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A qualitative study of spiritual and alternative practices in social work

Alissa Carrie Wilson

A QUALITATIVE STUDY OF SPIRITUAL AND ALTERNATIVE

PRACTICES IN SOCIAL WORK

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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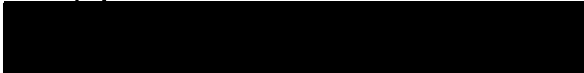
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ABSTRACT

Selective groups of social workers are using and referring clients to many different spiritual and alternative therapies with clients, despite experiencing public opposition and skepticism. Social workers who participated in the ninth annual conference of the Society for Spirituality and Social Work were interviewed about their perceptions of this developing area. Participants see the use of intuitive ethical boundaries and acquiring extensive training as important with these techniques. These approaches are seen as highly relevant to social work values of cultural competency and empowerment.

ACKNOWLEDGMENTS

DEDICATION

To my dad and other family in spirit who continue to guide my own personal development and ability to help others.

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CHAPTER ONE

INTRODUCTION

Problem Statement

The practice of what we now know as social work
originated from a spiritual base in the mid 1800's with
the development of Charity Organization Societies and
"friendly visitors" (Popple & Leighninger, 2002). These
were mainly religious volunteers who offered charity to
the poor and at the same time instilled moral values they
assumed were lacking. Many years later, the concepts of
spirituality and religion have become of paramount
importance in social work practice with clients because it
is such a widely held and cherished belief system through
which people base life decisions and their self-concept.
More than one-third of the general population report
spirituality as the most important aspect of their
existence, and it is even higher among disadvantaged
people of color (Gallup & Castelli, 1989). This finding
makes spirituality a key component to social work practice
because of its relevance to oppressed populations.
Additionally, a 1993 survey by the Gallup Organization (as
cited in Miller, 1999, p. 85) suggests that 97% of the
national population believe in the power of prayer and

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that prayers are heard. Client treatment without attention to a significant personal value base would be seriously lacking in legitimacy and thus effectiveness. This new awareness and approach can be described as holistic, where the whole picture of a person is acknowledged including mind, body, and spirit.

Out of religious, spiritual, and cultural beliefs and rituals evolved what is currently termed in the literature "alternative and complementary medicine" (*National Center for Complementary and Alternative Medicine* [NCCAM], 2004).

An example is traditional Chinese medicine (includes acupuncture/acupressure and balancing "Qi" energy), which originated from Taoist and Buddhist philosophies of one's harmony with the universe (Chan, Sik Ying Ho, & Chow, 2001).

The term "alternative" is used to explain treatments that are apart from traditional, Western, medical models and are not considered mainstream approaches. The term "complementary" is used because these approaches are often seen as adjuncts or compliments to traditional medicine and therapy. For the purposes of this research, the terms "alternative practices" "alternative techniques" or "alternative therapies" will be used instead of "alternative and complementary medicine." The former

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labels seem more practical/understandable and less intimidating/technical.

Though some of these techniques and practices are ancient, they are currently being recognized for their practical significance as effective treatments for many physical, mental, and spiritual crises. The NCCAM was established in 1998 and identifies five major areas of alternative medicine: alternative medical systems (homeopathy, naturopathy); biologically based therapies (substances found in nature such as herbs, vitamins, crystals, fruits, vegetables, and flowers); energy therapies (involve the use of energy or magnetic fields. Examples are Reiki, healing touch therapy, Shamanism, clearing auras and chakras, and acupuncture/acupressure); manipulative and body-based methods (massage, chiropractic); and mind-body medicine (techniques that enhance the mind's ability to affect bodily function. Examples are yoga, prayer rituals, relaxation, meditation, and hypnosis).

Other alternative approaches exist that overlap into two or more categories. They include things such as teaching meditative spirit contact, use of intuitives, and self-healing rituals.

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With social work's acknowledgment of the importance of spirituality in client assessment and treatment along with the growing public interest, use, and education in alternative practice, surprisingly there are only a few literature links between the two. One of these is at present, under review for publication (Schatz, 2005). This study is a pioneer in attempting to quantify this development and reveals that although this area has not been adequately researched, it is at least in part, being practiced. Almost 80% of the social workers randomly surveyed (N = 143) reported using some form of alternative therapy.

A broad view of this matter reveals that a new facet of social work practice has evolved, yet as professionals we are unaware of the scope of progress or how to incorporate this new resource into competent practice. Therefore, researching social work and alternative practice is now a priority. The growing number of social workers who are familiar with, use, and/or refer clients to spiritual, alternative practices must be analyzed in-depth. We must understand some basic principles in order to embrace an emerging social movement that has exciting implications.

From a practice context, this study may expand the breadth, necessity, and respect of social work by taking the strengths' perspective and concept of client self-determination to a new level. Spirituality can be seen as one of the biggest client strengths to draw upon, fostering hope and motivation. Social workers who become more educated about the potential personal relevancy of these techniques and how to match them with clients' spiritual beliefs, will be more effective in empowerment. With alternative therapies in particular, clients' sense of personal responsibility in continuing and leading their own treatment is enhanced because of the direct mind-body connection.

Currently, social work practitioners are just now beginning to incorporate a spiritual dimension into assessments, but little more is done, aside from the identification of spirituality as a personal strength and/or referral to community resources the client already knows about.

From a community or macro practice level, this research strives to expand diversity and respect for individual beliefs, and serves to disseminate further knowledge. Increased awareness about spiritual interventions will lend more credibility to social

workers' ethical responsibilities to cultural competency. Not only will we be held accountable for a "culturally sensitive" approach to social work, but also a "spiritually sensitive" one. Additionally, alternative practitioners are hopeful to further public awareness of these useful treatments and work more collaboratively with other disciplines such as social work, psychology, religion, and the medical field.

There are only a few policies or standardized instruments that require the inclusion of spirituality in assessment or treatment, such as the Joint Commission on Accreditation of Health Organizations, which requires workers to complete bio/psycho/social/spiritual assessments. However, in most agencies, spirituality is seen as an optional area of exploration surrounded by a veil of fear about "pushing religion" on clients.

<div align="center">Purpose of the Study</div>

The purpose of this research is to more closely examine social workers who are practicing or familiar with spiritual and alternative techniques. This study is exploratory in nature and seeks to understand whether this is a valid and effective option for spiritual and even non-spiritual clients. It will also lend further

understanding as to how social work practitioners become skilled and educated to keep up with this evolving social consciousness. The study will examine ethics and competent practice in relation to this issue. The relevance of this information is far reaching and applies to client, practice, agency, community, and global levels.

There is a need to understand how to properly treat a person that is suffering physical or emotional ailments unexplained by traditional medicine because they believe it is spiritual or metaphysical in nature (negative thoughts/intentions of others, evil spirits, etc.). Whereas using cognitive therapy to bring awareness to a client's "erroneous assumptions" or "irrational thinking" might be seen as the preferred method, this stance assumes the client is wrong in their spiritual beliefs. It does not empower the person or give them tools in line with their perspective that may lead to success where traditional therapy falls short.

An important point to make in reference to spiritual and alternative practice is to recognize the symbolic meaning clients may attribute to these techniques. Though some alternative therapies such as acupuncture, meditation, yoga, herbal remedies, etc. have been shown to have very beneficial effects (Chan, Sik Ying Ho, & Chow,

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2001; Curtis, 2004; Shannahoff-Khalsa, 2004), other spiritual healing rituals have been considered "unscientific" and not treated with the same consideration, open-mindedness, or respect. Whether or not these treatments actually and literally are effective is less important than if the client *believes* they can be effective. Studies show that intention and belief can be a leading factor in positive outcome (Palmer, Katerndahl, & Morgan-Kidd, 2004).

This research is qualitative in nature in order to understand what practitioners and educators think about the use of spiritual and alternative techniques in social work. According to Hodge (2001) it is of great importance to use qualitative research measures in spirituality due to the subjective, personal nature and the need for the researcher to understand subjects' inner thoughts and experiences.

This study used a telephone interview guided by relevant questions to social workers who identified themselves as using spiritual, alternative approaches. These individuals were obtained from the conference booklet for the Society for Spirituality and Social Work [SSSW], (2004). Social workers were free to answer

questions openly and discuss their feelings concerning this area of study.

Significance of the Project for Social Work Practice

Continued research concerning the use of alternative practices in social work practice is needed because social consciousness has reached a point at which recognition of a spiritual self or "soul" is being popularized. Alternative medicine or complementary healing approaches were once considered marginally acceptable only in culturally specific circles. With a greater acceptance of other cultures and a hunger to expand experience outside ourselves, these rituals and practices are receiving more attention. Spiritual clients are naturally drawn to these methods, but even non-believers may potentially utilize these new resources out of curiosity or failed attempts with mainstream approaches.

Micro practice social work stands to benefit from research on this new approach in various ways. In counseling with individuals, families, and groups, using clients' spiritual agendas can further respect, cultural exploration, self-determination for which treatments hold the most meaning, and an entire new set of coping skills available through spirituality. Spiritual and alternative

approaches also have an added dimension of emotional comfort for work with clients, yet do not absolve the person of responsibility especially when used as an assessment tool and client strength. They reframe clients' experiences in a context that fosters an acceptance that life and people aren't always controllable or understandable. Perhaps most importantly, spiritual exploration and comprehensive assessment means more appropriate treatment direction that is assured to be client motivated.

On an agency, organizational, and community macro practice level, this research helps social workers know where and how to train for a spiritual model where several preferred techniques are adopted as with traditional models or theories. Taking a leadership role in such an important new field may inspire social workers to provide spiritual seminars, in-services, and training to others. This research and future contributions may lead educators to begin teaching more culturally and spiritually specific intervention methods as a legitimate way of "going where the client is" rather than attending to the broad concept of spirituality in a general, unspecified way. This leaves students unclear and undermines its importance in client treatment.

The stages of the generalist model that are especially impacted by this research are the engagement, assessment, planning, implementing, and evaluation phases.

Engagement or the establishment of rapport with clients is a natural opportunity to address spiritual issues. This heightens respect for the client and lessens fears about the therapist as an authoritarian or expert.

Assessment is of obvious importance in determining the client or family's religious or spiritual beliefs, if any. It helps to identify strengths and concerns, as well as guide treatment direction. For instance, if a client self-identifies as Buddhist and believes his/her current predicament is the product of past-life decisions, there is currently no theoretical or spiritual basis for guiding treatment. This research helps the social worker identify more appropriate, *spiritually sensitive* resources, and decipher what techniques practitioners are and are not qualified to use.

The planning stage will consequently be important in conferring with other professionals and experts who practice alternative methods, as well as consulting with colleagues regarding areas of ethical concern. Workers can empower clients toward goals where the client, for the most part, leads direction of treatment.

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The intervention and evaluation phases of the generalist process may have the biggest impact on this area of research because workers learn how to actually help clients get these treatments, and follow their progress to see if alternative healing options were effective for presenting concerns.

One of the largest contributions of this research is dispelling fear and uncertainty about alternative approaches so that we may become more educated and comfortable with a process that may include a host of positive possibilities for clients in social work practice.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Review of the literature in social work and

alternative techniques reveals only a select few articles

and the annual conference by the *Society for Spirituality

and Social Work* [SSSW] in which alternative techniques are

taught. From that point, the literature is divided into

two separate realms that have been widely researched

separately: spirituality and social work, and alternative

therapies. Theories of phenomenology, the strengths

perspective, culturally competent practice, and notions of

empowerment are also covered because they directly relate

to the study of spiritual and alternative practices in

social work.

Spiritual and Alternative Practice in Social Work

A notable social work researcher who has written

about the use of spiritual and alternative methods is

Herrick (2005, 2001). She provides case examples of the

exploration of near death experiences, and reviews

research on the psychic energy of plants and animals.

Through case examples, she also explains the use of

religious phrases as a means by which clients may express

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their concerns. Some subjects broached by clients in her spirituality group included things such as numerology, Kabbalah, reincarnation, archetypes, telepathy, and quantum physics.

In her article on spiritual experiences with elderly people, she points to the existence of the V Code in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders that is called "Religious and Spiritual Experience". This category indicates a legitimate, non-delusional experience. According to the author, phenomenon such as altered states of consciousness, contact with the dead, past life recalls, intuitive and psychic abilities, encounters with UFO's, possession states, synchronistic experiences, and communication with spirit guides or angels would fall under normal spiritual experience.

Another source that provides evidence of social workers using alternative and spiritual approaches is Schatz's (2005, in press) study. This research seeks to quantify a national scope of this emerging focus. Using an exploratory survey design with both quantitative and qualitative questions, the study examines the breadth of this issue.

Schatz's survey was administered to post-graduate MSW's that graduated between 1992-1996, the rationale being, this is the most recent group of social workers that have had several years to get established in their careers. Four schools of social work throughout the U.S. (one on the West coast, one on the East coast, and two in the Mid-west, all in metropolitan areas) agreed to provide alumni lists for those years. Purposive sampling was used. Out of the 657 surveys initially sent, only 143 were completed and returned. This low response rate of approximately 21% indicates that either respondents may have been resistant to the mailed survey method, or the majority of social workers are not using alternative methods.

Out of the 143 respondents, 54% said they would provide more than three types of alternative, complementary approaches in their work with clients; 68% said they use two or more; 79.5% use at least one alternative method. Additionally, 68% said that their own clients are using alternative approaches to alleviate distress and disease. It should be noted however, that relaxation techniques were the most frequent alternative therapies used, followed by music therapy, meditation, and healing touch. It could be argued that relaxation and

meditation techniques are no longer considered alternative, and are widely accepted as a traditional complement to most counseling approaches. Future research might benefit from differentiating between more widely accepted or well-known approaches such as relaxation, and lesser-known cultural/alternative techniques such as acupuncture and healing touch.

When questioned about how these techniques were learned and suggested to clients, 8% used workshops and conferences and 14% taught themselves. 17% indicated a combination of ways in which they became familiar and practiced alternative approaches. Another important element to this work concerns outcome measures. Only 3.5% of social workers using alternative approaches said they completed some kind of formal evaluation method, and a few indicated they received verbal feedback from clients on effectiveness. This finding is an important contribution because it indicates that most clinicians who practice alternative therapies are not formally trained and need to document evaluation measures in order to provide proof of efficacy.

Finally, this research provides an excellent discussion of ethical concerns and questions competent practice with the use of alternative approaches. Despite

its potential limitations in terms of generalizability, this is a pioneer study and an essential contribution to the literature. Future work needs to be done in replicating this work on a much larger scale in order to make solid conclusions. Despite a low response rate, the indication of alternative practices being used is consistent with national findings from NCCAM (2004) that 62% of Americans are using some form of alternative practice.

In 1990, SSSW was founded. Last year at their annual conference, a series of seminars was presented by social workers who have training or familiarity with alternative methods. Some of these presentations include: wake up with yoga; energy therapy; the body, mind, and soul connection to substance abuse recovery; divine warrior training: coming to terms with evil; creating a spiritual assessment toolbox; the challenges of faith based holistic programming; spirituality for our age of anxiety: existential dilemmas in social work practice; social workers use alternative healing approaches but no channeling; the dances of universal peace; and enhancing growth through ritual (*Society for Spirituality and Social Work*, 2004). From these courses offered we can see that social workers are indeed being trained and practicing

alternative techniques, despite the apparent lack of social work literature.

Finger and Arnold (2002) have also contributed to the scant literature linking alternative techniques to social work. Their article is a compilation of other studies in the realm of alternative approaches that they see as especially relevant to social work practice. Four specific relaxation interventions are described: meditation, progressive muscle relaxation, biofeedback, and guided imagery.

Meditation involves two types: mindfulness based stress reduction [MBSR] and transcendental meditation [TM]. MBSR allows one to focus on distracting thoughts or physical discomforts- the goal being to help people live each moment of their lives as fully as possible. TM uses the repetition of a meaningful phrase or mantra in order to clear the mind from any distractions. Progressive muscle relaxation is most successful with tension headaches but also shows some success with adolescent depression, as well as hypertension and anxiety (Carson & Hoyle, as cited in Finger & Arnold, 2002, p. 64). Biofeedback is a process by which one uses a monitoring device that measures either muscle tension, sweat activity, temperature of the skin, finger pulse, or

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breathing rhythm to monitor and adjust physiological responses to stress. Finally, guided imagery has been used with cancer patients to relieve nausea and pain associated with chemotherapy (Troesch, Rodehaver, Delaney, & Yanes, as cited in Finger & Arnold, 2002, p. 67).

Finger and Arnold's research mirrors Schatz's (2005) findings that social workers are perhaps most comfortable and familiar with relaxation and meditative techniques. Of notable importance is their assertion that, "while some mind-body interventions require fairly extensive training, these four techniques can be learned through participation in training programs and supported by appropriate supervision" (p. 71). A limitation of this study however, is the assumption that the technique of biofeedback is practical for most clients outside a medical setting. Further, the study focuses on generally accepted forms of alternative techniques like meditation and relaxation rather than encouraging the profession to extend its educational boundaries where culture and spirituality are concerned.

An additional significant contribution to the literature on alternative approaches in social work is Chan, Sik Ying Ho, and Chow's study (2001). Their work along with others centered around spirituality is

qualitative and draws from previous literature in alternative health and Eastern religions. They report, "the fact is alternative approaches to healing such as qi-gong[1], tai-jiquan[2], yoga, nutrition, aromatherapy, herbal medicine, acupuncture, acupressure, moxibustion[3], massage and temple healing are now being practiced widely by patients and their family members around the world" (p. 263). The authors make claim that in line with social work's Code of Ethics, we have a moral responsibility as professionals to expand our knowledge and use of this developing discipline.

Chow, Sik Ying Ho and Chan's qualitative, informational study is clear in thought content and easy for readers exploring this subject to understand. They educate on the differences between Eastern and Western

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[1] Exercise combining motion and stillness with intent to regulate mind, posture, respiration, and voice production.

[2] Originates with Taoist philosophies and similar to traditional Chinese medicine in stressing the need to harmonize with nature along with prevention of disease. Consists of exercises centered around mindfulness of continuous, connected movements and deep, calming breath work.

[3] Involves the burning of moxa, a kind of herb dried and prepared. It is most often burned in a stick form and moved over the meridians or energy centers of the body to aide in disease prevention.

thought in client treatment. For example, "Western medicine combats the disease, tries to kill the bacteria, and radically cuts out defective bodily parts...patients are left to heal on their own...Eastern philosophy regards disease as symptomatic of the patient's bodily dysfunction and inner disharmony... treatment therefore focuses on restoring his or her inner balance" (p. 265). Another great benefit of this research is that it explores other forms of alternative rituals for use in culturally and spiritually competent social work practice besides relaxation and meditation.

The proposed research will build upon these lesser-known and underutilized spiritual and cultural resources. It will differ from the other qualitative and theoretical studies by gaining insight directly from social workers who already use or are familiar with alternative techniques and rituals. Another benefit of this study is that it uncovers more detail and in-depth dialogue concerning specific thoughts and feelings than a survey instrument could provide.

Spirituality and Social Work

As the profession continues to pay particular respect to cultural diversity among clients and community groups,

spiritual matters naturally follow. Though it is beyond the scope of this work to cover all the major world's religious/spiritual beliefs in relation to social work, one in particular has been selected to demonstrate its importance in the profession's continued education of spiritual know-how.

Hodge (2004) discusses how practitioners can become more competent in their work with Hindu clients and populations. His informational research provides substantial detail about Hinduism's prominent beliefs and values. The author also makes a concerted effort to point out situations where diversity among Hindu persons themselves may differ from the overall knowledge base. Hodge defends his selection of providing education on the Hindu population by noting that Hinduism is the largest Asian religion in the United States (Richards & Bergin, as cited in Hodge, 2004, p. 28).

The author provides information on the major values of Hindu tradition including a sense of community and family that are different from Western views. He also dispels myths concerning assumed prejudiced beliefs about gender roles, and explains the spiritual rationale behind decision-making in Hindu families. He cautions social work practitioners to heighten self-awareness so as not to

impose Western values of autonomy and independence. The author also notes certain interventions such as meditations, religious pilgrimages, some group work including a family component, and Ayurvedic treatment as effective with many Hindu persons. Ayurvedic treatment is considered an alternative healing ritual with attention to restoring equilibrium and correcting energy imbalances by replacing negative emotions with positive ones. Ayurvedic treatment also assumes "demons are real beings in Hindu cosmology" (p. 36).

In reviewing other literature on the incorporation of spirituality into social work practice, Epple (2003) presents a qualitative, case study design that attempts to explain a spiritual, therapeutic attitude necessary for effective intervention, and illustrates this by several case examples.

The author explains that an alliance must be built between therapist and client where there is "a belief that human pain can be transcended (presumably by spirituality) and infused with meaning" (p. 176). The author also explains that hopefully when the client leaves, they will have moved beyond that limitedness or previous mindset. "...spirit continues long after therapy ends" (p. 176).

The study makes some valid theoretical connections between psychoanalysis and spirituality, citing Freud as setting a stage for an atmosphere of skepticism surrounding spirituality as his view of religion was that it was an illusion used as a way to remain immature and avoid taking responsibility for life's struggles. She also introduces another psychoanalyst, Winnicott and his lesser harsh views of the subject.

The therapeutic attitude necessary to work with clients who are spiritual is supposedly demonstrated by case examples, one of which describes an obvious exercise in clinical judgment with mistaking a client's intense spiritual beliefs and practices with hallucinations. Overall, this piece of research was highly philosophical in nature, and difficult to understand in terms of practical application of specific spiritual principles.

Kissman and Maurer (2002) provide a better understanding of the spiritual dimension in therapy. The authors point out the benefits of deconstructing the spiritual healing process in substance abuse recovery, and the necessity of building spiritual awareness to meet specialized needs of terminally ill clients.

An additional helpful aspect of Kissman and Maurer's work is the public acceptance of spiritual matters when

working with hospice. Why must dying be the only relevant time professionals readily incorporate a spiritual working dynamic? Finally, this article highlights both Western and Eastern contributions to knowledge about how spirituality can promote physical and mental health.

Hodge (2001) also demonstrates the breadth of acceptance and importance in including the spiritual dimension in assessment and treatment with clients. The author provides a comprehensive background of empirical research showing the positive effects of spirituality in a wide range of areas including mental health, coping abilities, self-esteem, recovery from divorce, homelessness, sexual assault, and substance abuse, among others. He reviews previous spiritual assessment tools including client's accounts of spiritual histories, and stage-theory models that require the client's spiritual experience coincide or fit into a developmental category.

Hodge's work goes on to suggest some extremely relevant spiritual interventions in addition to his narrative-type instrument including: spiritual genograms where the client constructs a kind of spiritual timeline, and blending an object-relations theory base where the client examines their relationship with the divine. "How would the Ultimate describe you? How does the Ultimate

feel about you?" (p. 207). This work is an especially important adage to social work literature as it gives practitioners a legitimate tool based on theory to work with spiritual clients.

Apart from practitioners' perspectives is the invaluable input of clients in a social work setting. Gotterer (2001) writes compelling literature from a personal, narrative design, and also includes other client case examples.

She points out numerous important and useful aspects of spirituality related to social work. First, she details that a number of clients feel spirituality is a taboo subject in therapy, and are often uncomfortable because social workers do not seem equipped to direct the situation. Second, a person's spiritual or religious views may not always be a strength, instead serving as a source of confusion, excess guilt, and shame. Third, the social worker may unconsciously resist including spiritual discussions in therapy because an all-knowing force may undermine the worker's role. Fourth, the author points to an accepted form of therapy- transpersonal psychology, which fully embraces the spiritual dimension. And lastly, a person's spiritual or religious ideologies may offer the social worker insight into their psyche. For example,

"Someone having an oppressive conscience who views God as punitive may have an overdeveloped superego" (p. 188). Gotterer's work offers much valuable information for social workers' consideration of spiritual matters in practice.

Walz and Ritchie (2000) take the stance that social work ethics can actually be enhanced by attention to spirituality. Using the great spiritual leader Ghandi as an example, their work discusses how Ghandian ethics can supplement our current Code of Ethics.

For example, Ghandi believed, "what you do to others, you also do to yourself" (Weber, as cited in Walz & Ritchie, 2000, p. 216). Ghandi's teachings revolved around the concept that we were all part of the same universal and divine energy. Therefore, when you take away from or hurt others, you ultimately hurt yourself. While the current Code of Ethics holds us to responsible behavior practice-wise and community-wise, Ghandian principles would say we "should address all issues of frivolous and reckless consumption" (p. 216) for its effect on others, and ultimately our own self-confidence and values. In this context, clients' inattention to matters of environmental or social respect could serve as an additional point of

clinical consideration for its detrimental effect on human consciousness, and ultimately one's own self-concept.

Another invaluable point this article makes is that as a profession we could further enhance our goal of a strengths based approach by focusing more training and research on Ghandian/spiritual principles like nonviolence, maturity, and love. Most of the time issues like domestic violence and substance abuse are common topics to social work education. No doubt these social concerns need to be addressed and explored, but we could also focus more professional attention on populations and people for whom things are working well and functioning at an optimum level.

Currently, there are several prominent books on incorporating spirituality into social work practice (Canda, 1998; Canda & Furman, 1999; Miller, 1999). Canda and Furman (1999, p. 194) discuss the relation of spirituality to social work practice in their book. "Spirituality encompasses and transcends the biological, psychological, sociological, and spiritual aspects of a person. It engages the relationships between an individual and his or her family, community, nation, the global community, the planetary ecology, the cosmos, and ultimate reality." As proponents of systems theory and the

strengths perspective, social workers use spirituality to get an even more comprehensive picture of clients' situation, strengths, concerns, and limitations.

A thorough review of Canda and Furman's book by Sheridan (2001) reveals that, "the text does offer the most complete roadmap to date on how to incorporate spirituality into social work practice" (p. 88). He goes on to explain that part one of their book discusses challenges in operationalizing spirituality and defining it from religion. In addition, Sheridan commends the authors for "providing state-of-the-art instruction. The book does exceptionally well at delving into the often tricky area of values... they explicitly relate the core values of the NASW Code of Ethics to spiritually sensitive social work" (p. 89). The book also contains a list of 47 spiritually oriented helping activities.

Although the author points out some minor limitations or areas where the authors could expand (such as directives on working with spiritual leaders) this text seems a leading resource on educating students and practitioners to work within the realm of spirituality.

Alternative Practices

Currently, the most comprehensive data on American's use of complementary and alternative medicine or "alternative practices" is provided by the NCCAM, (2004). When the use of prayer for health, and megavitamin therapies are included, results show that 62% of adults use some form of alternative therapy. The most common reasons people seek alternative methods are: back, neck, head, or joint pain, anxiety, depression, gastrointestinal disorders, and sleeping problems. More women use alternative therapies than men, and use is higher among people with more education. According to Brolinson, Price, and Ditmyer (2001) people most often seek alternative treatment because it fits with their values and beliefs, not always because traditional medicine fails.

The 2002 edition of the Nation Health Interview Survey was used in gathering statistics for the NCCAM's quantitative study. Each year, tens of thousands of Americans are randomly interviewed (simple probability sampling) about their health and illness related experiences. The 2002 edition of this survey included detailed questions on alternative techniques. It was completed by 31,044 noninstitutionalized adult U.S civilians over age 18. This research is of primary

importance in this domain because the sample size is so large, and because it is a national, annual study overseen by the National Center for Health Statistics (NCCAM, 2004). However, specific information concerning the survey's validity and reliability was not provided.

Curtis (2004) as a guest editor for the *Journal of Alternative and Complementary Medicine* writes, "It has come at a time when our global society is quite evidently in need of dramatic new healing therapies, along with the recovery of lost knowledge and wisdom, the treasury of ancient cultures with practices that have been proved throughout millennia... these revolutionary discoveries convey a deeper understanding of principles behind the power of healing intention" (p. 7).

Shannahoff-Khalsa (2004) believes yoga to be effective for the following disorders and conditions: abused children, adolescents, and adults; anger (chronic); bipolar disorder; chronic fatigue syndrome; impulsive behaviors; Attention Deficit Disorder; multiple complex personalities; mental illness in general; and nightmares. Listed in his article are outlines of the technique specific for OCD, addictions, depression, grief, learning disorders, phobias and sleep disorders. The author makes note that this technique has only been tested in a

controlled environment for OCD. However, he provides
anecdotal evidence of effectiveness for the other
respective problems and documents its use by yogi masters
for thousands of years.

This work reviews a small uncontrolled trial in 1996
by the author and a recent randomized, blinded controlled
trial, both studies quantitative and spanning a year in
length. In the uncontrolled trial, five of eight patients
with OCD completed a 12-month trial using Kundalini yoga.
The group showed an overall improvement of 56% on the
Yale-Brown Obsessive Compulsive Scale [Y-BOCS], with good
follow-up results after one year and three subjects off
medication entirely. However, a controlled study comparing
Kundalini yoga against another meditation or control group
was necessary.

In his most recent study, two groups (twelve people
in group one and ten in group two) were randomized for
gender, age, Y-BOCS ratings, medication status, and
blinded to the comparison study for a year trial. The
Kundalini yoga group showed significant improvements on
the Y-BOCS scores. The two groups were merged for an
additional year both using the Kundalini program, and
Y-BOCS scores improved 70% at 15 months. The only

limitation of this study was the omission of describing a sampling method.

Cassidy (2004) explains that it is difficult for Western practitioners to grasp the concept of energy work, because the term "energy" is not accepted or understood as body or spirit consciousness, but rather as a concept of fatigue versus pep.

The author describes from a first-person viewpoint as an alternative healer what one must understand in using these methods or recommending them to others. She says we must accept two ways of thinking to understand energy medicine: one being the body or person is constantly moving, changing, metabolizing, and two being that all its parts are linked, thus the whole is represented in its parts and vice versa. "If all the parts are linked and *qi* (energy) is constantly moving, then one can treat any part of the body-person and expect change elsewhere. Energy is nonlocal" (p. 80). Specific to the treatment of acupuncture she explains that a great benefit of this therapy is that it can treat either a problem of excess (addictions) or one in deficiency (lack of sleep), because it works with rebalancing energy.

Cassidy goes on to educate about energy medicine by saying that it works more with what is felt than measured.

The practitioner is skilled in being able to trust their intuition and feel shifts in energy, depletions, and imbalances. The healing practitioner usually uses their hands or a tool (needles) to balance energy centers by applying some form of pressure, or skin penetration (with needles). The patient is usually in a deep state of calm relaxation, and patients report very little pain or side effects associated with acupuncture (Lewith & White, 2003).

According to Cassidy, doing healing work involves several key components. The practitioner is continually monitoring the patient and having the patient direct them in ongoing and changing intervention (which in turn enhances patient's self-awareness). They operate from assumptions of hope and that a person's body can be brought back to their unique level of balance. Further, she observes that change usually happens quickly and patients often have added benefits other than the complaint they came in with because their whole system was treated and energy redirected towards healing. Many see this as a great appeal of alternative techniques as opposed to waiting several weeks for a doctor's appointment, filling prescriptions, and many times suffering side-effects of traditional medication.

Another recent area of interest with regard to alternative practice is the anatomical structure of water responsive to emotional stimuli. This is the first study of its kind to provide scientific evidence that something we see as a basic resource (water) can be used as a legitimate healing method. Emoto (2004) reflected on the long told stories of healing waters in the springs of Lourdes in France and others around the world. In his research, he took samples of water from around the world using purposive sampling, and froze 100 samples of each type of water in order to observe its crystallized structure. "We find that water in harmony with nature produces beautiful crystals and waters that are polluted or exposed to certain discordant vibrations do not produce beautiful crystals" (p. 20).

Emoto then conducted experiments using a cause-effect quantitative design with samples of distilled water (which form a simple, standard hexagonal crystal when frozen). He exposed some viles of water to classical music, wrapped some viles with the Japanese characters for "love & thanks" and others he exposed to loud heavy metal music and wrapped with the Japanese characters for "devil" and "you fool". All conditions were monitored carefully, and confounding variables were ruled out. Amazingly, the

negative emotionally charged words and music produced no crystals or extremely scattered crystals, whereas the positive emotional stimuli created beautiful, intact crystals.

Emoto views this finding as proof that positive or negative influences can drastically alter the invisible energy that comprises all things. The author has developed out of this research a treatment method called HADO whereby he magnetically measures a person's unbalanced energy with a device and then has them drink water that has been infused with positive, healing properties.

However, Palmer, Katerndahl, and Morgan-Kidd, (2004) did research in somewhat of contrast to this finding. They examined the effect of prayer (currently considered an alternative therapy) on those who were unaware they were being prayed for. They were also interested in determining the extent to which belief in change played a role in positive outcome.

Their convenience sample was taken from community churches that had previously agreed to be part of a research protocol. The subjects were randomized by computer and double-blinded as they were divided into a prayer intervention group and a control group (86 total participants divided evenly into each group). Volunteers

were the pray-ers and were required to keep a prayer log and do a minimum of one prayer each day for a month for either one or two individuals. Information was taken by survey at baseline to determine issues subjects were concerned about or having problems with (quantitative and qualitative survey design). Outcome measures reflected a rating of whether or not the person improved on their concern about the issue, or to what degree the problem had been resolved after one month.

Findings from Palmer, Katerndahl, and Morgan-Kidd (2004) reveal that unlike other studies which demonstrate the relationship between intent to influence energy and results, there was not a significant improvement in those being prayed for as opposed to the control group. However, a finding consistent with previous literature was that subjects' belief in change did significantly influence positive outcome results.

This research did have some notable limitations, namely there was no contractual obligation to assure that volunteers actually prayed each day. There was also an inconsistent variable in setting a minimum but no maximum prayer limit for volunteers. Additionally, it was impossible to control others praying for people in the control group.

At the heart of alternative methods are other forms of body-energy work that span many techniques. In a book chapter by Hammond-Newman and Brockman (2002), they describe many of the techniques they practice in work with clients, most of which are apart from mainstream knowledge and are identified by the authors as "Dynamic Energetic Healing Techniques".

Some of these techniques include: chakra balancing, prayer, Reiki[4], smudging[5], chanting, ritualistic chiming of Tibetan bells, imagery, hypnotic regressions, and yoga, among others. Dynamic energetic healing blends principles of Taoism, quantum physics, and shamanism. It focuses on multilevel awareness, which includes attention to visions, dreams, intuition, and emotional feeling states.

This is a new therapy model that blends spiritual and alternative energy work with traditional counseling approaches such as cognitive-behavioral, narrative, play therapy, and attention to developmental stages. It is particularly useful in pinpointing and healing past

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[4] Originates from traditional Chinese medicine. Manipulating Chi energy helps to heal a person's aura.

[5] Native American tradition of burning the herb sage to cleanse and purify any negative energy.

traumas so that the physical and emotional self can return to a state of health.

Through meditative and regression methods, clients are able to identify trauma and have the frozen energy released and healed through any of the various energy techniques mentioned above. Clinicians trained in energy work do this in combination with established theoretical counseling models.

Metaphysical concepts are also dealt with in dynamic energetic healing. Examples are supernatural energies that may be contributing to a client's displaced energy, or past karmic or ancestral energy influences. It is accepted within the realm of possibility that a person's current energy and state of health may be unknowingly affected by trauma in a past life or ancestral patterns of disease, which carry on in a person's energy as they do genetically.

Hammond-Newman and Brockman (2002) conducted quantitative research from their case records to determine whether this type of therapy had clinical effectiveness. They randomly selected 18 client files with a diagnosis of Major Depressive Disorder, and 14 client files with a Post Traumatic Stress Disorder diagnosis. Subjective units of distress were recorded at the beginning and end of

treatment for all clients. T-tests were used to determine statistical significance and for both diagnoses, dynamic energetic healing proved to be extremely effective.

Another important contribution to the literature on alternative practice was conducted by Brolinson, Price, and Ditmyer (2001). Their study is a thorough quantitative design, also using purposive sampling of 1000 nurses throughout the U.S. Of the 1000 nurses targeted, 515 completed surveys. The research gives full descriptions of demographics: majority of respondents were female, Caucasian, worked in a clinical setting, between 30-49 years of age and had advanced education as RNs or nurse practitioners. The authors took preventative measures (test-retest) to establish reliability of the self-constructed measuring instrument and also used alternative practitioners in proofing the instrument to help insure validity.

Findings of their research indicate that half of the nurses surveyed considered the following five treatments to be effective: biofeedback, chiropractic, meditation/relaxation, multi-vitamins, and massage therapy. Half of the participants also perceived the following five therapies to be definitely safe:

hypnotherapy, chiropractic, acupressure, acupuncture, and healing touch.

Other findings in this research include 43% of nurses felt their professional preparation in alternative therapies was "fair" and received information on alternative care mostly from their peers, the media, and professional journals. Like Schatz's (2005) study, the low response rate of this research may represent a bias, posing a threat to its generalizability.

An additional example of the use of alternative energy work with traditional counseling is Baker's (2000) work. The article is another example of qualitative, case study research that illustrates techniques from her own practice and background about how her approach developed.

The author notes energy therapies blend especially well with Gestalt therapy because of its connection and emphasis on touch as a therapeutic method. Baker describes touch as a kind of energy assessment tool, and that for her practice with cancer patients, touch is especially meaningful and effective due to their physical bodies being weakened.

Baker notes a prominent UCLA study (Hunt, as cited in Baker, 2000) where an alternative healer by the name of Rosalyn Bruyere read peoples' auras (or magnetic energy

fields). The subjects were hooked up to a device that measures electromagnetic radiation emissions. The results were read in a separate instrument room. There was a very high correlation between events of the aura readings by Rosalyn and the instruments' readings, as well as subjects' pain. For instance, "what was experienced by the subject as pain, showed up in the aura as a flash of red and on the oscilloscope as a red waveform" (p. 273). Baker later took training workshops with Rosalyn Bruyere and has successfully brought alternative energy work into her counseling practice.

Finally, a text that may be very beneficial for therapists to use in work with patients interested in alternative treatment modalities is *Alternative Cures* by Gottlieb (2000). The book is a basic desk reference guide for most alternative treatments and homeopathic remedies. It gives direction for many well-known and varied disorders, as well as an accurate, quick summary of some of the most popular alternative practices.

Theories Guiding Conceptualization: Phenomenology, Strengths Perspective, Culturally Competent Practice, and Principles of Empowerment

Phenomenology theory is central to the study of spirituality and alternative practices because it is the

science of attempting to describe what logic cannot. This theory surrounds the explanation of concepts such as the essence of emotions (Phenomenology Page, 2004) and states of consciousness from a subjective, first person perspective. It is the study with which we examine phenomenon, or things we experience, and the meanings we place on these experiences (Stanford Encyclopedia of Philosophy, 2004).

Phenomenology attempts to study the make-up or structure of experiences like perception, memory, imagination, emotion, bodily awareness, spiritual consciousness, etc. The following research is directly related to this theory because it is of a descriptive, subjective, and personalized nature. The hope is that through the use of specifically designed questions that provide an opportunity for social workers to talk about their feelings and perceptions, we will gain further knowledge about the realm of spirituality and alternative healing relevant to work with our clients.

In terms of social work theory, the strengths perspective, culturally competent practice, and empowerment are central concepts (Hepworth, Rooney, & Larson, 2002; De Jong & Miller, 1995). Each of these models is especially relevant to the study of alternative

and spiritual practice. Client's core values or beliefs by which they live life and respond to events are deemed of paramount importance and focused on in spiritual, alternative approaches. Clients are understood not only in terms of their unique ability to heal themselves in a different way from others in their community, but significant focus is given to cultural views of the person in relation to forces above and beyond themselves.

Perhaps most obviously, spiritual and alternative approaches to treatment are empowering because they direct care within clients' self-identified framework of meaning. Spiritual approaches to social work practice have potential for uncovering an abyss of insight, self-awareness, and education with clients. This is especially true when combined with previously established models of therapy such as cognitive, solution-focused, Satir, and object-relations (Hodge, 2001).

Summary

This review of the literature has attempted to demonstrate the lack of knowledge in social work practice about the use of alternative techniques. It is clear that social work is beginning to get more comfortable with the idea of a spiritually sensitive approach, and considers

spirituality a necessary component to treatment. It is also clear that alternative and complementary healing treatments are being widely used and have an undeniable connection with or foundation of ancient spiritual practices. A growing number of researchers and social workers throughout the country are beginning to bridge the two previously separated areas into one extension of spiritual experience that offers a whole new realm of both internal and external resources for clinical and community social work practice.

CHAPTER THREE

METHODS

Introduction

This chapter covers the study design, sampling methods, data collection and instruments, procedures used, protection of human subjects, and data analysis of a qualitative examination of alternative, spiritual treatments in social work practice.

Study Design

The purpose of this research is to explore the practice dynamics and ideologies of social workers who practice and educate from a holistic, spiritual, and alternative paradigm. This study is intended to bring awareness to the small but growing number of social workers using alternative, spiritual approaches, and to contribute to the sparse literature by providing further detail. Qualitative research was conducted in order to openly discuss issues surrounding spiritual treatment methods because according to a leading researcher in spiritual and energy healing, qualitative measures are especially relevant to spirituality and allow a more comprehensive understanding of subjects' inner thoughts and experiences (Hodge, 2001).

The specific qualitative design was a recorded telephone interview guided by the researcher's questions but allowing for subjects' input. A telephone interview was thought to be the preferred method of research in this area because the subjects found appropriate for this study are located in different states throughout the U.S.

A limitation of this study is the lack of representativeness. Although attempts were made to select a diverse group of participants within a limited selection pool, the researcher was not able to ensure an equal number of males and females, diverse ages, or ethnicity in subjects that agreed to participation. However, efforts were made to include both micro and macro practitioners in the sample. Relevant research questions directed toward this study are, "How are spiritual, alternative methods useful in social work and how are they being used with clients?"

Sampling

The research sample was taken from the annual conference booklet for the *Society for Spirituality and Social Work* [SSSW] (2004). The type of sampling used was nonprobability purposive sampling because the conference represents an information rich source of social workers

involved with alternative healing. Normally, these individuals would be difficult to locate.

This researcher interviewed 10 professionals in the social work field who were selected by their involvement in the conference. Criteria for selection was that subjects must have at least an MSW and some self-identified interest or practice in alternative, spiritual practices. Access to these individuals once found, was not overly difficult to obtain. As social workers, they were readily willing to participate in research which contributes to their field.

Data Collection and Instruments

The data collected consisted of demographics including: age, gender, ethnicity, religious/spiritual background, and degrees held. Other data obtained consisted of open-ended questions regarding subjects' current professions, knowledge of spiritual and alternative practices, feelings of relevance of this approach in the social work field, impressions of other professionals, ethical issues, client responses, what techniques work best for what concerns, comparison to Western mental health services, which therapies require specialized training, how and where practitioners can

receive training in alternative, spiritual methods, the challenge of using alternative, spiritual resources with oppressed populations who have limited funds, and any other information subjects felt was important to contribute.

A self-constructed instrument was used for this study. Questions posed to subjects in the form of an interview guide are attached (Appendix A). It was created to assess commonalities and differences between social workers using alternative, spiritual methods in their professions. It was created by use of the researcher's judgment concerning areas of information sought, and guided by academic advisors.

Procedures

Participation for this study was solicited by email from names contained in the SSSW conference booklet. Once written agreement via email was made, subjects were counted as participants in the study and were emailed informed consent and debriefing statements. The author and researcher was the sole collector of all data. Data was obtained between January 2005 and March 2005 in the researcher's home by telephone. Appointments spanning an hour were set up to fit with subjects' and the

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researcher's time schedules. The researcher assumed

responsibility for costs of the phone calls.

Protection of Human Subjects

Confidentiality of research participants was

maintained by not identifying names and exact places of

profession. Additionally, participants were emailed a

letter of informed consent (Appendix B), and a debriefing

statement (Appendix C), which emphasized the voluntary

nature of their participation, and the right to cease

participation at any time regardless of initial agreement.

Subjects were asked to "X" the space provided on the

informed consent, and type their initials if they agreed

to participate and be tape-recorded. Participants'

identities were kept in the strictest of confidence by the

researcher, and cassette tapes were labeled only with

initials.

Once data collection and research was complete,

cassette tapes containing subjects' taped telephone

interviews were destroyed by the researcher. However,

participants were made aware through the informed consent

and debriefing statements that sections of the transcribed

interview dialogue would exist in the final research

product. Lastly, participants were offered compensation of

a $10 gift certificate for their involvement along with a
thank you card expressing the researcher's appreciation.

Data Analysis

Data analysis for this research consisted of
qualitative analysis techniques as well as the use of
descriptive statistics for demographic variables. All data
from previously recorded telephone interviews with
subjects was transcribed verbatim and analyzed for
similarities and differences through a coded process.
General categories were constructed for grouping language
and ideas of similar content; ideas or constructs that
were separate or apart from other subjects' responses were
also noted and interpreted for possible meaning or
conclusions. Special consideration was given to questions
that most directly answered the research questions, "How
are spiritual, alternative methods useful in social work
and how are they being used with clients?" Extra
precaution was taken to ensure that the researcher's
biases and values did not influence trends or themes in
findings that would not be apparent to objective
interpretation.

Concepts that were likely to emerge in findings from
the interviews include: most common types of spiritual,

alternative practices being used; which kinds of
techniques require specialized training, and which are
safe for most social workers to use; personal feelings of
the importance of using these methods in social work;
types of treatments used by social workers themselves; and
positive effects of these approaches with clients.
Anticipated concepts that might differ from most responses
include: clients' possible negative or indifferent
responses to a spiritual, alternative approach; specific
ethical situations; opposition to use of spiritual,
alternative methods by other social workers and mental
health professionals; and unique, personal revelations or
discoveries.

Summary

This chapter covered the methods that were utilized
in this study. Research design of a qualitative nature,
purposive sampling techniques, procedures for collecting
data including an interview guide as the measurement
instrument, information pertaining to protecting human
subjects' rights, and data analysis were described.

CHAPTER FOUR

RESULTS

Introduction

Main topics that were uncovered from this research
include: demographics; spiritual and alternative practices
currently used by social workers; client feedback; ethical
issues; identification of spiritual leaders, institutions,
and other sources of education for social workers;
opposition experienced; techniques requiring
training/certification; effectiveness of
spiritual/alternative methods versus traditional mental
health models; perceived legitimacy; steps for raising
social awareness; and tips to help clients access
spiritual/alternative resources.

Presentation of the Findings

Six females and four males participated in this
study. The mean age was 53, and 60% identified themselves
as Caucasian (Appendix D). Three out of 10 participants
live in the state of Virginia, with other participants
dispersed in different states throughout the country
(Appendix D). Sixty percent described themselves as having
a kind of metaphysical belief system using phrases such as
"cosmic self", "true being", "physical-mental-spiritual

spheres", "oneness of the soul", "all intelligent force",
"reincarnation", "belief in angels and an afterlife",
"sacred living", and "universal energy". The second most
common spiritual belief set of participants was 20%
eclectic/Buddhist (Appendix D). Ninety percent of
participants were LCSWs or MSWs, and four people had
doctorates in social work or social welfare. Spiritual and
alternative qualifications were quite diverse. The most
common alternative trainings acquired were Reiki (50%) and
healing touch (30%) (Appendix D). In terms of
participants' current professions, 70% are in educational
roles and 60% have a private practice (Appendix D).

One major goal of this research was to get details
about the different spiritual, alternative practices
currently being used by social workers and how they can be
effective. Twenty-six distinct *holistic interventions* were
identified and eight *community endeavors*, though some may
apply to both. Six *additional spiritual techniques* that
were viewed as relevant by participants but not widely
known or practiced are also described. Direct quotations
were provided for methods which required further
articulation beyond a standard summary. These findings are
as follows:

Table 1. Holistic Interventions

Reiki
Healing Touch
Bioenergetic Work
Expressive Work with sand trays
Energy Therapy
Song Therapy
Body Focused Meditation
Guided Imagery and Spiritual Visualization
Mandala Work
Holotropic Breath Work
Life Coaching
Shen Physioemotional Release Therapy
Hakomi
Archetypal/Heroic Journey Work
Use of Spiritual Beliefs, Ritual, and Prayer
Referrals to herbs, yoga, massage, past life regression, spiritual reading material, and religious institutions
Family Constellation/Ancestral Work
Consultation with Priest/Exorcist/Religious Leaders
Symbol from Nature Practice
Use of Spiritual Assessment Tool
Eye Movement Desensitization Reprocessing
Hypnotherapy
Consultation, collaborative work and referrals to psychic/intuitive healer
Leading meditation groups
Analysis of near death experience and trauma
Movie Therapy

1. *Reiki* - practice which emerged out of Japan taught by a Buddhist group to practice Christ's technique of laying on hands and healing people. A practitioner uses their hands to facilitate a person's ability to initiate their own healing. It's an energetic process where practitioners activate energy in different locations throughout the body to institute healing.

2. *Healing touch* - comes from a medical framework and practiced by many nurses, it usually involves healing symptomatic areas of illness or injury.

3. *Bioenergetic work* - body-mind therapy developed by Alexander Lowen in which emotions are released through yoga-like postures and voice projection; often used in conjunction with Gestalt therapy.

4. *Expressive work with sand trays*

5. *Energy Therapy* - Integration of cognitive therapy, hypnotherapy, Eastern meditation and Qi-Gong (one of three branches of Traditional Chinese Medicine. All three branches share the same energy theories: Yin/Yang, five elements, and meridian theory which is mapping energy flow in the human body. Qi-Gong uses different postures and power of the mind to guide energy flow into a more harmonious balance.)

6. *Song Therapy* - managing energy through pronouncing different types of sounds to release internal stress and anxiety. Particularly helpful with victims of abuse in helping to release emotion and bitterness. Song therapy also provides a spiritual connection by allowing direct communication to God/spirit through a combination of song, prayer, and inhale/exhale.

7. *Body focused meditation* - a meditative state in which you concentrate on physical movement in order to feel emotions and move stagnant energy out of the body.

8. *Guided imagery and spiritual visualization* - clinician verbally guides meditation with the use of spiritual/religious symbols that have meaning for the client. Can be used to process negative emotions/events as well as inspire motivation and forward movement.

9. *Mandala work* - mandala is a Sanskrit word for sacred circle. All cultures use the circle as a symbol for wholeness, continuity, and oneness. Mandala is an artistic pattern or design that can be constructed or found in abundance in nature (Appendix E). Through a meditative state, clients are instructed to ask for a meaningful symbol for healing on any given issue, which they then incorporate into mandala work. For

example, "You've taken the issue in its healed form and manifested it in ordinary reality...what then gets reflected back is the healed self, and that gets incorporated internally...that's the difference between doing mandala work and other art therapy forms where you focus on the past and retraumatize...the way that I do the mandala process is to get the healed image in the future and bring it into the present, so it's not a past focus on what's wrong" (Interview 8). A further example of mandala work is the following description: "There's ten different circles in the Kabalistic tree of life...ten different Divine attributes. So they were taking one of the attributes and creating a mandala exploring that particular attribute and how it relates in their life" (Interview 8).

10. *Holotropic breath work* - healing modality developed by Stan Groth that often uses music and the client's breath to access an altered state of consciousness and activate the chakra system (body's seven energy centers running in line with the spine), bringing up trauma so it can be processed.

11. *Life Coaching* - strengths based approach to helping guide clients; exists as a support as opposed to traditional psychotherapy.

12. *Shen physioemotional release therapy* - uses a psychological basis for energy work, and is often effective with anxiety or stress related symptoms. Involves light hand touches to unblock the patient's emotional energy.

13. *Hakomi* - an eclectic mix of different energy works with a psychological basis. Focuses client on present experience and spiritual beliefs.

14. *Archetypal/Heroic Journey work* - process of evolving character and consciousness along a mythical journey written about by Joseph Campbell. Modified by Interview 6 into ten stages. Stage one is *the call to adventure* where something happens that calls you to change life directions and takes you out of your comfort zone. Stage two is *refusal* where doubts arise about making a change and can be reconciled. Stage three is *acceptance* where the call to adventure/change is accepted and the world opens up and feels like a mystical journey. Stage four is *crossing the threshold* in which challenges are presented to test whether the person has heroic

enough character to continue on the journey. Stage

five is *the meeting of the allies* when people show up

in your life to help out in magical ways you didn't

anticipate. Stage six is *the trials* which is a

metamorphosis of spirit and an evolutionary emergence

of the new. It usually lasts a long time and can be

very traumatic. One can move through it if they delve

into their character to see where they're holding

themselves back. Stage seven is *the respite* where you

gain wisdom and develop a peaceful strength. It is

during this time when synchronicities or meaningful

coincidence begin occurring. Stage eight is *the magic*

flight where you develop new ways of being and are

like a baby bird on the edge of the nest. One must

move forward and fly off the nest to progress into

stage nine, *the triumphant return* where one's wisdom

and real world applications are tested. Someone in

this stage reenters the world alongside others who

are not on the journey and must continue on even as

others do not understand what they are doing. Stage

ten is *the master of two worlds* in which the

transformative process is complete and one is able to

integrate their internal and external reality. One

can traverse the old way and the new way and

comfortably deal with people who are not in that
place, while continuing to progress forward
personally. "People say the heroic journey is really
about the gay and lesbian movement...I've had other
people say this is all about parenthood...so that's
why it's so good, it's universal" (Interview 6).

15. *Use of client's spiritual beliefs including ritual
     and prayer in practice*

16. *Providing referral information for alternative herbs,
     yoga, massage, past life regressionists, acupuncture,
     various spiritual reading material, and religious
     institutions in the community*

17. *Family Constellation/Ancestral work* - Founded by Bert
     Hellingber, a German psychiatrist; also associated
     with various African traditions. It involves helping
     clients overcome the negativity of their family of
     origin by prayer and finding positive ancestors.
     Theoretically, trauma or dysfunctional patterns can
     be carried down genetically from our ancestors.
     "There was one man who was 54 years old and unable to
     hold a job and very unsuccessful in relationships. He
     said to me he realized he thought he was basically a
     good person but always felt there was some sense of
     evil or no good in him. When I asked where are the

traumas in your family, it turns out he had two

grandfathers with traumas. One of them committed

suicide as a result of having left his family,

becoming a womanizer and feeling very guilty. When I

had him think about this person and try to emulate

what [they] might be feeling, he was able to

correlate that this was the feeling he had all his

life. When we worked on releasing it by either giving

it back to that person for that person's soul to

heal, or giving it up to the Divine, there's a real

clearing, a real release in the body. A week later

when I spoke to him, he says there's been such a

shift of energy. I'm feeling more compassionate

towards people, I feel more energized..."

(Interview 3).

18. *Consultation with priest/exorcist/religious leaders -*
"I got [a client] when she tried to kill herself and

had very obsessive-compulsive type behavior where she

was just so negative...I just happened to be

interested because of my own spiritual [education] in

talking to a priest who's an exorcist and getting

feedback from him, and it happened that I was working

with this client at the time. I said that I thought

negativity was the beginning of evil...he agreed with

me and he helped me do [ancestral work] with that

client" (Interview 4).

19. *Symbol from nature practice* - similar to Jungian
    techniques, clients are asked to take a walk or
    engage in an experience of nature where they're asked
    to bring back anything that holds meaning for them.
    Used as a tool to discuss symbolic and spiritual
    issues in conjunction with events and people in the
    client's life.

20. *Use of therapist self-made spiritual assessment tool*
    - assesses client's spiritual experience. Includes
    questions regarding near-death and out of body
    experiences as well as belief in angels and spirit
    guides.

21. *Eye Movement Desensitization Reprocessing* - founded
    by Francine Shapiro, a process of bilateral brain
    stimulation whereby the practitioner moves their hand
    back and forth and the client follows with their eye
    movement. Works to bring up the unconscious for
    reframing old, negative beliefs.

22. *Hypnotherapy*

23. *Consultation, collaborative work, and referrals to a
    psychic/intuitive healer* - the healer is able to read
    a client's energy, including receiving sensory

for a faith based emphasis from the Substance Abuse

Mental Health Services Administration, and the

Arizona Project for Spirituality in Social Work

involving conference planning.

2. *Collaborative groups working to develop a wellness*
   center.

3. *Teaching spiritual/alternative classes in three major*
   schools of social work - Spiritual Diversity in
   Social Work Practice with Canda and Furman (1999) as
   the main text; a Qi-Gong Therapy elective course
   which developed into an official course called
   Holistic Practice in Social Work; and an elective
   course called Stress and Stress Management in the
   Helping Professions in which different alternative
   practitioners are brought in to teach massage,
   healing touch, acupuncture, Tai Chi, yoga, Qi-Gong,
   meditation, and labyrinth work (an ancient design
   painted on the floor or large canvas which resembles
   but is different from a maze. There's one path to the
   center which you retrace back to the outside. Many
   Christian churches in Europe have them out in gardens
   made of hedges. Hand-held labyrinths also exist where
   clients can use a finger or a stylus to trace a
   pattern and induce a meditative state.) "It creates

what I call a walking meditation...the idea is you can just forget about where you're going and it has a lot of metaphors for life...the journey, when you're feeling lost" (Interview 7).

4. *State run energy therapy program for normalizing blood pressure and lowering cholesterol.*

5. *Research on use of alternatives in social work and Chi (energy) measurement in response to different environmental stimuli* - pre and post tests of Chi measurement with a Korian camera in spiritual and non-spiritual environments. A Korian camera has a special device for capturing the aura-like energy of a subject's finger.

6. *Kabballah (Jewish mysticism) instruction and meditation, including mandala work.* Kabballah is the mystical interpretation of the Torah, the five books of Moses. "I put out art supplies and as we talk, they doodle or draw and predominantly what shows up in one form or another is mandalas" (Interview 8).

7. *Presentation of spirituality and alternatives at social work seminars and conferences*

8. *Transformative Organizational Consulting* - application of consciousness development within an organizational or community setting to address the

process of change. "In the environmental services department...I helped them reframe what they did in terms of it being a journey of character development, so that whenever they were having challenges with the people they were dealing with on the phone, instead of it just being what techniques do you use to more effectively communicate with people, I challenged them to look more introspectively to see if they saw repeat patterns, and maybe it's something they needed to look at personally...if somebody gets to me on a regular basis, what is it that they're tapping into?" (Interview 6).

Table 3. Additional Spiritual Techniques

Shamanic Soul Retrieval
Client/worker discussion of ghosts
Sacred Geometry
Feldenkrais and the Alexander Technique
Diet and Nutrition

1. *Shamanic soul retrieval* - Peruvian tradition in which shamans travel to the underworld to retrieve parts of peoples' souls that have departed them through ways of coping with traumatic episodes. Training provided

by the Four Winds Society out of the Windamere Institute for the Healing Arts; based on the text "Shaman, Healer, Sage" by Alberto Villoldo. It is a method for shamanic practitioners to help someone reintegrate parts of themselves they may have lost. "Most Shamanistic techniques require some type of drumming...the practitioner goes into a trance state and travels energetically or spiritually into what's considered another level of reality...on behalf of the client...I'd get information from the client, travel and then come back and report on the experience" (Interview 7).

2. *Client/worker discussion of deceased spirits or ghosts* - "Social workers need to be trained in learning about ghost stories. Clients have ghost stories all over the place... ghost stories everywhere! And it just amazes me...why can't we talk about ghosts to our therapists? Therapists don't want to talk about that. As soon as I talked about a ghost story, I was psychotic" (Interview 4).

3. *Sacred Geometry* - the theory that certain mathematical shapes which have existed throughout time and are considered perfect (such as tetrahedrons and Egyptian pyramids); perceived to have inherent

healing powers, helping to align electromagnetic
fields and bring more alignment/cleansing to the
environment.

4. *Feldenkrais and the Alexander Technique* - modes of
exercise and balancing the body; focus is on posture
and releasing tension as opposed to changing it.

5. *Diet and nutritional awareness* - cause of many problems
can be linked to improper nutrition; lack of a
balanced diet with enough fruits and vegetables.

Research participants also provided some notable
examples of client feedback from using spiritual and
alternative approaches.

"Just great gratitude...people who are understood for
the first time...when people have really had unusual
experiences and have not known how to understand them or
have a life history of such complexity enmeshed with
intuition...they're just deeply grateful that someone can
take and reframe their experiences and help them
understand and untangle this spiritual piece" (Interview
1).

"[Clients] are very pleased that I use them and wish
they had found me sooner. People felt that they didn't get
enough feedback from the therapist and that with me they

get a lot of feedback. They feel they can tell me more and so they're not afraid to tell me what they consider to be weird stories or weird thoughts and they're not afraid to tell me things that other therapists might think is crazy. So, they tell me the crazy stuff...and then we get down to the really deep issues" (Interview 4).

"(client testimonial) I have felt so smothered and crushed by my family...that I was actually down enough to want to kill myself. Your talk literally saved my life. The moment of clarity you brought to me caused me to remember my real purpose- to bring unity, forgiveness, and peace to people...I will bring the heroic journey concept to my job" (Interview 6).

"A client who came to me when he was five years old...he was like a little Shaman. Sometimes he would do [mandalas] with stones and beads and create these collages and maps of his inner world...he would draw pictures of his soul. One of the last mandalas he did was sort of like a DiVinci...a body in the middle of a circle, well integrated" (Interview 8).

"Students appreciate my particular personal experience. When I share my personal journey they are very, very interested and therefore are willing to

practice my teaching...energy therapy approach" (Interview 9).

Participants described various ethical issues in this domain, which have been divided into *areas of concern* and *areas requiring awareness*. The following six areas of concern were identified:

1. *Not using certain spiritual/alternative techniques* such as consultation with intuitive healers with clients who are paranoid or meditative states with someone who is delusional.

2. *Contention that social workers should not impose their own spiritual beliefs onto clients* and only go where the client is. "As long as you stay client-centered, are very respectful and don't impose...we're not there to do our work on them, so be very careful- who are you doing this for? If you have a strong need to bring spirituality into this interaction, be real clear that it's not your needs that dictate- it's the client's need for that" (Interview 10).

3. *Concern for making the distinction between spiritual competency versus use of alternatives and the need for further research on*

alternatives. "There are dilemmas with what I call the invisible realm of healing...I'm very strong as a telepathist, but to use that in my practice would be unethical cause it could be frightening...there are clairvoyants, intuitive interventions...but I do think the public needs to have trust in social workers...now if I were an oncologist social worker, I would think it was part of my requirement to become a more professional expert to understand the debate between alternative and non-alternative interventions...the question is really when to use alternatives, not if. In the field of home health care where you often deal with patients who have major losses through disability or terminal illness, alternatives become very viable...it's not about absolutes, it's about the gray areas" (Interview 5).

4. *Uncertainty about physical touch in alternative therapies as a boundary issue.*

5. *Caution not to judge, analyze, or interpret spiritual work from the clinician's frame of reference.* "When you get into some of the spiritual work, it's tempting for people to say,

'well this is what's going on for you' or to
suggest things...and you can't do that, it's
unethical. Work with the symbols and what they
mean for [clients]...you don't interpret
somebody's things for them. If you're leading
someone through a hypnotherapy or a regression
session you don't say 'who's that person
standing next to you?'...you say 'are you alone
or is someone with you?' You don't create false
memories" (Interview 8).

6.   *Caution about malpractice issues concerning
dissuasion of clients' spiritual beliefs.* "If a
person tells you that a religion or a spiritual
practice is a major thing they're working with
and relying on, it would be malpractice not to
work with them and engage them around that...if
I had a person say they were a Sikh or something
and I didn't know much about where they were
coming from, I would need some education...but
it would be wrong for me to say, 'well let's not
talk about that, that's irrelevant to what we're
doing, let's talk only about the mental health
aspect of this.'" (Interview 10).

The following ten areas were identified as requiring ethical awareness:

1. *Making certain that social workers using these approaches are committed to their own spiritual development.* "Spirituality is an experiential aspect of life" (Interview 2).

2. *More careful analysis needed about the use of theology to promote social and political ends.* "It would be important for social work to take a more critical look at religious institutions and philosophies to understand their impact on disadvantaged populations...how these philosophies are being used to change public opinion around certain issues, to push certain types of agendas which may or may not be beneficial for our society" (Interview 2).

3. *An emphasis on the need for social workers to remain open to all different spiritual/alternative modalities and cultural practices.*

4. *Make intuitive assessments regarding ethical boundaries.* "The stronger you feel in your own boundaries, the less you need to try to hold the line- you just do it automatically. I ask the

person's permission either on a personal level or psychically for where they want me to go with them, and it becomes clear...I tend not to want to work with people who are just in their head. If they're really in their head, then they're not ready for the level of work that I'm doing...I'm really more working with people who are committed to their personal awareness and growth" (Interview 6). "You have to be very careful not to take people to a place one where they're not ready to go, and two where you're not able to handle what happens" (Interview 8).

5. *Spiritual and alternative competence equivalent to cultural competence in knowing some of the major world religions.* "I think there's an ethical obligation on the part of social work practitioners to be competent about spiritual healing modalities. I started writing an article...which basically says the percentage of people that access alternative and complementary healing modalities in the United States is skyrocketing and it's important as social workers to be familiar with at least the main ones" (Interview 7).

6. *Educate clients about spiritual/alternative techniques, full disclosure of procedures including potential impacts, and obtain detailed informed consent.*

7. *Follow Canda and Furman's (1999) framework for when and how to include spirituality.*

8. *Use interventions that are clinically effective in which case social workers need to diligently document spiritual and alternative outcomes.*

9. *Ethical responsibility to raise clients' awareness about the existence of alternative methods to Western models.* "You certainly want to let people know of resources that might be a good fit for where they're coming from...other approaches that other cultures use that have been developed" (Interview 10).

10. *Social workers using spiritual/alternative techniques should have thorough training including any certifications.* "The code [of Ethics] has always given people the opportunity to bring in anything that they're trained in" (Interview 5).

Another primary result of this research is the identification of spiritual leaders and legitimate training institutions where social workers can become more educated about spiritual and alternative practices. The consensus of participants regarding this question was that practitioners should seek further education and training in whatever religion or alternative practice speaks to them personally. Sources identified for further education and training in this area are presented in Appendix D.

Participants advised social workers searching for legitimate sources of information to use their intuition, ask how much training is involved (most legitimate alternative programs require two to three years of training), inquire about certifications/qualifications, how long they've been practicing, and to find out about former clients' perceptions. Legitimate training institutions and key leaders in the alternative, spiritual realm are generally well known in spiritual community circles, and should have adequate references. One participant encourages the use of an educational consultant to provide a list of all the spiritual training institutions regarding a particular area of interest.

Seven out of ten participants were questioned about experiencing opposition (with clients, colleagues and the

general public) in using these types of approaches. Three people reported no opposition primarily because they were in private practice and were known for doing that type of work. Another commented that he/she was able to frame spiritual issues in ways that did not create resistance.

Four participants reported facing opposition some or most of the time. "Ya I have, both among my colleagues who think that unless it's scientifically validated it's not worth presenting both to students and from what I call mainline social workers who operate under a mode of 'unless it's been authenticated and validated then I'm not going to use it because I don't know about it, or it might cause damage, or I might get sued.' There are all kinds of reasons why people hide from new ideas" (Interview 7). "I do think the one piece of quackery that's offensive is it's as if people who do this are dumb and stupid, and that other people are smart. It's what anybody does in one-upmanship no matter what the debate is about. It's really an oppressive model" (Interview 5).

Seven participants were also asked which spiritual or alternative therapies they felt required specialized training. Six out of the seven responded that they thought most all alternative or spiritual techniques required specialized training and any available certification;

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particularly Reiki, healing touch, hypnosis and

regression, acupuncture, energy therapies, and even

meditation. "I don't think that you can really do

meditation work if you don't meditate yourself. If you're

not on a path and doing it, then you can't lead it"

(Interview 8).

However, two participants noted use of self-help

material and the Labyrinth technique as safe to use for

most clinicians. Additionally, one person responded that

he/she felt things like meditation, ancestral work, and

chakra balancing were safe for most social workers to use

without extensive training so long as they were engaged in

personal spiritual study.

The consensus among 90% of participants was that if

social workers received extensive training and/or held a

certification, practicing spiritual or alternative methods

under the social work guise was appropriate so long as

practitioners are continually mindful. One person

expressed uncertainty and reservation.

"A lot of people will go and get a certificate or

complete a training in healing touch or EMDR and I think

sure, people who have credentials should practice"

(Interview 10). "I believe that there's information

available to us now that was not available for

centuries...we are at a stage in history where there is much accelerated spiritual growth and understanding. So I think what is really critical is that each person whatever they're pursuing, do it with integrity" (Interview 1). "I think people ought to use them if they feel that they're credible" (Interview 5).

Five out of seven people questioned believed that a combination of spiritual/alternative approaches with traditional Western mental health models was the most effective mode for work with clients. However, two people believed alternative/spiritual approaches to be superior.

"I would say it depends on the person and what their belief system is, what kinds of things appear relevant to them...a person who's real intellectual, I'll probably tend to go more cognitive with them" (Interview 10). "I think the therapeutic relationship which I'm considering Western is necessary for the client to develop a trust with the therapist" (Interview 4). "[People] who don't have the psychological background don't process afterwards and very often people can't cope. So they still need to develop positive thinking techniques, ways of communicating to get needs met, building ego strengths, practical steps on how to develop a plan...so I think you need both" (Interview 3). "The spiritual techniques and

tools that I've introduced into my own practice make me a

far more competent person than I was before...it's like

when you come to the end of traditional theories and

training, I think people in all fields look for 'where is

there more inspiration?' I do think spiritual techniques

and understanding allow therapists to be their most

effective. Without it you can be very effective, but you

do really miss some important pieces of reality"

(Interview 1).

When asked why they believed there was legitimacy in

connecting spiritual and alternative methods to social

work, participants responded in the following ways:

"Because when we get into alternative treatments,

we're working with high energy...it can actually make us

more depressed if we don't know how to harness and channel

the energy" (Interview 3).

"Social work is built on a holistic systems point of

view...I approach it from the standpoint of cultural

diversity cause I think people have a wide range of

cultural frameworks that they work from and some

frameworks include more spirituality and more openness to

so-called alternative methods. Some of the methods we

consider alternative are mainstream like Traditional

Chinese Medicine for example...So, you have to be careful, from whose perspective is it alternative?" (Interview 10).

"It honors the deep value of that person...by tapping into that deepest level of what they're going through, not what we think they should go through" (Interview 6).

"Social work is dealing with person in environment, which is the core of Qi-Gong or energy therapy...everything we're talking about in social work is energy and energy therapy is energy management... realize that I, the tree, our environment, and ecology are all interdependent. When a person realizes their energy is coming from the environment and they also have input into the environment, they become a part of nature, part of society, they will develop their sense of belonging and love their environment and society. The policy approach in social work is similar to the feng-shui concept in Qi-Gong or energy management. Policy is collective decision-making...contingent upon how much budget we have, what kind of values we have, how much resources...all these decisions are energy management...I think social work should reexamine...the energy management perspective and then we'll appreciate the spiritual and different types of alternative therapies" (Interview 9).

Participants described steps they saw as important in raising awareness of this approach. Social workers should seek educational opportunities at annual spirituality conferences and various independent presentations; advocacy to policy decision-makers such as the Council for Social Work Education and the National Association for Social Workers to include/promote spiritual and alternative opportunities; tap into the public's disillusionment with the Western medical model and talk more about the power to heal ourselves; study religious healers and disciples of the past; and advocate for more alternatives to be covered in health care packages now that things like acupuncture and healing touch are medically recognized for effectiveness.

"Our magazines and our literature have to publish more of these stories even if it sounds a little weird, publish it and then ask for some feedback. Putting out a theory means let's put the theory out there and see if other social workers agree with it, does it mean something, and did they get good feedback" (Interview 4).

"The more quickly we can do the research and explore what are people doing, what are they thinking...all the better. We don't want to be behind the cultural train" (Interview 1).

"We live in a very materialistic society that pretty much puts spirituality in sort of a marginal place...what I personally would like to see is that we integrate spirituality into the Human Behavior and Social Environment [HBSE] courses and that spirituality is viewed as an integral part of human development" (Interview 2).

Lastly, three participants were asked what steps could be taken to help clients more easily access spiritual and alternative resources. One person recommended that practitioners help clients research religious institutions and various counseling sources in their community that may offer alternative therapies. Another stated practitioners should advocate on clients' behalf for these services by requesting sliding scale payments or pro-bono services. A third person stated, "I think spirituality has to be integrated into social work agencies...teach yoga classes, teach meditation classes at the agency" (Interview 3).

Summary

Participants described spiritual and alternative interventions they are currently using. There is consensus that most techniques require specialized training and personal experience, and likely call for practitioners to

have a psychological background. A focus on intuitive assessment with ethical boundaries was also emphasized. Reports of clients' responses to these approaches were dynamic and life altering. Social workers also provided specific details about sources of education that will help this developing area evolve.

CHAPTER FIVE

DISCUSSION

Introduction

This research was exploratory in nature, attempting to gain specific information about what social workers were already doing in this area and how they felt about it. The breadth of information obtained included a description of spiritual techniques being used and educational sources. However, a few major principles also emerged. This section includes a discussion of major resulting themes. They are: the professional use vs. non-use of these techniques, and relevancy of these approaches to social work values of cultural competency and empowerment.

Other principles which emerged were theories to explain social work's hesitancy in accessing the field of spiritual and alternative approaches. Future recommendations for practice, policy and research are also covered including a poignant spiritual insight, connection to psychodynamic approaches, a proposal for an Advanced Generalist Model, and an acknowledgement of Jewish and Christian social work credentials already developed.

Finally, suggestions for future research in this area are provided.

Discussion

An unexpected finding of this research which resulted involved the professional use vs. non-use of spiritual, alternative content, meaning that several professionals were hesitant to use alternative techniques themselves. However, they refer out for these services often and felt it was ethically sound for other social workers who have enough training to practice these approaches.

Four out of ten people interviewed reported that although they were comfortable writing spiritual/alternative social work literature, presenting seminars, and using it in their personal lives, they were not comfortable incorporating it into social work practice or education. One person reported being in a realm of academia where there was currently no opportunity. Two expressed concern over potential legal and boundary issues in private practice although one currently teaches alternative curriculum in a school of social work, and the other felt healing touch was research based and would probably be a safe incorporation were he/she to go back into medical social work. "Both licensure boards and

malpractice carriers have a tendency to approve what's considered tried and true in Western mental health, and look questionably at any kind of modality that they're not familiar with. And so you start skating on thinner ice when you start doing some of the alternative methods" (Interview 7). A fourth person practiced alternative methods only under their pastoral degree, despite their social work practice being located in a church. Additionally, one person who incorporates spirituality into community social work frames it in a general, non-spiritual way so as to appeal to a greater public domain.

This finding demonstrates a public reluctance to have open dialogue in the area of alternative and spiritual approaches. The use of alternatives is consistent with increased public use and emerging medicine. This research provides evidence that highly qualified, respected, and intelligent social workers see these approaches as invaluable to work with clients, which will assist in promoting dialogue in this realm. A paradigm shift is taking place in our country where traditional mental and physical health models are being augmented. Especially in mental health treatment, these approaches are basically an extension of spiritual awareness, a liberal application of

spiritual and cultural theory. Without talking to
professionals who are leaders in this emerging field,
these practices would remain an unrecognized modality of
helping.

Themes of cultural competency and empowerment also
emerged from this research, which are central to social
work values.

Social workers are viewing spiritual and alternative
practice as an extension of cultural competency. Some have
argued that the world of alternative practice is a culture
in and of itself. "They're people in the alternative world
who are highly educated. They've gone to schools for
Chinese medicine, naturopathy, homeopathy...I think we
need to have spiritual healers in the world and we've lost
them...if we respected the alternative healing world as a
cultural frame it wouldn't be so hard for us to hold onto
these traditions" (Interview 5).

In terms of empowerment, spiritual and alternative
modalities focus on a higher more positive vision of an
already healed future, thus affecting the field of
intention and bringing results into actualization sooner.
These practices also educate clients about conscious and
intelligent energy; how to access their own innate healing

abilities, which affects their physical system at a
subconscious and cellular level.

There are a few theories for explaining social
work's reluctance to recognize this area. The first is
that this society has been largely influenced by
Christianity, and many Christian churches create a
separatist attitude towards non-members. "Their love and
care only extends to church members..." (Interview 9).
This mentality may have caused social workers and other
professionals to branch off away from churches rather than
work collaboratively. Many clients of social work services
may be viewed as having "lost God" "sinned" etc. which
precludes a positive working environment free of judgment
and criticism.

Along this same line of thinking is to recognize that
historically social welfare was the focus of churches
until the 1930s when it shifted to a responsibility of the
federal government. Now the focus is shifting back to
community, churches, and families (Interview 9) but we are
still reluctant and unsure of how to successfully
transition.

A final important point is the contention that many
social workers have interest and talents in psychotherapy,
which then lands them in private practice. "Many people in

social work come out of the little shrink

mentality...we're more willing to look like the American

Medical Association [AMA] model or the Diagnostic and

Statistical Manual of Mental Disorders [DSM] and that's

not alternative... we don't want as a profession to look

like people who are way out there in the realm of

empiricism" (Interview 5).

Limitations

The chief limitation of this research was the

inability to insure diverse ages and ethnicities of

participants. Another limitation was that due to the

extensive amount of content obtained, the researcher was

unable to quantify how many subjects used a particular

technique, only that the technique was being used by one

or more participants.

Recommendations for Social Work
Practice, Policy and Research

A very useful insight towards even further empowering

spiritual and alternative practice that developed out of

discussion is in challenging social workers to reframe our

thinking. "Social work particularly seems to be really

tied up in talking about healing, and that comes from a

woundedness model...There's nothing about being wounded,

it is simply a stage of development...even if it's a
difficult time...it's simply one stage and you're going to
move on beyond it...The other thing is a lack mentality,
lack of affluence...I see it embedded in the social
workers themselves when they talk in terms of
funding...they see cutbacks instead of seeing it as an
opportunity for creativity...there's a struggle
mentality...Sometimes unless an organization goes through
really challenging financial times, it can't really delve
into creativity. Oftentimes you get kind of lax when you
have more money" (Interview 6).

The above discourse serves as a reminder of the
energy exchange and intention between therapists and
clients. As clinicians we can theoretically influence a
more favorable and affluent environment for social work
funding and positive client outcome by helping teach
clients and other professionals that conflict is
transitory.

Another recommendation for practice in this domain is
to recognize the relevancy of alternative, spiritual
techniques to psychodynamic work. Many alternative
practices induce a deep state of relaxation and altered
consciousness where the unconscious can be accessed.
Matching specific psychodynamic tools with spiritual and

alternative approaches holds promise for further developed practice.

An exciting area being developed in terms of future practice implications is an Advanced Generalist Model. This new approach will teach social work practitioners how to recognize and work with different forms of spiritual energy. "Consider energy management as the core of social work practice, utilizing all types of social work approaches and theories, integrated with the Eastern [concept] of mind, body and spirit" (Interview 9).

For continued policy development in this realm, we should look to the existence of credentials in Jewish and Christian social work that already exist in many states throughout the U.S. (Interview 8). These programs provide credentials for social work in which training of how to work with clients from a particular religious standpoint is emphasized. If non-denominational or eclectic spiritual beliefs are as legitimate as mainstream religions, then it naturally follows a *spiritual social work credential* should also be developed whereby a person could receive concentrated training on a variety of spiritual and alternative/cultural practices. Suggestions for further policy development also include appealing to CSWE and NASW for the expansion of opportunities in this field as well

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as advocating to University Presidents and departments for more spiritual/alternative content to be taught in schools of social work.

Social work would greatly benefit from any further research in this area, particularly use of alternatives in social work, because this is the most newly evolving area. Research that replicates Schatz's (2005) study is recommended, and continued qualitative research in medical social work settings in particular.

Lastly, in striving to distinguish ourselves as a profession and build our research base, social work has made a separation in the literature from other fields. While this was necessary in the beginning, social work can gain much by pulling from research in other fields, notably transpersonal psychology in order to continue gaining competence in the realm of spiritual and alternative modalities.

Conclusions

Spiritual issues form the foundation of social work practice. "The intention to help people comes from spiritual concern" (Interview 9). "A lot of questions that people come to us with are fundamentally spiritual

questions...they're questions about meaning and purpose" (Interview 10).

This research revealed details about spiritual and alterative/cultural approaches being used by a handful of spiritual visionaries in the social work field. By exploring in-depth some of the spiritual and alternative practices available, we gain understanding about the potential relevance for culturally diverse clients seen in the social work profession. This research points to and addresses an absence in social work of this highly valid area of practice.

All social workers need a more extensive background of how to work spiritually with clients, and can become trained in practices such as meditation techniques, mandalas, ancestral work, and consultation with religious leaders/spiritual healers with enough personal commitment. However, there are certain individuals who are spiritually called to be healers and do more extensive, in depth energy work with clients. It is their knowledge we should seek to honor and create an atmosphere of receptivity around rather than skepticism or worse, disapproval. It is likely that this fearful opposition is responsible for social workers' hesitancy in learning about and using alternative techniques, in line with Schatz's (2005)

findings. The fields of religion, medicine, and psychology use alternative and cultural approaches much more readily than social work, possibly because these disciplines have been more clearly defined, and social work as a profession is just recently becoming more understood and respected.

A number of suggestions have been presented for integrating a spiritual, alternative, and more culturally competent approach to social work helping to inspire, dispel uncertainty, clarify guidelines, and contribute to a more holistic vision of work with clients and colleagues.

APPENDIX A

INTERVIEW GUIDE

INTERVIEW GUIDE

Please respond to questions from your own frame of reference and experience. Questions directed at practice settings also include educational or community social work. For the purposes of this research, alternative treatments and spiritual practices are grouped together because most alternative approaches originate from a spiritual basis.

1. Please state your gender, age, ethnic background, and the state in which you live.

2. What is your current profession including degrees and certifications held?

3. What best describes your spiritual or religious beliefs?

4. Please describe, in detail, your experience with alternative treatments or spiritual practices.

5. What treatments do you feel qualified to provide yourself and what alternative therapies do you feel require specialized training?

6. Do you consider alternative or spiritual methods more effective than Western mental health treatment? If so, why?

7. Have you been met with opposition about promoting the use of alternative, spiritual treatments in social work?

8. What has been your response with clients about using alternative treatments?

9. How do you know when it is appropriate to use alternative or spiritual treatments?

10. Which alternative treatments are most effective in your opinion and for which specific concerns?

11. Which alternative or spiritual practices do you believe are most widely known and practiced?

12. Are there other alternative therapies you find relevant that you believe are not widely known or practiced?

13. What are the ethical issues you see as important in providing, referring, or educating about alternative, spiritual treatments?

14. Why do you believe there is legitimacy and importance in connecting alternative, spiritual treatments to social work?

15. If a social worker became interested in learning spiritual, alternative approaches for work with clients, what sources of information or training should they be directed towards?

16. Can you speak about the following: the social work profession works with oppressed populations who normally cannot afford extra expenditures and have trouble getting basic medical insurance. What can be done to help clients utilize specific alternative and spiritual resources given this challenge?

17. What steps do you see as important in raising social awareness of this approach?

18. Is there anything else you would like to contribute to this research concerning alternative, spiritual practices and social work?

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to explore spiritual and alternative healing methods used in social work education and practice. Social workers who have knowledge, interest, or experience in alternative, spiritual approaches were identified from the ninth annual conference booklet for the Society of Spirituality and Social Work. Because social workers from this conference are dispersed throughout the country, a telephone interview will be the method of research.

This study is being conducted by **Alissa Carrie Wilson,** under the supervision of **Dr. Janet Chang, Assistant Professor of Social Work.** This study has been approved by the Institutional Review Board social work subcommittee at California State University, San Bernardino.

For this research, you will be asked approximately 15-20 questions concerning your profession and your beliefs about spiritual and alternative healing techniques. The interview will not last longer than an hour, and may be between 30-40 minutes depending on your answers. All responses will be held in the strictest of confidence by the researcher. Telephone interviews will be tape recorded with your permission, and later transcribed for use in the final research product. However, the researcher will destroy cassette tapes with your recorded interviews once the study is complete. You will not be asked your name or place of profession, to assure confidentiality; cassette tapes will only be labeled with initials. You may receive the results of this study upon completion, July, 2005 at the Pfau library at California State University, San Bernardino. Results can also be obtained by emailing the researcher directly at WilsonAC7@aol.com.

Your participation in this study is completely voluntary. You are free not to answer any questions and withdraw any time during this study, regardless of initial agreement to participate. There are no foreseeable risks to your participation in this research.

If you have any questions or concerns about this study, please contact my research advisor, **Janet Chang at 909-880-5184,** or **Jchang@csusb.edu.**

Participants will be compensated for their time with a $10 gift certificate. Your involvement is greatly appreciated and valued.

By placing an "X" in the space below, I acknowledge that I have been informed of, and understand the nature and purpose of this study. I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Please copy and paste this document into a blank document or email, "X" the space provided, type your initials, date, and return to the researcher's email at: **WilsonAC7@aol.com.**

Thank you.

<u>I agree to be tape-recorded</u>   <u>Today's date:</u>

_____ (place an "X" here)

<u>Initial:</u>

APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

This research is being conducted to further explore social workers who are interested in or using a spiritual or alternative approach to education and practice. No deception is involved in this research. All interview questions are directly related to social workers' knowledge of these practices. Because subjects selected have a self-identified interest or expertise in this area, research questions are geared towards further understanding this approach. The research seeks to better understand competency in this approach, as well as its benefits to clients, students, and social workers.

You may receive the results of this study upon completion, July 2005 at the Pfau library at California State University, San Bernardino. Results can also be obtained by emailing the researcher directly at WilsonAC7@aol.com. If you have any concerns or questions about this study, please contact my research advisor, **Janet Chang** at **909-880-5184,** or **Jchang@csusb.edu.**

Alissa Carrie Wilson, candidate for MSW

APPENDIX D

TABLES

Participants' Ethnicity n = 10

6	Caucasian
1	Caucasian/Jewish
1	Jewish
1	Taiwanese American
1	Other

Participants' State of Residence n = 10

3	Virginia
1	Arizona
1	California
1	Colorado
1	Iowa
1	Michigan
1	New Jersey
1	New York

# of People	Participants' Current Professions
7	Education
6	Private Practice/Psychotherapy
1	Ministry/Pastoral Counseling
1	Case Management
1	Spiritual Community/Organizational Consulting
1	Director Energy Therapy Center
1	Political Advocacy through Behavioral Health Authority for Inclusion of Spirituality into Social Work Practice

Participants' Spiritual Beliefs n = 10

3	Metaphysical Spiritual Beliefs
2	Eclectic/Buddhist
1	Eclectic/Liberal Christian
1	Yoga Meditation and Metaphysical Spiritual Beliefs
1	Kabbalah and Metaphysical Spiritual Beliefs
1	Judiasm and Metaphysical Spiritual Beliefs
1	Renewal Jewish Movement including ritual and meditation

| # of People	Participants' Qualifications
5	Licensed Clinical Social Worker
4	MSW
4	Doctorate in Social Work/Social Welfare
3	Reiki Training
3	Healing Touch Training
2	Reiki Master
2	Holotropic Breath work
2	Bioenergetic Training
2	Life Coach Training
2	Family Constellation/Ancestral Training
2	Yoga Training
2	Kabbalah study
1	PhD in Transpersonal Psychology and Consciousness Studies
1	PhD candidate in Spiritual Psychology
1	Masters in Divinity
1	Masters in Education
1	Masters in Public Administration
1	Qi-Gong Practitioner/Energy Therapy Training
1	Certified Tobacco Addiction Specialist
1	Certified Hypnotherapist
1	Certified Drug and Alcohol Counselor
1	Certified Mediator
1	Eye Movement Desensitization Reprocessing Practitioner
1	Soul Retrieval Shamanic Training
1	Hakomi Energy Training
1	Shin Physioemotional Release Training
1	Mandala work
1	Tai Chi Training
1	Archetypal Heroic Journey Practice
1	Extensive knowledge of homeopathy, herbal remedies, and Native American rituals and traditions
1	Natural healer and telepathist
1	Ordained Interfaith Minister

Important Education and Training Sources for Social Workers

Key Individuals	Institutions	Other Sources
Edward Canda, 1989, 1999 prominent author of books and articles on social work and spirituality	Various bioenergetic analysis institutes in CA	Society for Spirituality and Social Work, recently published bibliography of related sources
Douglas Chung, author of Qi-Gong Therapies and articles, 2000, 2002	Insight Meditation Institute in Barry, MA, Buddhist	Arizona Project for Spirituality in Social Work
Carl Jung, Transpersonal Psychology	Elat Chayyim, Jewish retreat center in Accord, NY	Bioenergetics Society
Judith Cornell, mandala work	Windamere Institute for the Healing Arts, Decora, IA	Various literature in social work journals coming out
Sharon Salzberg, Dan Goldman, Jack Cornfield, Zen Buddhist insight meditation	Institute for Universal Love, Casewestern University, Cleveland	Religious practice/text such as Christianity, Suffi, Buddhism, Kabballah, Shamanism
Sri Sri Ravi Shankar, Hindu	Pacifica Institute of Graduate Studies, Carpentaria	Advanced Generalist Model to Social Work Practice being developed
Rabbis Zalman Scachter-Shalomi, Rami Shapiro, Tirzah Firestone, Dave Seller, Jewish renewal movement	International University of Professional Studies	Different forms of meditation such as transcendental and insight
Rabbi Gershon Winkler, Jewish Shamanism	University of Colorado, research on healing touch	ALEPH Kallah, Jewish renewal conference
Dalai Lama, Buddhism	Various New Age Institutes depending on references and curriculum	Shamanism- Tibetan, Native American, Jewish
Dawn Campbell, healing touch	Union Institute and University, Cincinnatti	New energy therapy certification programs
Alberto Villoldo, author of Shaman, Healer, Sage	Institute for Integral Studies, San Francisco	Self Realization Foundation, Paramahansa Yogananda (Hindu)
Stan and Christina Groth, holotropic breathwork	Institute of Transpersonal Psychology, San Mateo	Four Winds Society
Scott Shannon (ed), Handbook of Complementary and Alternative Therapies in Mental Health, 2002	Atlantic University, Virginia Beach, VA	Divine Warrior Training
Larry Dossey	Institute for Transpersonal Psychology, Manuel Park, CA	Journal of Alternative and Complementary Medicine
Jon Kabat-Zinn, author Full Catastrophe Living, Mindful Meditation	Harvard Medical School, research on prayer, Reiki, alternative methods	Journal of Religion and Psychical Research
Brian Weiss, past life regression	Coach University, life coach training and certification	Nurse Associations, healing touch and Reiki training
Joseph Campbell, mythologist, heroic journey work	Fordam University, spirituality and social work curriculum	New age, alternative, spiritual and health sections of Barnes and Nobles, Borders, other major bookstores

Key Individuals	Institutions	Other Sources
Marion Hubbard, author Work of the Heroic Journey	Columbia University, spirituality and social work curriculum	Various Jewish and Christian social work certification programs
Deepak Chopra, Andrew Wile, highly trained medically and with alternatives	Southern Conneticut State University, spirituality and social work curriculum	Edgar Casey Foundation, Association of Research and Enlightenment, Virginia BeachVA
Erik Erickson, hypnosis	Duke University, degree in spirituality/psychic work, research on prayer	Spiritual Emergence Network
Mary Furgenson		International Coaching Federation
Wayne Dyer, spiritualist, hypnotherapist		International Association of Past Life Regressionists
Raymond Moody, spiritual author		Association for Psychotherapy and Spirituality, NY
Jacquelyn Small, TX, breathwork		Research and professional journals in other professions such as religion, sociology, psychology, anthropology
Penny Cohen, author Personal Kabballah		
Michael Harned, Shamanism training		
Sandra Ingerman, Shamanism training		
Mona Schatz, research on social workers using alternatives, Health and Social Work Journal		
Karen Herrick, research on spirituality, altnernatives and social work, Journal of Religion and Psychical Research		
Barbara Brennan, NASA scientist, hands on healing training program		
Fritz Pearl, Eric Burn, Esselin CA		
Elizabeth Kubler-Ross, VA, near death experience		
Pierre Sarkar, Indian philosopher		
Ghandi		
Lyndall Demere, PhD, CA psychic/intuitive healer and friend of Virginia Satir		
Daniel DaNore, spiritual psychiatrist		

APPENDIX E

MANDALA
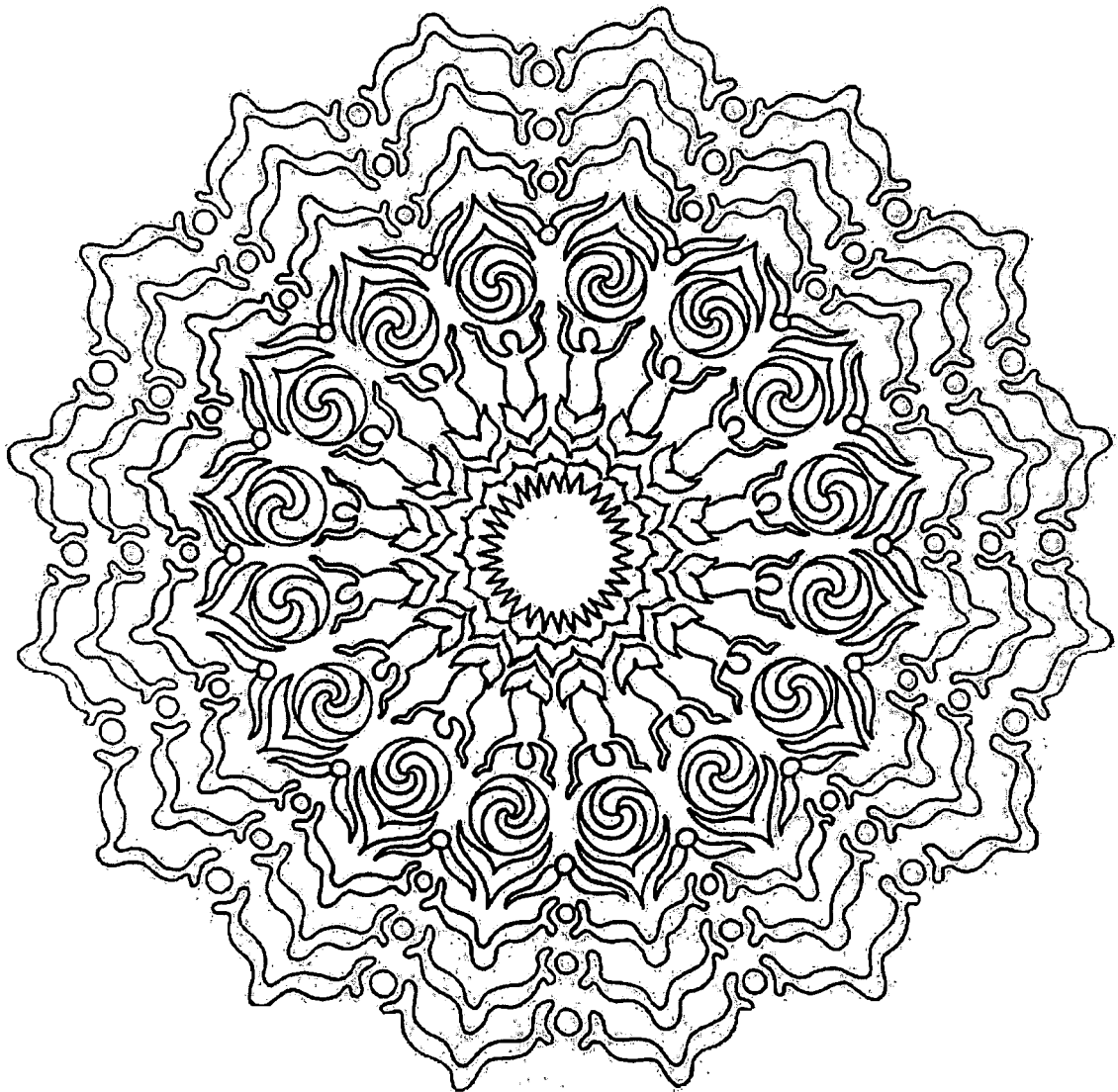
Source: Holitzka, K. (1997). *Power mandalas*. New York: Sterling Publishing Co., Inc.

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