrelated topics which are explored below. This exploration includes definitions of theories in social work, as well as to how critical theory can be applied specifically to spiritual/religious matters. What emerged from the conversations with the research participants related to critical theory was a clear identification of the need for consideration of reflexive practice, critical race theory, postmodernism, postcolonialism, and

anti-oppressive practice informing engagement with spiritual/religious clients. The research participants' reflections affirmed the importance of practice being continually informed by theories.

Theories are “a set of ideas that attempts to explain and make predictions about a particular issue or phenomenon”(Lai, 2017, p.78). Dumbrill and Yee observe that “all social work helping rests on theories, which are sense-making mechanisms” (2019, p.365). There are theories in individual therapy work (Turrini, & Siskind, 2009) as well as structural analysis theories (critical race, postmodernist, and post-colonialist), all of which can inform social work practice (Dumbrill & Yee, 2019; Forte, 2014, Lai, 2017). Social work theories can be described as models, assumptions, ideas, and/or hypotheses as related to how challenges are created and sustained, as well as what courses of action would address these problems (Lundy, 2011). The research participants based their work with spiritual/religious clients on a variety of theoretical constructs. Like the research participants, the theoretical constructs used by social workers to analyze issues continue to evolve and change over time.

To fully explored how social workers best engage with spiritual/religious clients, it was important to be informed by social work theories including consideration of the principle of person in environment (Banks, 2021; Carter & Hugman, 2016; Krumer-Nevo, 2017; Zapf, 2005). This social work principle which links individuals within structural/systemic systems, applies to analysis of spiritual/religious clients. This is evidenced in the observations made throughout this section in which concerns related to the individual and systemic were examined. Person in environment is a social work guide that informs best practices.

Historically the Canadian social work profession has been influenced by Eurocentric social scientific theories (Anastas, 2012). As the profession evolved and changed in Canada there

has been a move away from a Western Eurocentric view of mental health and toward increased holistic practices (Absolon, 2016; Archer-Kuhn, Allen, Schweizer, Meghji & Taiwo, 2021; Barise, 2005; Coholic, 2012; Crisp, 2011; Dunn, 2019; McKernan, 2005; Metheany & Coholic, 2009; Miller, 2012; Verniest, 2006). Some of this change toward holistic practice, is seen in increased sincere consideration being given to “the possible influences of religious beliefs, traditions, support structures, or past events” (Lundy, 2011, p.209). The research participants identified holistic practice principles as informing why they included spirituality/religion in their work as therapists. Along with holistic practice, a variety of theories, systemic and therapeutic, were presented by the research participants as rationale for their work. The importance of theory informed social work practice as related to spirituality/religion at the systemic level is also increasingly considered in the literature. In particular critical theory is one crucial source that can inform social work theories, bodies of knowledge, and practice as related to therapeutic work done with spiritual/religious clients.

Critical Theory

Commenting on its origins in the Frankfurt School, Mendieta observed that critical theory is an “inter-disciplinary, critical, and philosophically informed social research” that includes the use of a number of systemic analysis theories rooted in “Marxism, philosophy, and cultural criticism” (2004, p.2). The relevance of this approach is demonstrated in the observation that “the Frankfurt School’s critique of religion turns religion into a source of social critique that transverses the traditional disciplinary boundaries that have been used to gerrymander religion” (Mendieta, 2004, p.11). Among social work scholars critical theory has been used in the analysis of society as related to individual and structural systems, dominant discourses, and culture (Béres & Fook, 2020; Fook, 1993; Lai, 2017; Mullaly & West, 2018; Weinberg, 2020).

The research participants all identified configurations of systemic issues that impact clients. Considering the dominant discourse in Canadian society the research participants noted structural issues related to spirituality/religion within such areas as the medical model, mental health services, graduate training, and within the public sphere. When applied to macro work, critical theory identifies oppression along with workable solutions as to what might promote social justice. In the development and application of critical theory to spirituality/religion, social justice academics have engaged with the possible negative and positive impacts within society (Mendieta, 2004). All research participants identified on a continuum the varied impacts spirituality/religion may have on individuals. They also noted macro and mezzo spiritual/religious influences in the dominant culture as seen in their examples of spiritual/religious communities, graduate schools, and dominant cultural discourses. Identifying both the negative and positive impacts of spirituality/religion on individual clients and the larger society is another aspect of best practices within social work. The application of critical theory in therapy work is central to critical reflective practice skills.

Critical Reflexive Practice

In considering the efforts of social work academics, MacKinnon identified that “self-reflexivity is critical for intellectuals so that they are self aware of intent, practice and potential implications of their actions” (2009, p.521). It is essential to link the internal processes of social workers to their actions in the larger community. For example MacKinnon advocated for critical reflection and then identified that it is crucial for social work academics and practitioners to engage in the public sphere about social justice issues (MacKinnon, 2009). Both social work academics and practitioners need to utilize critical reflexive practice in their work as related to spirituality/religion.

As seen above in the examples given by the research participants, the personal understandings of therapists regarding spirituality/religion directly impact their work with clients. If therapists' spiritual/religious belief systems make it difficult or impossible to connect with clients, the principle of client centered assistance would be in peril. One writer noted that "enculturation occurs when a clinician decides or is unable to be present for the counselee by not engaging the counselee's spiritual narrative" (Mutter & Neves, 2010, p.170). This lack of connection with spiritual/religious clients would have ongoing negative impact on the therapeutic alliance. It is also important to recognize that Western based therapeutic interventions may assume bodies of knowledge to be universally true which, if left unchecked, replicate in the therapy room, an example of Western imperialism (Bouzentia, & Boulanouar, 2016; Lim, Hoek, & Blom, 2015).

The use of critical theory in reflexive practice is to identify privilege and bias within social workers, to the end that oppression is not reproduced, and social justice is promoted (Béres & Fook, 2020; Gardner, 2016). All the research participants affirmed the importance of knowing and keeping in check their own beliefs when working with spiritual/religious clients. Critical reflexive practice principles involve social workers considering their identities, biases, worldviews and what those means in the larger society (Barak, 2016; Béres & Fook, 2020; Metheany & Coholic, 2009; Quinney & Fowler, 2013; Rossiter, 2011). All social workers have "a professional and ethical responsibility to engage in regular critical reflection" (Salomons, 2020, p.32). This is identified in the Canadian Association of Social Workers Guide to Ethical Practice which notes "Social workers acknowledge and respect the impact that their own heritage, values, beliefs and preferences can have on their practice and on clients whose

background and values may be different from their own" (1.2 Demonstrate Cultural Awareness and Sensitivity, section 1.2.3, Guidelines for Ethical Practice, CASW/ACTS, 2005).

Critical reflexive practice principles inform social workers to engage in an ongoing careful consideration of theory, practice and their own social locations/multiple identities (Bolton, 2010; Kirst-Ashman, 2017; Larsen, 2011; Saleebey, 2013; Thompson, 2018; Webster, 2010). This analysis can be applied directly to spiritual/religious concerns (Hunt, 2016). Gardener (2016) focused on what she identified as critical spirituality in which she uses critical reflection in her analysis of spirituality/religion. "Reflective practice affirms the value of experience, including subjective experience. In relation to spirituality this reinforces the centrality of our own subjective and individual experience of the spirit" (Gardner, 2016, p.183). In varying degrees, all the research participants noted the importance of critical reflexive principles. They identified that it is essential for therapists to be aware of their own beliefs related to the spiritual/religious, along with those of clients. Focusing on the well-being of clients demands that therapists respect the choices made related to spirituality/religion. The research participants advocated being aware of all aspects of self and focusing on the best interest of clients. Critical reflexive practice principles include consideration by social workers of critical theory, their social locations/multiple identities, and subjective experiences, as related to spirituality/religion. Critical reflection on biases informed by cultural and historic influences assist social workers to not repeat inequalities. In considering social work practice as related to spirituality/religion, the above exploration challenges social workers to act in ways that promote social justice. What this means in terms of practice, includes respectful engagement with spiritual/religious clients who may want to include spirituality/religion in the helping process (Leighton, 2016).

Figure 57*Spiritual Sensitivity Skills*

Social workers applying conventional ecological, cognitive & systems perspectives

- Validate religious / meditative / spiritual diversity.
- Support spirituality by clients as a strength to cope with stress (e.g., life transitions, trauma & crises caused by painful losses).
- Honour / appeal to spiritual / meditative/ religious values including compassion, charity & generosity of spirit to support clients & others within / across multicultural communities.

Social workers applying anti-racist, anti-oppressive, structural & critical perspectives

- Validate religious / meditative / spiritual diversity.
- Oppose religious beliefs & practices that are oppressive.
- Learn about / honour spirituality rooted in diverse cultures, including its role in Indigenous people's helping & healing.
- Find spiritual / meditative / religious inspiration for personal / political / economic / global liberation.

Note. Reproduced from Table 5.1 in Banakonda Kennedy-Kish (Bell), Raven Sinclair, Ben Carniol, and Donna Baines, *Case Critical*, 7th ed. (2017), 84–85.

Lai (2017) argues that both conventional and progressive perspectives in social work includes the spiritual/religious in work with clients. Lai reproduces literature from Kennedy-Kish (Bell), Sinclair, Carniol, and Baines, (2017,) as seen above in Figure 57, which illustrates the analysis of spirituality/religious from various social work theoretical models. In the critical theory analysis of the research findings critical race, postmodernist, and postcolonial theories were used.

Critical Race Theory

Critical race theory scholarship uses the analysis of intersectionality, a key component of critical race theory, which presents oppression as based on a person's multiple identities, such as race, gender, and class (Crenshaw, 1995; Dumbrill & Yee, 2019; Gibson, 2015; hooks, 1995). The "multiplicity and intersectionality of oppression" is based on "multiple identities" (Kumsa, 2011, p.243). Further to this point "feminists of color, in particular, have continually asserted

that race, class, and gender are interlocking and interdependent oppressions that are simultaneously experienced” (Mehrotra, 2010, p.418). Lefevor, Janis, and Park (2017) describe intersectionality as “the experience and meaning of belonging to multiple intertwined social categories, an examination of power and inequality, and a recognition of potential fluidity of social categories both at individual and systemic levels” (p.388). There are many scholars who employ the analysis of intersectionality when considering oppressions related to various aspects of persons, including the identities of spiritual/religious.

This use of intersectionality analysis of people whose multiple identities include spiritual/religious assists in better understanding systemic oppression (Truell & Banks, 2021). As noted above intersectional oppression as connected to spirituality/religion can include discrimination related to identities such as gender, sexual orientation and/or race (Brayboy, 2015; Lefevor, Janis, & Park, 2017; Rodriguez, Lytle & Vaughan, 2013; White & Hernandez, 2013; Witherspoon & Taylor, 2010). Best practice for social work practitioners includes the use of this analysis which would identify intersectionality and well-being in marginalized populations. For example, rather than perpetuating Islamophobia, it would be of paramount importance for social workers to engage with Muslim women’s experiences of the “intersectional dynamics of race, gender and religion” (Mirza, 2013, p.12). This was well-known by the research participants who identified as Muslims and work with Muslim clients who are racialized women who wear hijab. It was further reported that many Muslim clients experienced being on the margins of society including social service agencies. The two Muslim research participants affirmed the importance of therapists being informed by the analysis of intersectionality in work with spiritual/religious clients.

Over time professions informed by Eurocentric models of mental health have not assisted “disenfranchised populations” as related to “gender, race, and ethnicity” which has impacted some group’s “spiritual well-being” (Rao & Donaldson, 2015, pp.271, 279). The residue of colonial attitudes in the dominant cultural approach to mental health continues today. In a review of 1628 articles, Rao and Donaldson identified “only seven that addressed issues of intersections of race and gender” that intersectionality “remains a largely unexplored area” in the research (2015, pp.275, 277). It also remains under explored in social work practice as related to spirituality/religion.

Recognizing this oppression can help social workers to work with spiritual/religious clients in a manner that does not reproduce unfairness and promotes well-being. Including spirituality/religion in therapy is one way of engaging with the intersectionality of clients (Davis, Rice, Hook, Van Tongeren, DeBlaere, & Choe, 2015; Todd, 2012). Intersectionality considerations used by social workers is an element of best practice with spiritual/religious clients. Accessing postmodernism analysis can also contribute to this goal.

Postmodernism

One key component of postmodernism is a critique of “grand theories or generalized explanations” (Mullaly, 2007, p.73). Thompson identified that “postmodernism is an approach that is suspicious of overarching grand theories (or ‘metanarratives’)” (2018, p.30). Applied to spirituality/religion postmodernism informs social workers’ analysis regarding the rejection of grand theories of spirituality/religion. Furthermore practice informed by postmodernism assists social workers concerned about the well-being of spiritual/religious clients, as well as facilitating identification as to how grand theories can contribute to the oppression of people’s subjective experiences (Campbell, 2003).

Within the Canadian dominant culture there is support of the dominant religious perspective of Christianity (Wilkins-Laflamme, 2022). Religious beliefs promoted by various Christian denominations supported colonial domination as evidenced by Christian Churches working with the Canadian government to assimilate Indigenous peoples (Truth and Reconciliation Commission of Canada, 2015). It is the rejection of subjectivity and diversity in spirituality/religion that contributed to oppression, and continues to oppress, those who do not follow the spiritual/religious ideas of the dominant culture. In all their reflections, the research participants identified the importance of therapists being open to all forms of clients spirituality/religion. While practicing their own spirituality/religion, the research participants embraced the idea of affirming and supporting diversity related to spirituality/religion.

Social justice principles of inclusion informs social work practitioners toward acceptance of varied spiritual/religious perspectives. These principles are supported in part by a postmodernist perspective and can be part of the rationale for social workers working within diversity (Vokey, 2012). One source observed that “as relativism and postmodernism become more prevalent in democratic society. These values of openness and acceptance of diversity may also contribute to an individualised faith and a more intimate understanding of the God–individual relationship” (Mitchell, Silver & Ross, 2012, p.149). Openness of social workers to multiple perspectives must also include Indigenous spiritualities (Coholic, Groen, & Graham, 2012; Grey, Coates, & Hetherington, 2007; Zapf, 2006). Postmodernist analysis contributes to this openness and as such is another framework from which social workers should engage with spiritual/religious clients. Further to Indigenous concerns, the inclusion of postcolonial analysis also contributes to greater social justice as related to spiritual/religious clients.

Postcolonialism

When reflecting on colonialism, Said identified that, “imperialism means the practice, the theory, and the attitudes of a dominating metropolitan centre ruling a distant territory; ‘colonialism’ which is almost always a consequence of imperialism, is the implanting of settlements on distant territory” (1993, p.9). Colonialism in Canada continues to have a profound impact on all who live on the land. European white supremacy was a central idea that led to the colonization of Turtle Island. “The impact of Eurocentric imperialism, one group dominating/ruling another can be easily identified in Canada in terms of Indigenous peoples” (Walsh, Teo & Baydala, 2014, p.156). Many in the Canadian helping professions, including social workers, were and still are involved in the colonization process. This is evidenced in part by the work of residential schools, the sixties scoop, and the overrepresentation of Indigenous children in the social welfare system (Baskin, 2014; Trocmé, Knoke, & Blackstock, 2004). It is fundamental for social work practice to be informed by postcolonial analysis to prevent the reproduction of oppression toward any groups, including Indigenous peoples.

When reflecting on their therapeutic work few of the research participants noted Indigenous peoples directly. They all identified working primarily with settler populations, with only one talking about work with an Indigenous client who included spirituality in the psychotherapy. In that there were no direct questions about Indigenous concerns in this research project, there are significant limits as to how much can be considered regarding this important topic from the research participants’ overall responses. Implicit in the research participants’ commitment to openness to all forms of spirituality/religion was a willingness to work with Indigenous spirituality. In hindsight I recognize that specifically exploring Indigenous issues would have been valuable to include in the research questions.

Pursuing questions with the research participants related to Indigenous concerns could have better informed considerations of best practices when working specifically with Indigenous peoples, as well as how work with non-Indigenous peoples might be informed by postcolonial analysis. The majority of the research participants did not work with Indigenous peoples noting that Indigenous services were offered by other counsellors or that there were no Indigenous people accessing their services. Even if they did not work with Indigenous clients, further exploration as to what the research participants understood related to therapeutic work informed by Indigenous issues/concerns would have been useful to analyze. This exploration could have identified their training, understandings of the Truth and Reconciliation Commission Calls to Action (2015), and critical theory (in particular postcolonialism), as related to what the research participants understood as beneficial therapeutic services. The information gathered related to this area of therapy could have identified deficits and strengths in practice. This information would have fortified the analysis as related to best practices in work with spiritual/religious clients, Indigenous and non-Indigenous. This information and analysis could have contributed to the work of decolonization.

“Decolonization commonly refers to ‘the process of revealing and dismantling colonialist power in all its forms” (Nagy, 2013, p.54). As noted, over time colonial Canada’s policies toward Indigenous people included assimilation and/or annihilation. Settler negative assumptions about Indigenous spiritualities led Christian Churches to attempt to both eradicate Indigenous understandings and convert Indigenous peoples to some form of Christianity (Baskin, 2016; Tamburro, 2013). Postcolonial informed social work seeks to identify and find remedies to the impact of colonialism (Absolon, 2011; Baskin, 2016; Durazo, 2011; Laurila, 2019; McKenzie & Wharf, 2016; Tuck & Yang, 2012). In Canadian dominant culture there continues to be

spiritual/religious colonial ideas based in Eurocentric imperialist assumptions. These imperialist and colonialist ideas also continue to be present in current scholarship informed by Eurocentric ideas of spirituality/religion (King, 2013).

One aspect of social justice work for social workers is to identify and dismantle what continues to privilege white settler Eurocentric positions around spirituality/religion (Dueck, 2012). Postcolonial analysis applied to social work education would result in the inclusion of cultural competence training related to Indigenous spiritual healing practices (TRC Calls to Action, 2015, 1.iv). Support of Indigenous clients' choices regarding spirituality/religion is part of this work. Learning about and working on the Truth and Reconciliation Commission of Canada: Calls to Action (2015) as related to religion is another concrete way for social workers to support Indigenous spirituality and promote positive systemic change. Advocating for spaces in institutions for Indigenous ceremony would also contribute to societal transformation. In terms of clinical practice social workers engaged with Indigenous clients need to work within clients' spiritualities. This therapeutic principle is rooted in the United Nations Declaration on the Rights of Indigenous Peoples (Calls to Action, 2015, 48). These proposed practices are informed by Indigenous people's voices (TRC, 2015) and critical theory.

As reviewed above critical theory analysis, which includes critical race, postmodern and postcolonial theories, are useful in identifying systemic issues related to spirituality/religion and the well-being of clients. The application of critical theory to spirituality/religion needs to be continually explored to promote increased social justice for peoples for whom spirituality/religion connects to their overall identities. These can inform practice in an assortment of ways. There are a variety of paradigms used in social work that access critical

theory. One that informs best practice in social work with spiritual/religious clients is anti-oppressive practice.

Anti-Oppressive Practice

Figure 58

Anti-Oppressive Practice Summary

“It has been suggested that anti-oppressive practice is rooted in the idea that “strength grows primarily from its compassionate embrace of humanity ... and its whole-hearted commitment to social justice” ... “Rather than a single approach, anti-oppressive practice is an integrated model drawing on a number of social justice-oriented approaches of social work including feminist, Marxist, critical, postmodernist, Indigenous, poststructuralist, critical constructionist, anti-colonial, and anti-racist perspectives. It attempts to analyze how power works to oppress and marginalize people as well as how power can be used to liberate and empower them across a wide range of social settings, relations, environments, and systems” (Bains, 2011, p.26).

Note. From Baines, D. (2011). An overview of anti-oppressive social work practice: Neoliberalism, inequality, and change. In D. Baines (Ed.), *Doing Anti-Oppressive Practice: Social Justice Social Work (2nd Edition)* Halifax: Fernwood Publishing, pp. 25-47.

All the research participants acknowledged the importance in work with spiritual/religious clients for therapists to consider both the individual and the larger community. Critical theory and critical reflexive practice interconnect directly to anti-oppressive practice (Figure 58). “Anti-oppressive practice (AOP) is an umbrella term for a number of social justice-oriented approaches” (Yee, Hackbusch & Wong, 2015, p.476). In the review of anti-oppressive practice there are many overlapping concepts that have already been identified in this paper. One example of this is social justice

Social justice-oriented approaches in social work include feminist, anti-racist, structural, and critical (Brown, 2020; Lai, 2017; Lundy, 2011). Social work academics, researchers, and practitioners working from an anti-oppressive practice perspective access critical theory in the interest of social justice (Bricker-Jenkins, Barbera, Young & Beemer, 2013; Caron, Lee &

Sansfaçon, 2020; Lai, 2017; Mullaly & West, 2018; Strier, 2007; Wehbi & Parada, 2017). In anti-oppressive practice the focus is on the “eradication of oppression through institutional and societal changes and offers an analytic linkage between social work practice and social justice” (Sakamoto, 2007, p.528). The analysis used to inform anti-oppressive practice is critical theory.

Critical theory acts as a lens to explore issues of oppression in society at micro, mezzo, and macro levels (Dumbrill & Yee, 2019; Hair, 2015; Krumer-Nevo, 2017; Lai, 2017; Mayor & Pollack, 2022). To challenge oppression and promote liberation is central in social justice work in the social work profession (Banks, 2021; Boetto & Bell, 2015; Braye & Preston-Shoot, 2006; Caplan, Washington, & Swanner, 2017; Hair, 2015; Johnston-Goodstar, 2013; Ramsay & Boddy, 2016; Strier, 2007; Young, 2011; Woodford, Newman, Brotman, & Ryan, 2010). Social justice issues are of critical concern for Canadian social workers (Bhuyan, Bejan & Jayapal 2017; Hick & Stokes, 2017b; Lundy, 2011; Mullaly, 2007; Rossiter, 2011). This commitment is supported by the International Federation of Social Work ethical statement, “social workers have a responsibility to promote social justice” (IFSW/IASSW, 2004, par.4.2). Critical theory assists in identifying these injustices by critiquing the varied impacts of spiritualities/religions. This analysis can identify on a continuum what is “progressive or oppressive” spirituality/religion (Lundskow, 2005, p.213. See also Ball & Crisp, 2022). Assessing spirituality/religion via critical theory assists in identifying systemic concerns related to issues such as race, gender, orientation, and class oppression (Boyd, 2012; Braidotti, 2008; Lunn, 2009; Thomas, 2010). The liberating aspects of spiritual/religious perspectives can also be identified in anti-oppressive practice (Metz, 2004).

Social justice analysis is related directly to this research in that “social injustice abounds in mental health policy and practice” (Malcoe & Morrow, 2017, p.3). How spiritual/religious

clients relate to mental health agencies, social workers, and therapeutic bodies of knowledge, are examples of concerns regarding individuals and systems. The analysis of person in environment is a process of identifying individual identities and systemic concerns. “Anti-oppressive social work practice includes attention given to understanding individuals’ intersecting identities and multiple oppressions” (Sakamoto, 2007, p.528). Critical theory was used for this research to analyze systems related to spirituality/religion and well-being. Using this analysis in social work practice with spiritual/religious clients is being presented as another aspect of best practice.

The ongoing analysis done by social workers informs social justice work/action. Within social work practice Freire’s principle of praxis is a helpful guide (2002). Freire invited liberation workers to work within a dynamic synergy of theories and practice (Durazo, 2011; Freire, 2002; Smith, 2017). Praxis captures the essence of a crucial best practice principle in social work, namely, theories inform practice which further inform theories. As social workers act they continue to analyze the impact of their work which in turn informs theory. This is the essence of praxis. It is also what informed the methodology of constructivist grounded theory used in this research.

The systemic category identified numerous constructs to consider including social-justice, human rights, public sphere, critical theory, critical reflective practice, and anti-oppressive practice. There are several concepts that flow from these subcategories that inform best practices for social workers engaging with spiritual/religious clients.

Systemic Category Part 2: Summary of the Implications for Practice

When considering the category of Systemic, there are a number of principles that inform best practices for social workers engaging with spiritual/religious clients (Figure 59).

Figure 59

Summary of Findings Related to Systemic (Part 2)

When working with spiritual/religious clients social workers:

- consider structural or systemic concerns via anti-oppressive practice, critical theory analysis, and critical reflexive practice.
- respectfully engage with spiritual/religious groups and/or individuals when their ideas are contrary to social justice principles.

The research identified the categories related to clients, therapists, and the systemic as related to spirituality/religion. The final category findings noted are in a specific issue within the systemic.

Professional Helpers

The fourth and final category to emerge from the research participants were mezzo and macro concerns related to the helping professions. The research participants who were registered psychotherapists all spoke in general terms about counsellors, therapists, and/or psychotherapists. The registered social worker research participants also used these general terms, but in addition this subgroup specifically noted concerns and strengths within their own profession as related to spirituality/religion.

The subcategories identified from the findings of the research participants' comments were helping professions (in general), professional ethics, training/education, and social work. The information in the social work category came directly from research participants who were registered social workers, along with the general comments made about therapy by the psychotherapist research participants. Given the research question focus is on social work

practice, all the subcategories were explored to include specifics related to the social work profession.

Helping Professions

The Canadian literature identified that helping professionals encounter diverse populations. Twenty first century Canada includes multiple expressions of spiritualities/religions within populations that include Indigenous, migrant, and settler peoples. Social justice human rights informed practice demand concrete expressions when working with spiritual/religious client. Social workers need education/training to be able to connect in helpful ways with clients who hold diverse spiritualities/religions worldviews (Coholic, 2006; Crisp, 2020; Darrell & Rich, 2017; Vokey, 2012). These ideas have implications related to social work education/training and practice. The central concerns identified by the research participants related to helping professionals working with spiritual/religious clients, were cultural competence and scope of practice. Below the practice principles of cultural competence and scope of practice are considered in terms of how these principles relate to social workers engaging with spiritual/religious clients.

Culture includes “values, traditions, and beliefs” which can be informed by spirituality/religion (Kirst-Ashman, 2017, p.451). Identified in the helping professionals’ literature was the need for cultural competence training to include a working knowledge of spirituality/religion (Darrell & Rich, 2017; Limb, Hodge & Alboroto, 2020; Woodside & McClam, 2018). The Truth and Reconciliation Calls to Action (2015) notes in call 23:iii the need for governments to ensure that cultural competency training for all healthcare professionals in their work with Indigenous peoples. For social workers cultural competence, informed by critical theory, includes being mindful of the differing perspectives that both social workers and clients

hold (Kirst-Ashman, 2017; Vanderwoerd, 2006). This model “intends to maximize social workers’ cognitive and affective commitment to ethnoracial plurality” (Graham, Bradshaw, & Trew, 2009, p.546). Cultural competence principles can be identified in holistic practice when social workers work with clients’ various spiritualities/religions (Coholic, 2012). The principle of working with spiritual/religious clients in a respectful informed manner were identified as crucial by all research participants. Respect for diversity includes social workers having “cultural competence” which includes understandings of working with people’s varying “religious values” (Hick & Stokes, 2017b, p.452).

The research participants noted that among their peers they observed significant gaps in mental health services related to spiritual/religious matters. One concern they raised was therapists’ pathologizing and/or dismissing of the value of spirituality/religion in clients’ healing processes. The research participants also commented on the need for therapists to be able to work in an informed manner with spiritual/religious clients. Best practice with spiritual/religious clients involves social workers possessing both knowledge and skill to work within the worldviews of clients. These bodies of knowledge and skill sets are concrete demonstrations of human rights – social justice informed practice. In the client and therapist categories findings above, it is critical for some spiritual/religious clients to access this aspect of their lives in the healing process. It is imperative that social workers know how and why spirituality/religion can be part of the therapeutic process. The second related best practice principle is working within the scope of practice.

In the helping professions the concept of scope of practice might be summarized in a simple binary of what helpers can and cannot do when engaging with clients. The Canadian government commitment in law to human rights and social fairness informs these regulations.

Professional colleges regulate to ensure the best service and to protect the public by standardizing “what health professionals do” (Leslie, Moore, Robertson, Bilton, Hirschhorn, Langelier, & Bourgeault, 2021, p.2). Specifically “scope of practice refers to the range of roles, functions, responsibilities and activities that professionals are educated and authorised to perform” (Ashcroft, Kourgiantakis, & Brown, 2017, p.1).

What the government allows social workers to do in their work is presented in governing codes on social work scope of practice as seen in legislation and professional college standards (Shah, Kim, Li, Meadows, & Breitsprecher, 2019). Social workers can access their professional college to identify scope of practice found in the “practice guideline” (Ashcroft, Kourgiantakis, & Brown, 2017, p.1). Scope of practice was described by Lynch as “what social workers do” and what “areas of expertise” they possess (2014, pp.117, 129). In that scope of practice identifies “competencies” that social workers possess (Pandya, 2021, p.154) it has direct implications regarding social work education/training, which is more fully explored below (Leslie, Moore, Robertson, Bilton, Hirschhorn, Langelier, & Bourgeault, 2021; Shah, Kim, Li, Meadows, & Breitsprecher, 2019).

Social workers must know and work within their scope of practice. In therapy work, the spiritual/religious presented by clients are considered by therapists through social work bodies of knowledge and practices. The focus of therapy that includes spirituality/religion is on clients’ well-being (Stewart-Sicking, Fox, & Deal, 2020). An example of how social workers might deal with clients who self identify as having “spiritual struggles” (Exline, Wilt, Stauner & Pargament, 2021, p.1). Clients face spiritual struggles in a variety of ways (Bockrath, Pargament, Wong, Harriott, Pomerleau, Homolka, Chaudhary & Exline, 2021). There are clients “who believe in a personal, relational God, some responses may focus on their perceived relationship with God:

They might approach (draw close), disengage (turn away or exit), protest (complain, argue, or question), or suppress (avoid or minimize negative feelings)” (Exline, Wilt, Stauner & Pargament, 2021, p.1). Whatever choices clients make regarding spiritual struggles, the therapeutic focus of social workers is on the well-being of clients. Within therapeutic practice there are options related to the kind of social work services that can be offered.

Three research participants who offer private practice from a specific spiritual/religious framework, noted they have sparingly participated with clients in rituals such as prayer or recital of sacred texts. Two had training in their spiritual/religious frameworks resulting in them identifying as possessing spiritual/religious competencies to include these rituals in the therapeutic process. The one research participant who practiced from a particular spiritual/religious tradition but did not have formal training, did supplement their knowledge through continuing education in the connections between their spiritual/religious tradition and mental health. All research participants identified a concern that the relationships with clients be therapeutic. In those relationships the focus of the work is holistic therapy which includes spirituality/religion. The literature accessed around scope of practice affirmed the utility of the above principle.

Best practice for social workers engaging with spiritual/religious clients includes adherence to cultural competence and scope of practice principles. Foundational to cultural competence and scope of practice are professional ethics.

Professional Ethics

Ethical practice by helping professionals is principled work done with integrity. Ethical practice consists of work done within “moral norms” and “are seen as habits, preferences, rules, standards, principles” (Banks, 2021, p.5). Some suggest shorter working definitions for ethical

practice such as following professional “standards” (Cohen & Cohen , 2019, p.39) or “framework” and “values” that inform helping professional practice (Hankivsky, 2004, pp.2,7). Lépinard identified an “ethical drive” as “a drive toward community and accountability” (2020, p.12). Ideally, codes of ethics among professional helpers give guidance as to what can be done when assisting others.

Alongside other helping professions, Canadian social work is a regulated profession with a code of ethics, which identifies practice principles that are in the best interests of clients and the larger society (Carter & Hugman, 2016; Cohen & Cohen, 2019; Colby & Dziegielewski, 2004; Ivey, Ivey & Zalaquett, 2016; Gasker, 2019; Wehbi, 2017; Woodside & McClam, 2018). The Canadian social work code of ethics include professional conduct expectations or standards (CASW/ACTS, 2005; Carter & Hugman, 2016; Dunk-West, 2018; Lai, 2017; McKenzie & Wharf, 2016; Stokes, 2017; Truell & Banks, 2021). Social work codes of ethics are principles that “clarify what should and should not be done” by practitioners in their work with clients (Kirst-Ashman, 2017, p.40). Another social work scholar notes that social work ethics “concerns matters of right and wrong, conduct, good and bad qualities of character and professional responsibilities attached to the relationships in a work context” (Banks, 2021, p.8). Social workers work within their own code of ethics and are also informed by other sources.

In some work settings social workers are also under obligation to follow other legislation related to services such as education, health care, or criminal justice, that also identify ethical practice (Baines, 2007). Considering other helping professions ethics is another source that can impact Canadian social work. “Social workers co-operate with other disciplines to promote and expand ideas, knowledge, theory and skills, experience and opportunities that improve professional expertise and service provision” (3.2 Collaboration and Consultation, 3.2.1.

Guidelines for Ethical Practice, CASW/ACTS, 2005). The ongoing process of identifying and implementing ethical social work practice is complex and challenging.

Ethical approaches for therapists are informed by a number of factors including “their moral reasoning and personal stance” (Levitt, Farry & Mazzarella, 2015, p.85). Ethical decisions are influenced by personal values-beliefs, there are a host of influences that can inform therapists as affirmed by the research participants. Principles like the best interests of the clients, collaboration with clients, professional codes of ethics, education/training, and practice experiences can all be factors in informing and guiding the therapeutic process (Levitt, Farry & Mazzarella, 2015). All these principles are influence by the dominant culture. Thus there is a need for ongoing analysis of social work ethics in that there is always a danger that professional codes reflect the dominant cultural norms regarding spirituality/religion.

These influences were noted by the research participants who identified their personal and professional knowledge influences when engaging with spiritual/religious clients. The research participants sought to work within the ethical codes of their professions, informed by training/education, with clients to find solutions to issues. The complexity of practising ethically was frequently identified by the research participants. Nine of the ten research participants indicated that the inclusion of spirituality/religion in therapy was an ethical issue that connected directly to the code of ethics of their professional colleges. The one research participant who did not use the language of ethics, did communicate there was a moral mandate for therapists to engage with clients related to spirituality/religion in the therapeutic process. This participant implied an ethical obligation for therapists to work in this manner. Spirituality/religion is an ethical issue in practice for Canadian social workers and relates directly to social justice.

Figure 60*Canadian Social Work Ethics Value 2: Pursuit of Social Justice.*

Social workers believe in the obligation of people, individually and collectively, to provide resources, services and opportunities for the overall benefit of humanity and to afford them protection from harm. Social workers promote social fairness and the equitable distribution of resources, and act to reduce barriers and expand choice for all persons, with special regard for those who are marginalized, disadvantaged, vulnerable, and/or have exceptional needs. Social workers oppose prejudice and discrimination against any person or group of persons, on any grounds, and specifically challenge views and actions that stereotype particular persons or groups.

Note. From the web site of the CASW/ACTS, (2005).Canadian Association of Social Workers, Code of Ethics. Human Rights.

The social work profession in Canada is committed to social justice as an ethical part of work. This commitment can be found in the Guidelines for Ethical Practice (Figure 60). In social justice work ethics is dynamic in that it both informs and develops over time (Lépinard, 2020). An illustration of the profession's commitment to social justice is in having social workers consider the Truth and Reconciliation Commission's (TRC, 2015) report in ethical decision making (Laurila, 2016). Informed by added information from the work of the Truth and Reconciliation Commission, Indigenous concerns are central to social workers' ethical decision making. This consideration would include Indigenous spiritualities.

Another example of evolving dynamic ethics in the profession is related to critical thinking. As already noted critical thinking involves critical theory and critical reflexive practice which promotes social justice. Salomons advocates that all social workers have "a professional and ethical responsibility to engage in ongoing critical reflection" (2020, p.32). The research participants advocated for critical reflection principles as well, noting that awareness of individual (self, privilege, bias) and structural influences, are essential contributors to effective therapy. These ethical considerations are not explicit in the code of ethics but emerge in the

social work profession as practice concerns occur and workable solutions develop within the profession. This would apply to practice work with spiritual/religious clients.

Social work scholarship, along with the code of ethics, are two among a number of sources that inform ethical social work practice. What influences social workers' ethical decision making include personal values-beliefs, the best interests of clients, as well as consideration of professional training and practice experiences (Banks, 2021; Birnbaum & Lach, 2014; Levitt, Farry & Mazzarella, 2015). The research participants also identified these various influences on their therapy practices. These multiple sources that inform practitioners, have implications related to knowing our bias as social workers when working with spiritual/religious clients (Wagler-Martin, 2005).

Figure 61

Social Workers & Social Justice

The rights of an individual that are considered the basis for freedom and justice and serve to protect people from discrimination and harassment. Social workers may refer to the Canadian Charter of Rights and Freedoms enacted as Schedule B to the Canada Act 1982 (U.K.) 1982, c. 11, which came into force on April 17, 1982, as well as the Universal Declaration of Human Rights (1948) proclaimed by the United Nations General Assembly December 10, 1948.” (Glossary, Guidelines for Ethical Practice, CASW/ACTS, 2005).

1.0 Ethical Responsibilities to Clients

Social workers do not discriminate against any person on the basis of age, abilities, ethnic background, gender, language, marital status, national ancestry, political affiliation, race, **religion**, sexual orientation or socio-economic status.

Note. From 1.1 Priority of Clients' Interests, section 1.1.2, Guidelines for Ethical Practice, CASW/ACTS, 2005 (**bold print added**)

One way to diminish discrimination and promote justice for spiritual/religious clients (Figure 61) is related to critical reflexive practice. Left unchecked bias can interfere with services offered to clients. Discrimination is “treating people unfavourably or holding negative

or prejudicial attitudes based on discernable differences or stereotypes” (Glossary, Guidelines for Ethical Practice, CASW/ACTS, 2005). “Social workers do not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political or business interests” (2.2 No Exploitation for Personal or Professional Gain, section 2.2.2, Guidelines for Ethical Practice, CASW/ACTS, 2005). It is an ethical consideration for social workers to be aware of their own spirituality/religion and to work with spiritual/religious clients in an inclusive respectful manner (McKernan, 2005).

Figure 62

Human Rights

Social workers may refer to the Canadian Charter of Rights and Freedoms enacted as Schedule B to the Canada Act 1982 (U.K.) 1982, c. 11, which came into force on April 17, 1982, as well as the Universal Declaration of Human Rights (1948) proclaimed by the United Nations General Assembly December 10, 1948.

Note. From the Glossary, Guidelines for Ethical Practice, CASW/ACTS, 2005.

Canadian social workers have an ethical obligation to uphold the principles of human rights (Figure 62). Although not always couched directly in the language of human rights, these principles were upheld by the research participants who promoted respect for, and support of diversity as related to spirituality/religion. Related to the right to practice spirituality/religion, social workers must consider ways to promote these rights both within the person (micro) and in the environment (mezzo, macro). Social work with spiritual/religious individuals, along with engagement with the larger society, must reflect and advocate for human rights related to spirituality/religion. This is rooted in the essence of ethically informed social work practice.

The ethical practice of demonstrating respect for diversity involves social workers having “cultural competence” which includes understandings of working with people’s varying “religious values” (Hick & Stokes, 2017b, p.452). When considering cultural competence Kirst-

Ashman identified “religion/spirituality” as one of many dimensions of clients that are included in services provided by social workers (2017, p.72). Incorporating the spiritual/religious in practice, gives clients space to share all aspects of themselves within the therapeutic process (Metheany & Coholic, 2009).

For social workers ethical practice includes training in cultural competence and also working within the scope of practice. The research participants identified competence related to spirituality/religion as an ethical issue in practice. The research participants along with the literature suggest that ethical social workers have a professional obligation related to a working knowledge of spirituality/religion when engaging with clients. The Canadian Association of Social Workers also affirmed that “social workers seek a working knowledge and understanding of clients' racial and cultural affiliations, identities, values, beliefs and customs” (1.2 Demonstrate Cultural Awareness and Sensitivity, section 1.2.4, Guidelines for Ethical Practice, CASW/ACTS, 2005).

Whatever their spiritual/religious understandings, for social workers ethical practice includes working with clients whose belief systems can be expressed in any form of spirituality/religion. In offering services that include spirituality/religion, social workers must consistently show respect for the belief systems of clients (McKernan, 2005). This practice principle was also affirmed by the research participants. All services offered by social workers focus on the good of clients as noted: “Social workers participate in and contribute to decisions that affect the well-being of clients by drawing on the knowledge, values and experiences of the social work profession” (3.0 *Ethical Responsibilities to Colleagues*, section 3.2, Collaboration and Consultation, Guidelines for Ethical Practice, CASW/ACTS, 2005).

Figure 63*Canadian Social Work Ethics Value 2: Pursuit of Social Justice.*

Social workers believe in the obligation of people, individually and collectively, to provide resources, services and opportunities for the overall benefit of humanity and to afford them protection from harm. Social workers promote social fairness and the equitable distribution of resources, and act to reduce barriers and expand choice for all persons, with special regard for those who are marginalized, disadvantaged, vulnerable, and/or have exceptional needs. Social workers oppose prejudice and discrimination against any person or group of persons, on any grounds, and specifically challenge views and actions that stereotype particular persons or groups.

Note. From CASW/ACTS, (2005). Canadian Association of Social Workers, Code of Ethics.

The International Federation of Social Workers (IFSW, 2004) also promote the central imperative of social justice. This is also explicitly in the code of ethics for Canadian social work (Figure 63). Canadian social workers ethical commitment to social fairness informs why they are involved in the promotion of social justice for everyone, including spiritual/religious peoples, within the larger society.

“Social workers strive to facilitate informed participation by the public in shaping social policies and institutions” (8.3 *Encourage Public Participation*, 8.3.1, Guidelines for Ethical Practice, CASW/ACTS, 2005). Challenging dominant discourses by engaging within the larger society is one aspect of advocacy. Ideally within the public sphere diverse peoples continually engage and find common acceptable solutions together. Social workers have an ethical obligation to promote these ongoing exchanges.

“Social workers advocate for change in the best interests of clients and for the overall benefit of society, the environment and the global community” (8.0 *Ethical Responsibilities to Society*, Guidelines for Ethical Practice, CASW/ACTS, 2005). The ethical obligations for social workers towards spiritual/religious clients and the larger society is multifaceted. The research participants recognized various impacts of larger systems on spiritual/religious clients. These

larger systems included dominant discourses, academic institutions, mental health agencies, and professional colleges. Research participants identified an anti-spiritual/anti-religious bias being perpetuated through these structures. The need to challenge these structural influences was evident to the research participants, as it should be to all social workers. The complex ethical issues related to spirituality/religion are reviewed above and include social work practice with individuals as well as the larger society. Education/training to ensure ethical social work practice is consistent to all whatever their identifies, is a best practice principle related to spiritual/religious clients.

There are some who advocate for increased effort to better connect social work education in ethical decision making to direct social work practice (Birnbaum & Lach, 2014; Levitt, Farry & Mazzearella, 2015). It is necessary that every “social worker has the training, the skill and the diligence to provide them (*clients*) with social work services” (Glossary, Guidelines for Ethical Practice, CASW/ACTS, 2005). The ethical concerns linked to spirituality/religion also have implications related to social work education/training

Education/Training

In the literature, reviewed in several different helping professions including social work, spirituality/religion is increasingly identified as areas of concern that need to be part of the work done with clients. The issue of what are best practices for helping professionals engaging with clients around spirituality/religion continues to be considered. Given the focus of the research question it is fundamental to identify how specifically spiritual/religious issues in practice connects to the education/training of social work students.

It is evident that the value of spirituality/religion is demonstrated by the majority of postsecondary institutions across Canada. In the majority of “colleges and universities, there

exist quiet rooms, chapels, meditation rooms and outdoor gardens where teachers and students are permitted, and encouraged, to practice yoga, meditation, chanting and religious rites” (Dallaire, 2013, p.229). Indigenous spiritual ceremonies and land acknowledgements are increasingly part of post secondary gatherings (Hill & Wilkinson, 2014; Wilkes, Duong, Kesler, & Ramos, 2017). In varied academic disciplines it is common for Canadian postsecondary institutions to offer courses on a variety of topics as related to spirituality/religion (English, 2012). These examples demonstrate the recognition by institutions that spirituality/religion is important for some who are connected to postsecondary education. The Canadian postsecondary education systemic support of spirituality/religion illustrates how ideals of respectful inclusion can work in practice. In a comparable manner the inclusion of spirituality/religion in social work services could be applied. These implications suggest how people in social work schools could engage with spirituality/religion. Varied experiences of graduate school training regarding spirituality/religion was also identified by the research participants.

Some of the research participants attended specific spiritual/religious counselling graduate programs. The research participants who did not but attended counselling, psychotherapy, or social work instructions, all identified some measures of resistance, and for some hostility, toward spirituality/religion in their graduate school programs. There is an increasing recognition in the literature of the significance and inclusion of spirituality/religion in the work of helping professionals (Deweese, Wilcox, Campbell, McCormack, Terry, & Davis, 2022). Although this is acknowledged, research identifies that in general “practicing counselors feel ill prepared to integrate spiritual and religious issues into their practice” (Tillman, Dinsmore, Hof, & Chasek, 2013, p.240). All the research participants identified a deficit in their graduate training as well. Those research participants who had specialized training in counselling and

spirituality/religion noted that those educational experiences equipped them to effectively work with spiritual/religious clients. This issue could be addressed by including spirituality/religion in the training of professional helpers as has been advocated for by many, including social work scholars, in the literature (Crisp, 2011; Hall, Burkholder & Sterner, 2014; Young, Wiggins-Frame, & Cashwell, 2007; Fallon, Dobmeier, Reiner, Casquarelli, Giglia, & Goodwin, 2013; Senreich, 2013; Tillman, Dinsmore, Hof, & Chasek, 2013; Tovar-Murray, 2011). Furthermore Balkin, Watts and Ali (2014) identify the need to offer continuing education training to therapists related to counselling and spirituality/religion. The research participants also advocated initial training and continuing education related to spirituality/religion be included in the helping professions.

Many academics support the perspective that competency related to spirituality/religion is an aspect of multicultural competency in providing psychological services (Allmon, 2013; Bronn, & McIlwain, 2015; Cohen & Cohen, 2019; Ivey, A.E., Ivey, M.B. & Zalaquett, C.P. (2016) McMinn, Bufford, Vogel, Gerdin, Goetsch, Block, Mitchell, Peterson, Seegobin, Taloyo & Wiarda, 2014; Moss & Dobson, 2006; Peterson, 2011; Plante, 2014; Vogel, McMinn, Peterson, & Gathercoal, 2013; Russell, & Yarhouse, 2006; Schulte, Skinner, & Claiborn, 2002). Logically this means spirituality/religion should be included in graduate counselling school training. However numerous researchers identify this is still lacking in most psychology graduate programs (Allmon, 2013; Brawer, Handal, Fabricatore, Roberts & Wajda-Johnston, 2002; Crook-Lyon, O'Grady, Smith, Jenson, Golightly & Potkar, 2012; McMinn, Bufford, Vogel, Gerdin, Goetsch, Block, Mitchell, Peterson, Seegobin, Taloyo & Wiarda, 2014; Moss & Dobson, 2006; Peterson, & Gathercoal, 2013; Plante, 2014; Vieten, Scammell, Pierce, Pilato, Ammondson, Pargament, & Lukoff, 2016; Vieten, Scammell, Pilato, Ammondson, Pargament, & Lukoff, 2013;

Schulte, Skinner, & Claiborn, 2002; Vogel, McMinn, Peterson & Gathercoal, 2013). This lack of training related to graduate counselling education directly impact the work of psychologists engaging with spiritual/religious clients. The scarcity of training reinforces Western dominant cultural ideas related to the irrelevance of spirituality/religion in the therapy process. This issue is not exclusive to education for psychologists.

In several of the helping professions, many have identified a lack of education/training related to work with spiritual/religious clients (Captari, Hook, Hoyt, Davis, McElroy-Heltzel, & Worthington, 2018). This deficiency in education/training has been identified within social work scholarship (Baskin, 2007; Crisp, 2011; Furman, Benson, Grimwood, & Canda, 2004; Morgan, Berwick, & Walsh, 2008). In social work schools there is a limited or no discussion of spirituality in social work training (Crisp, 2008).

Walach (2017) suggested that the subjective nature and overall history of human experiences of spirituality/religion, are the reasons these matters have not been seriously considered in the academy. The “outcome-oriented focus” in social work training and work environments may also contribute to the absence of or limited exposure to spirituality/religion in Canadian social work education (Elsie-McKendrick, 2020, p.98). Whatever the systemic influences, there continues to be a deficit in social work education/training related to work with spiritual/religion. This deficit is an institutional contribution to marginalization of spiritual religious clients.

Moffatt, Oxhandler, and Baldwin noted that “while social work has taken noteworthy strides in the past few decades to recognize the role of RS in the profession ... social work graduate programs have been slow to integrate RS content within their course curriculums”

(2021, p.3). This trend in graduate schools leaves their graduates ill equipped to effectively work with spiritual/religious clients.

Some spiritual/religious clients want this part of their lives to be included in their work with a helping professional. The reluctance among some helping professionals to incorporate spirituality/religion into helping work may reflect their being ill at ease to do so due to their lack of professional training. One study found helping professionals who had training in spirituality/religion as related to their work with clients identified as being “spiritually competent” and more positive in incorporating this area of concern in their engagement with clients (Rogers, Wattis, Stephenson, Khan & Curran, 2019, p.1170). The research participants lived experiences also affirmed this. Academic social work training could include spirituality/religion which would significantly contribute to social workers effectively engaging with spiritual/religious clients.

The content of Canadian social work programs communicate what is important for social work practice by teaching what is understood as the skills and competencies of the profession (Regehr, 2013). What has been included and excluded in social work training influences the evolving values of the profession and how social work is practiced in the community. This dynamic in social work schools is illustrated in not including or presenting extraordinarily little on spirituality/religion.

It is essential that spirituality/religion be included in social work education. Moore (2007) noted that “exclusive sectarianism is defined as education that restricts exposure to and accurate information about competing claims and/or worldviews that differ from the religious worldview being promoted” (p.62). A religious worldview present in some social work schools could be described as anti-spiritual/anti-religious, which reflects the discourse in the dominant culture.

Exclusive sectarian education principles have no place in social work education. Little to no explorations of spirituality/religion in social work curriculum creates and sustains issues for social work students who eventually graduate to work with clients some of whom may be spiritual/religious.

It is also valuable to acknowledge the futility of little, negative, and/or limited discussion of spirituality/religion in social work school settings. There is an ongoing circular issue dynamic created and perpetuated in the limited, negative, and/or avoiding of spirituality/religion in social work education. Graduate students unfamiliar with the topic and/or how it could apply to practice, do not include it in practice. Those graduates who teach at social work schools have neither training nor practice experience related to spirituality/religion. The topic is either ignored, briefly noted, and/or presented negatively. The general ignorance in the profession about practice as related to the spiritual/religious continues. What the literature identified were multiple reasons for advocating that spiritual/religious literacy for post-secondary teachers who then would teach classes on these important matters (Crisp & Dinham, 2019; Dallaire, 2013; Moore, 2007). The research participants advocated for this inclusion as well.

Figure 64

Canadian Social Work Practice

10. Values and ethics in professional practice

Social work students have opportunities to...

- a) learn about the CASW and other **social work codes of ethics** and processes of ethical decision-making.
- b) understand the complexities of ethical practice across various professional roles and activities and within **spiritual**, cultural and institutional contexts;
- c) use a critically reflexive ethical stance to navigate potential contradictions between social work ethics, employment responsibilities, and institutional Codes of Conduct;
- d) understand the ethical responsibility to rectify the historical and current social injustice experienced by Indigenous Peoples and members of equity-seeking groups; and
- e) understand the ethical responsibility to respond to and address racism and colonialism.

Note: CASWE-ACFTS, (2021). Canadian Association for Social Work Education Association Canadienne Pour La Formation En Travail Social. Educational Policies and Accreditation Standards for Canadian Social Work Education. Page 16 of 23 (**bold print added**).

The social work profession in Canada faces challenges related to best practices with spiritual/religious clients. As seen in Figure 64, the Canadian Association for Social Work Education Association identifies the need for the spiritual/religious to be considered by practitioners. This identified need is in harmony with the Canadian Association of Social Work Schools accreditation information that recognizes the promotion of social justice as a central pillar of Canadian social work education (CASWE-ACFTS, 2021). These values will hopefully lead to practice training related to spirituality/religion in social work schools.

In spite of the lack of practice skills training, it is promising that spirituality/religion has been increasingly identified within social work institutions and scholarship as pertinent to social work practice (Lundy, 2011). Acknowledging the progress to date, it is nonetheless vital to identify that much more is needed in social work training systems related to the spiritual/religious. Additional work also needs to be done within social work schools in terms of the understanding of spirituality/religion.

Western social work history includes roots in the Christian Church. Jane Addams, whose work continues to influence social workers today, informed by her faith, focused on the work of the settlement house movement by engaging with communities to address social issues (Chi, 2020; Schultz, 2015). For a number of reasons the social work profession in Canada, including postsecondary training institutions, moved the spiritual/religious increasingly to the fringe of practice. Still even though it has “been identified as influencing substantial numbers of students to study social work, the social work profession has not, for most of its history, recognized the importance of spirituality in the lives of either service users or the professional workforce”

(Crisp, 2008, p.366). As identified by Crisp (2008) the significance of spirituality/religion for some social workers also needs to be considered.

In a survey of 307 Canadian social workers and social service workers over two thirds identified that spirituality/religion in their education/training happened “never” or “rarely” (Kvarfordt & Herba, 2018, p.153). The research participants, whose programs did not center on spirituality/religion, also identified their feelings of exclusion in graduate school due to their spirituality/religion. One issue within the academy is that of spiritual/religious students. This was identified by some of the research participants when they reflected on their graduate training as being anti-spiritual/anti-religious.

One study documented “that social work educators and researchers misunderstand what motivates Christian students, doubt Christian motives, and question whether faith has any place in social work (Hodge, 2002; Kaufman, 2003; Thyer & Myers, 2009)” (Chi, 2020, p.5). Some have observed that “religious students report feeling uncomfortable with social work’s emphasis on liberal humanistic values which may at times contradict their religious perspectives (de Jong, 2018; Stacey, 2013; Streets, 1997; Thyer & Myers, 2009)” (Chi, 2020, p.6). For all social work students, their experiences and beliefs about spirituality/religion ought to be respectfully engaged with and seen as part of their ongoing development as future social workers (Miller, 2012).

The above findings point to a disconnect regarding spirituality/religion as related to social work education and the application of social work values in practice. Social work education values in Canada are rooted in social justice and anti-oppressive practice (Campbell, 2003; Hawkins, 2009; Hick & Furlotte, 2009; Jeffery, 2007; Sakamoto & Pitner, 2005; Wehbi, 2017). These values applied to spiritual/religious matters in social work training and front line work were also best practice principles identified in this investigation. For a variety of reasons including social

justice, building alliances, and human rights, spirituality/religion needs to be included in social work curriculum.

It is essential that education/training related to best practices with spiritual/religious clients is given to social work students so they can effectively engage. Both in social work clinical and educational centres, social work students need to engage with spiritual/religious matters as related to their work with clients (Coholic, 2006; Crisp & Dinham, 2019; Hodge, 2007). Within social work education classrooms, conversations about spirituality/religion are needed. “Learning is essentially a social and relational process, which, in some ways, is what it is in ‘real’ life. It occurs through interaction and dialogue” (Béres & Fook, 2020, p.9). Several research participants found that classroom conversations related to spirituality/religion were wanting. These conversations about spirituality/religion need to be part of social work education/training and practice. There are a number of challenges to overcome in social work education to move toward such inclusion.

Figure 65

Sacred and Secular Understandings of Spirituality/Religion

“...a ‘basic human spirituality’ which can don religious or secular costumes; it is religious when conjoined with a faith tradition via prayer, liturgy, scriptures, mysticism, evangelism and metanoia; it is secular when expressed through morality, identity, meaning-making, emotional processing, storytelling, philosophy, citizenship and experiences of wonder and awe”

Note. From Humphrey, 2015, p.25.

When considering some of the central roles of spirituality/religion it can include “a sense of meaning and purpose in people’s lives. As such spirituality/religion has the potential to make a core contribution to wellbeing” (Crisp, 2008, p.365). For some clients, their spirituality/religion is the lens through which they view and understand the world (Cohen & Cohen, 2019). As already explored in the definitions of the terms spiritual and religious, when understood in the

broadest terms, these matters are present in many human exchanges (Figure 65). This is one important concept among many that gives rationale for the inclusion of spirituality/religion in social work education/training.

When spirituality/religion is presented in social work schools, instructors should attend to how these matters are discussed. A few research participants trained in social work graduate programs recalled feeling they were outsiders due to their open practice of spirituality/religion. The lack of engagement in and outside of classrooms to this centrally important part of their lives caused them to feel they were on the fringes of the graduate school community. A respectful openness by instructors to these concerns in class could role model for students ways to engage in academic as well as clinical settings. Béres presents the idea of “teacher as learner” as part of a shared vulnerability among students and instructors (2020, p.124). This teacher vulnerability in a classroom invites students to meaningful dialogue. In exploring social justice orientation, Fook notes that one aspect of the solution is “recognizing we are all part of the problem” (2012, p.220). This idea of being part of the problem related to exploring spirituality/religion, might be a good point of entry in social work classroom discussions. This acknowledgement could contribute to a measure of humility among all in the classroom no matter their personal spiritual/religious perspectives.

In social work schools students learn a variety of knowledges including practice principle, theories, critical theory, reflexive practice, and then in their practicum experiences apply these learnings to social work with clients (Archer-Kuhn, Allen, Schweizer, Meghji & Taiwo, 2021). As has been identified throughout this document spirituality/religion cannot be summarized in terms of a simple binary of good or bad as related to individuals and the larger community. Critical theory informs a critique of the Christian religion in colonial Canada

identifying the oppressive elements of various Church denominations. Social justice work demands that social workers identify and work to address these oppressions. There are also liberation stories from spiritual/religious clients that also need to be affirmed by social work practitioners. Celebrating and working with diverse populations requires social work practitioners work within the continuum of spiritual/religious individuals and communities.

Related to social work practice knowledges, Crisp found that “authentic spirituality for individuals develops from critical reflection on one’s lived experience” (2008, p.367). The integration of spirituality/religion in social work education would encourage spiritual/religious students to integrate the internalize the values received from their training and from their personal worldviews. This would include “postcolonial perspectives and alternative epistemologies in rethinking how disciplinary knowledge is produced and circulated in the field of comparative and international education” as related to spiritualities/religions (Takayama, Sriprakash & Connell, 2015, p.vi). The integration of knowledge bases would contribute to “liberatory education praxis” with a focus on emancipation (Durazo, 2011, p.94).

In harmony with social work ideas of inclusion, respect for diversity, and best interests of clients, social work education/training needs to include spirituality/religion. Further to initial education/training, Balkin, Watts and Ali (2014) identify the need to offer continuing education/training related to therapy and spirituality/religion. Support for the ongoing training of all therapists related to spirituality/religion was evident among the research participants. One aspect of best practice principles includes informed social workers culturally competent to work with spiritual/religious clients.

In this section several key social work ideas, rooted in the literature and from the research, were considered in relation to spirituality/religion. Social workers better assist clients

by reviewing the benefits and challenges related to their spirituality/religion. A “pros and cons” in analysis can apply to a variety of human experiences (Rivlin, 2013) which could be used by social workers in ongoing assessment of spirituality/religion in the lives of clients. This approach is both pragmatic and strengths based, in that it follows the understandings of social workers and clients as to what is helpful and supports them in their choices (Hothersall, 2019; Gokani & Smith, 2020). When engaging in community work, social workers need to be aware of “the role of religion” in some populations in order to effectively work with them (Lundy, 2011, p.261). “Social workers are expected to address injustice in all contexts, advocating for people of faith in local and national settings as well as internationally” (Hodge, 2007, p.260). There is also a need for social worker advocacy, celebration and acknowledgement of the right to practice spirituality/religion (Gardner, 2016; Lundy, 2011; Lundy & van Wormer, 2007).

Inclusion of spirituality/religion in social work training is essential to ensure that practitioners can effectively work. This was supported by the information gleaned from the research participants and the literature. The importance of spirituality/religion for social worker peers give further reason for all social workers to know how to best engage. The larger society which contains diverse spiritual/religious expressions among the population is another reason. Social justice advocacy and community engagement work demand that cultural competence and scope of practice principles be part of the skill sets of all social workers.

Work with spiritual/religious clients has implications related to social work theories, ethics, practice and education (Todd, 2012). These interrelated aspects of the social work profession have direct bearing on positive engagement with spiritual/religious clients.

Professional Helpers Category: Summary Implications for Practice

The question of best practices for social workers engaging with spiritual/religious clients were explored in the professional helpers category (Figure 66).

Figure 66

Best Practices Professional Helpers Category

When working with spiritual/religious clients social workers:

- work within their scope of practice and in a culturally competent manner.
- engage in ethical practice.
- access education/training that inform and increase effective engagement.

The research findings related to helping professionals have several implications related to best practice. The findings of this category, along with the other three, assist in addressing the research question related to social work practice and spiritual/religious clients.

Summary of the Research Findings

The aim of this research was to identify best practices for social workers engaging with spiritual/religious clients. The research findings were organized into the categories of clients, therapists, systemic, and helping professionals. These categories were further divided into subcategories that aided in the consideration of what might be best practices for social workers engaging with spiritual/religious clients. This investigation utilized a critical methodology approach which informed the analysis of the findings.

Exploring the lived experiences of the research participants, therapists who engage with spiritual/religious clients, gave insight as to some of the actions taken in therapy practices. The research participants' education, professional colleges, ethical values, and practice wisdom all converged together as they explored the various research interview questions. The findings of the research were analyzed by means of critical theory, academic practice - therapeutic theories, as

well as social work and other helping professional research literature. Practice and theories considered throughout the investigation eventually resulted in identifying the research findings.

In social work, the use of critical theory promotes understandings of structural oppressions and collaborative action for positive change (Bhuyan, Bejan & Jayapal 2017; George, Coleman & Barnoff, 2010; Lundy, 2011; Mullaly & West, 2018). As identified by Lunn, “one of the critical theorists’ main philosophical goals is to change society rather than just explain it” (2009, p.938). I hope that the analysis of spiritual/religious systemic concerns in this investigation contributes to societal change. The summary of the findings are noted in Figure 67 below.

Figure 67*Best Practice for Social Workers Engaging with Spiritual/Religious Clients**Summary of findings related to Clients.*

When working with spiritual/religious clients social workers:

- work from within holistic practice principles to include all aspects of peoples' lives.
- are directed by clients as to how spirituality/religion will be incorporated into their therapy work.
- show unconditional regard as clients explore spirituality/religion.
- engage clients throughout the therapy process by recognizing that some therapy and spiritual/religious ideas overlap.
- process with clients their spiritual/religious identities in therapy so that both clients and social workers better understand how spirituality/religion contributes to clients' healing processes.
- focus on holistic health counselling to increase the well-being of clients.

Summary of findings related to Therapists.

When working with spiritual/religious clients social workers:

- are aware and monitor the influences of their personal lives on their professional lives.
- base their therapeutic work on holistic health principles that include spirituality/religion.
- use reflexive practice related to their own spiritual/religious bias, privileges, as well as structural issues.
- engage with clients throughout the therapy process to identify how the spiritual/religious might assist clients.

Summary of findings related to Systemic.

When working with spiritual/religious clients social workers:

- in academic research and professional education explore definitions, the potential importance, and how spirituality/religion can be included in therapeutic work.
- engage with the larger community to promote the inclusion of diverse spiritual/religious groups.
- show respect that is rooted in human rights and social justice principles regarding spirituality/religion.
- consider structural or systemic concerns via anti-oppressive practice, critical theory analysis, and critical reflexive practice.
- respectfully engage with spiritual/religious groups and/or individuals when their ideas are contrary to social justice principles.

Summary of findings related to Professional Helpers.

When working with spiritual/religious clients social workers:

- work within their scope of practice and in a culturally competent manner.
- engage in ethical practice.
- access education/training that inform and increase effective engagement.

Note. Summary of findings from the research project: Best Practices for Social Workers Engaging with Spiritual/Religious Clients. © 2022 Stewart J. Smith.

The summary of findings in Figure 67 were informed by the research participants and the literature reviewed, social work practice guidelines for work with spiritual/religious clients were

developed. The implications of the findings of this investigation inform best practice for social workers engaging with spiritual/religious clients.

Crisp notes that clients can draw on their spirituality/religion to inform “their understandings of suffering and hope ... their capacity to accomplish personal and collective goals ... spiritual needs are inextricably related to their growth and development” (2008, p.368). In the therapy room (micro) respectful transparent conversations with spiritual/religious clients invites holistic healing. For individual spiritual/religious clients the therapeutic discussions might consist of treatment plans that include meditative-prayer practices that reduce stress; attending spiritual/religious gatherings that enhance social connection; grounding reflective practices; and/or further exploration of clients’ purpose/meaning. In the community (mezzo) social service agencies could include the spiritual/religious in their services. The assessment questions and subsequent therapeutic processes would include all aspects of clients’ lives. In the larger society (macro) social workers advocate for inclusion and tolerance related to spirituality/religion in the community. Similarly, social work professional colleges, educational institutions, and research personnel need to include spirituality/religion.

Considering inclusive clinical social work, Mutter and Neves (2010) identified that “the overarching goal of this stance is to create a safe and meaningful therapeutic space for the exploration of spirituality that is pertinent to the client in ways that support the client’s healing and growth process” (p.171). This sentiment reflects what I attempted in this research project. The value of spirituality/religion for some clients demands inclusion when they are engaging with social workers. The research presented in this paper identified what might be harmful or helpful related to understandings of spirituality/religion and well-being. I proposed to focus on practice-based implications in research and theory. It is my hope that the findings of the research

will positively contribute to future conversations and better social work engagement with spiritual/religious clients.

Conclusion

In this last section of the paper, I review the central research findings, suggest several proposed future research topics, and present some of my concluding thoughts.

Summary of Findings

One key idea which emerged from the literature is that most of the world's population considers some form(s) of spirituality/religion to be an important human experience. This fact on its own is a convincing argument for including spirituality/religion in the work of those in the helping professions. My research on best practices for social workers engaging with spiritual/religious clients investigated a number of interrelated topics. The relationship of spirituality/religion to well-being was explored by reviewing definitions of terms, critical theories accessed for analysis, and my identities related to the research. Critical reflection on practice invites the use of critical theories to examine multiple identities that influence thinking, and this approach was my guide to not replicate oppression. Using a critical theory lens throughout the research kept the focus on social justice. The examination of spirituality/religion included a general review of the literature from Indigenous worldviews, the medical model, and counselling models. The review of the research findings with therapeutic participants and literature revealed numerous crucial findings.

When examining spirituality/religion great complexity is revealed in terms of what it means and how it is lived out. This complexity is found at all levels of life: micro, mezzo, and macro. Spirituality/religion involves a dynamic interplay of culture, personal identities, and dominant discourses. As such it can be further examined in terms of its power to oppress or liberate. For example, Indigenous worldviews related to spirituality/religion is readily incorporated into the healing process for people in these cultural communities. This is not always

so in Western social sciences as demonstrated in a continuum of views related to spirituality/religion. The literature, as well as the lived experiences of the research participants who all work as therapists, identified this range of views. For varied reasons, including the complexity of religion in Western culture, religious oppression, and/or overall negative views, some therapists choose to not include spirituality/religion. Other therapists partially include it but are unsure of the role of spirituality/religion in the counselling process. Still others, like the research participants, believe that spirituality/religion to be part of clients' holistic healing process, and encourage this to be part of the therapeutic work. In terms of definitions, inclusion or exclusion from direct service, and how to research this aspect of human experience, there exists a plethora of opinions in Western culture based helping professions related to spirituality/religion. This was evident in terms of the challenges of spirituality/religion of the various counselling models explored.

In this investigation the importance of including spirituality/religion in work with clients was identified by the research participants and in the literature. To create and maintain a strong therapeutic alliance, social workers must include all aspects of clients' lives, including spirituality/religion. Best practices with spiritual/religious clients demands that social workers be trained to be culturally competent in their work. Consideration of the varied impacts spirituality/religion, negative to positive, can have on clients is also part of best practice for social workers. The larger complex relationships organized religion has within community demands social work skills related to critical analysis, community building, and advocacy. The findings of this study leads us to all the above conclusions.

Future Considerations

This investigation led me to conclude that effective research of spirituality/religion as related to social work practice needs to include three guiding principles: 1) systemic analysis from a critical perspective; 2) social work-based research; and 3) identifying implications for social work practice.

Systemic analysis related to spirituality/religion includes consideration of human rights, the public sphere, pluralism, civic engagement, secularism, oppressive elements of spirituality/religion (i.e./ fundamentalism, homophobic beliefs), the trend in the West to dismiss spirituality/religion and to impose this binary view. Indigenous and Western perspectives need to be considered along with critical theories.

There is a need for more study related to how social workers address the needs of spiritual/religious clients. Related to this, I am suggesting that greater focus needs to be on spirituality/religion as related to direct practice with clients. Further social work study is needed related to therapists who know about spirituality/religion and well-being research but choose to not incorporate into the therapeutic process. It would be useful to know their rationale for exclusion, how they understand these actions as helpful to clients, what they do when spirituality/religion is centrally important to clients as evidenced by these matters coming into every conversation. Related to the above, it would be useful to further research on therapists who refer spirituality/religious clients to counsellors who include such matters. Related to this, it would be worthwhile considering a study of therapists who work with spiritual/religious professionals who deal with spiritual/religious matters, but not in an explicit therapy setting.

Additional investigation concerning therapists who use a particular spiritual/religious informed therapy (pastoral care, Buddhist counselling) could further inform what are best

practices. It would be useful to know what they do when people with spiritual/religious perspectives outside of their practice access service. Furthermore what are the major differences, if any, between a spiritual therapeutic approach and one based on humanistic values.

The other identified need for further inquiries is related to Indigenous views of spirituality/religion and social work practice. Extraordinarily little literature could be found as to how various Indigenous worldviews might be included in mental health service settings that are primarily based in Western approaches to mental health, but that often engage both Indigenous and non-Indigenous clients. Based on the critical perspective taken in this research, such a project would need to be done in collaboration with Indigenous researchers.

Finally, I would suggest that more general research on spirituality/religion and counselling is needed. In particular, further study is needed related to counsellor bias concerning spirituality/religion, which can significantly impact the usefulness of the counselling sessions. Practice wisdom is an essential element to consider when identifying best practice principles.

Final Considerations

The overall findings of my research offers reason for me to agree with the Indigenous thought of Baskin who noted that “no helping profession can be whole without including the spiritual dimension” (2011, p.24). The impetus for my research journey started decades ago in work with various spiritual/religious clients. The literature reviewed, along with the information gathered from the research participants, helped me further explore what might be best practices for social workers engaging with spiritual/religious clients. From micro to macro levels of practice, spirituality/religion must be a part of what social workers are educating in and then consider when working within the larger community. For some people these matters are of

ultimate importance and can inform all aspects of their lives. The significance of spiritual/religious ways of life have implications for the education and practice of social work.

Client centered practice around these concerns implies that social workers will have a working knowledge of how to best work with spirituality/religion. As demonstrated in this study, education/training, along with community services, need to include these matters. Advocacy and community development work must include spirituality/religion. These are some of the far reaching implications of working with multiple expressions of spirituality/religion ranges from person to environment.

My research journey, recorded in large measure in this document, has proven to be rich and inspiring. It interconnects with my personal spiritual/religious explorations. This exploration of what might be the best principles for social workers engaging with spiritual/religious clients has important practice implications. Understanding the impact of spirituality/religion on the well-being of clients must inform social work practice responses. It is my aim to contribute to the literature by having identified helpful practice principles.

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Appendices

Appendix A

Advertisement for Research Participants

Research Project:

Best Practices for Social Workers Engaging with Spiritual/Religious Clients

Principal Investigator: Stewart J. Smith, is a PhD candidate in the Lyle S. Hallman Faculty of Social Work at Wilfrid Laurier University, Kitchener, Ontario, Canada. This research project has been approved by the Wilfrid Laurier University Research Ethics Board.

Research purpose: To investigate what therapists identify as best practices with clients for whom spirituality/religion is important. This research will explore practice, theory, and personal experiences as applied to work with spiritual/religious clients.

Participants: Each participant will be involved in one hour long individual interview. To be a participant for this study on Best Practices for Social Workers Engaging with Spiritual/Religious Clients participants will be:

- A graduate trained mental health therapist.
- Registered with a professional college.
- Engaged in direct mental health practice.
- Including spirituality/religion in their work when it is identified as important to clients.

Participants' Contribution: Those interested in participating in the study will fill out a Pre-Screening Questionnaire and, following receiving the completed form, advised by the principal investigator if they are eligible to be part of the study. Those who do participate will contribute to the research by being interviewed via a web-based video conference tool for approximately one hour.

Further information: If you are interested in exploring being a part of this research please contact Stewart J. Smith, smit0020@mylaurier.ca and give your name, phone number, and email address. Please note that contacting the principal investigator does not obligate you to participate.

Thank you in advance for your time and interest.



Appendix B

Research Participant Consent Form

WILFRID LAURIER UNIVERSITY INFORMED CONSENT STATEMENT

Best Practices for Social Workers Engaging with Spiritual/Religious Clients

Principal Investigator: Stewart J. Smith, PhD candidate at the Lyle S. Hallman Faculty of Social Work

General Information: You have been asked to be a participant in the research study, **Best Practices for Social Workers Engaging with Spiritual/Religious Clients**. The study is being conducted by Stewart J. Smith, a PhD candidate at the Lyle S. Hallman Faculty of Social Work, Wilfrid Laurier University, Kitchener, Ontario.

Purpose of the Study: The purpose of this study is to identify best practices for social workers engaged with spiritual/religious clients. This will be examined by interviewing therapists who work with spiritual/religious clients. The researcher wants to explore why and how therapists work with clients who identify spirituality/religion as important in their lives and request it be included in the work of therapy.

Participants: Each participant will be involved in a one hour long individual interview. To be a participant for this study on Best Practices for Social Workers Engaging with Spiritual/Religious Clients participants will be:

- A graduate trained mental health therapist.
- Registered with a professional college.
- Engaged in direct mental health practice.
- Including spirituality/religion in their work when it is identified as important to clients.

Procedures: If you volunteer to be one of the ten to fifteen participants in this study, please note:

- The identities of all potential participants are protected.
- Potential participants contact the principal investigator to communicate their interest in participating in the research project.
- The principal investigator responds to requests by sending the Research Participants Consent Form for review and arranges an interview date and time that would work for the participant.
- A master list will be created that assigns participants randomized numbers. The master list will be kept in a secure area with only the principal investigator having access. All data collection will not have the names of participants but only the randomized numbers on them.
- Once a date and time is agreed upon, the participant and the principal interview meet online or via telephone. This interview meeting will be recorded and later transcribed. Only the principal investigator will have access to the data related to the interview.
- The online interview will be approximately 60 minutes long and will be digitally recorded. The focus of the research questions will be on how and why as a therapist you include spirituality/religion with a client for whom this is meaningful.
- During the online interview participants can take breaks, decline to answer questions, end the interview at any time, and/or withdraw consent to use the information they have shared with the principal investigator.
- Participants have the option of allowing or not allowing quotes from their interview to be used in the final written report of the research findings.
- Participants can request the final research findings be sent to them.
- All data, electronic and paper, will be securely stored for 7 years with only the principal investigator having access. After 7 years all data will be deleted/destroyed.
- A twenty-five-dollar (\$25.00) gift certificate will be given to each participant including those who terminate the interview and withdraw consent.

Risks: Some participants may find it difficult to discuss spirituality/religion due to their personal experiences and/or as a therapist who has encountered negative impact on clients. During the research interview participants have the option of stopping the interview, taking breaks, and/or opting to not answer certain questions.

Benefits: Participants will have an opportunity to share their experiences, and to potentially influence the treatment of spiritual/religious client in mental health practice settings.

Confidentiality: Any information that is obtained in connection with this study and that can be identified with participants will remain confidential and will not be disclosed. To ensure confidentiality, all participants will be assigned a randomly generated ID number. Only the ID numbers will be used on all documents in this study. A separate master list of ID numbers related to participant names will be filed in a secure place by the principal investigator who is the only one who can access to the master list.

Dissemination of Findings: This research project is part of the PhD thesis dissertation study by Stewart J. Smith. The completed study will be in the library system of Wilfrid Laurier University. The results could be used in university lectures, presentations at conferences and workshops, as well as in academic journals and/or books.

Contact: If you wish to contact the principal researcher of this project, Stewart J. Smith, you can do so by email to smit0020@mylaurier.ca. Participants can also contact Stewart J. Smith's supervisor, Dr. Tim Leduc, Associate Professor, Faculty of Social Work, Wilfrid Laurier University, Kitchener, Ontario, at tleduc@wlu.ca about concerns. This project has been reviewed and approved by the University Research Ethics Board (REB#6407). For questions on research ethics, please contact Dr. Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970 x3131 or REBChair@wlu.ca.

Participation and Withdrawal: Participants can choose whether to be in this study or not, as well as to withdraw at any time without consequences of any kind. Further, participants may also choose to not answer some questions and still, remain in the study. Participants may withdraw their consent to use their data at any point within a 3-month period following the initial consent to participate by contacting the principal investigator in writing.

Consent to Participate: I have read and understand the above information. I have received a copy of this form. My signature below indicates that I agree to participate in this study.

Participant's name (printed) _____
 Participant's Signature _____ Date _____
 Researcher's Signature _____ Date _____

Consent to the Use of Quotations

I understand that I can participate in the study without consenting to the use of my quotations. If quotes are to be used the principal researcher will ensure that my identity is kept confidential.

I agree disagree (*circle one*) to the use of quotations from my interview as part of the publication and dissemination of the research findings.

Participant's Signature _____ Date _____
 Researcher's Signature _____ Date _____

Appendix C

Participants' Interview Questions

Slide 1	Slide 5																																
<p>Appendix C Research Project:</p> <p>Best Practices for Social Workers Engaging with Spiritual/Religious Clients.</p> <p>Wilfrid Laurier University REB 6407.</p> <p>INTERVIEW QUESTIONS</p> <p>Principal Investigator: Stewart J. Smith, PhD candidate at the Lyle S. Hallman Faculty of Social Work</p> <p>LAURIER</p>	<p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 1</p> <p>What drew you to be part of this study? What does spirituality/religion mean to you?</p>																																
<p>Slide 2</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <table border="1"> <thead> <tr> <th>Criteria</th> <th>Yes/No</th> <th>Specific information</th> </tr> </thead> <tbody> <tr> <td>Post Secondary Education: Training, Certification:</td> <td></td> <td></td> </tr> <tr> <td>Registered professional college.</td> <td></td> <td></td> </tr> <tr> <td>Engaged in direct mental health practice.</td> <td></td> <td></td> </tr> <tr> <td>Includes spirituality/religion in clinical work when it is identified as important to clients.</td> <td></td> <td></td> </tr> </tbody> </table>	Criteria	Yes/No	Specific information	Post Secondary Education: Training, Certification:			Registered professional college.			Engaged in direct mental health practice.			Includes spirituality/religion in clinical work when it is identified as important to clients.			<p>Slide 6</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 2</p> <p>How does spirituality/religion impact you personally? Professionally?</p>																	
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<p>Slide 3</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p><u>Work as a therapist</u></p> <p>Specific Training Related to Spirituality/Religion:</p> <p>Work Title: (Therapist, Counsellor, Clinician):</p> <p>Total Years of Therapy/Counselling Work:</p> <p>Area(s) of practice:</p> <table border="1"> <thead> <tr> <th>Domestic violence</th> <th>Mental health</th> <th>Child welfare</th> <th>Hospital</th> <th>Education</th> <th>Criminal Justice</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Other information you wish to share about your current practice and/or prior professional experience:</p>	Domestic violence	Mental health	Child welfare	Hospital	Education	Criminal Justice	Other								<p>Slide 7</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 3</p> <p>Why are you open to spirituality/religion in your counselling work?</p>																		
Domestic violence	Mental health	Child welfare	Hospital	Education	Criminal Justice	Other																											
<p>Slide 4</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p><u>Your identities</u></p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Cultural Ancestry</th> <th>Racial identity</th> <th>Sexual orientation</th> <th>Spirituality - religion</th> <th>other</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Age</th> <th>Under 25</th> <th>25-30</th> <th>31-35</th> <th>35-40</th> <th>41-45</th> <th>46-50</th> <th>51-55</th> <th>56-60</th> <th>61 +</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Gender	Cultural Ancestry	Racial identity	Sexual orientation	Spirituality - religion	other							Age	Under 25	25-30	31-35	35-40	41-45	46-50	51-55	56-60	61 +											<p>Slide 8</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 4</p> <p>How do spiritual/religious clients know you are open to spirituality/religion?</p>
Gender	Cultural Ancestry	Racial identity	Sexual orientation	Spirituality - religion	other																												
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Participants' Interview Questions (continued)

<p>Slide 9</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 5</p> <p>How do you introduce spirituality/religion in your client work?</p>	<p>Slide 13</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 9</p> <p>Are there signs and/or symbols in your work area that invite spirituality/religion?</p>
<p>Slide 10</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 6</p> <p>Can you give examples of spirituality/religion in your work?</p>	<p>Slide 14</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 10</p> <p>What would you advise therapists concerning spirituality/religion and counselling? Why?</p>
<p>Slide 11</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 7</p> <p>What guides you re: spirituality/religion?</p>	<p>Slide 15</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 11</p> <p>Are there any other comments you would like to make related to spirituality/religion and therapy?</p>
<p>Slide 12</p> <p>INTERVIEW QUESTIONS Best Practices for Social Workers Engaging with Spiritual/Religious Clients</p> <p>Interview Question 8</p> <p>How do you determine what in spirituality/religion is helpful or hurtful to clients?</p>	<p>Slide 16</p> <p>Research Project: Best Practices for Social Workers Engaging with Spiritual/Religious Clients.</p> <p>Wilfrid Laurier University REB 6407.</p> <p>Thank you for your help.</p> <p>Principal Investigator: Stewart J. Smith, PhD candidate at the Lyle S. Hallman Faculty of Social Work</p> <p>LAURIER</p>

Appendix D**Confidentiality Agreement with Transcriber**

WILFRID LAURIER UNIVERSITY CONFIDENTIALITY AGREEMENT for TRANSCRIBER

RESEARCH PROJECT: Best Practices for Social Workers Engaging with Spiritual/Religious Clients.

PRINCIPLE INVESTIGATOR: Stewart J. Smith

To protect participants' confidentiality, I agree to not disclose any information from the recordings and transcripts. After a recording has been transcribed, I will email the transcripts in password protected files, to the study's principal researcher Stewart J. Smith

After the principal investigator Stewart J. Smith has confirmed receipt of the transcript, I will immediately delete the recorded files and transcripts from my computer, and any other recorded materials related to this research project.

Transcriber's Name (print): _____

Transcriber's signature: _____

Date: _____

Principle Investigator Name: Stewart J. Smith

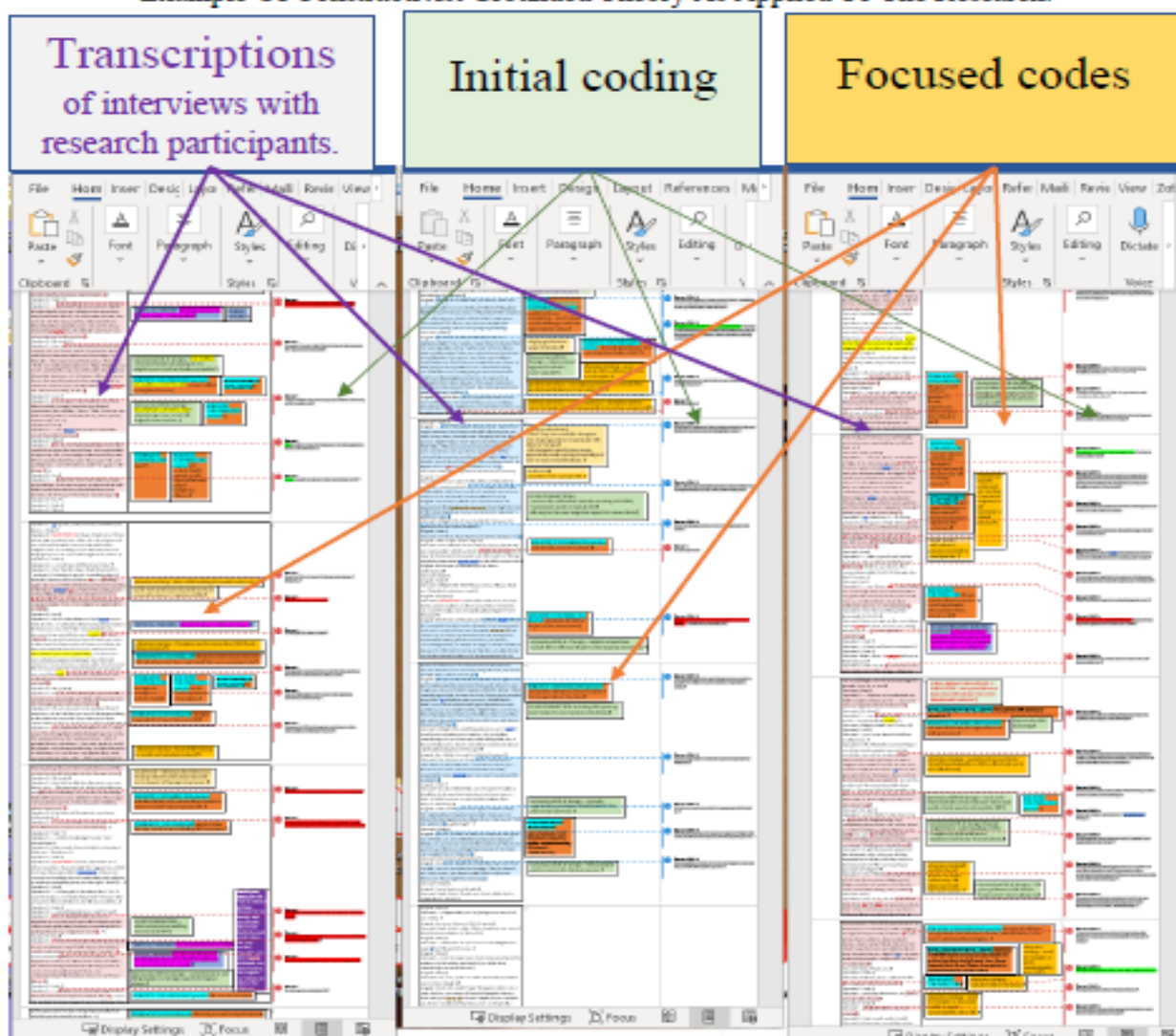
Principle Investigator signature: _____

Date: _____



Appendix E

Example Of Constructivist Grounded Theory As Applied To The Research.



The above copies are of three different transcript sections from three participants' interviews. All transcription documents were divided into columns as explained in the table below.

<i>columns</i>	<i>activity</i>
1	First Step: Recorded interviews transcribed. Transcriptions on the left hand column.
3	Second Step: Initial coding done to all transcriptions. Observations on participants' comments highlighted in column 1 and written notes placed in column 3.
2	Third Step: Focused coding, identifying themes, done with all transcriptions. Observations noted in dialogue boxes and placed in center column.