The Spiritual Dimension for Assessing Human Functioning
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Why indeed must “God” be a noun? Why not a verb...the most active and dynamic of all?
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What do we mean by spirituality? Why is it important for social workers to understand the spiritual dimension of experience along with the biological, psychological, and social dimensions?

Spirituality is the domain of human existence that pertains to the essence of every human being, the very core of our personhood and its relationship to something greater than ourselves. Human beings call this “something” by many names. Whatever name we use, it is our relationship to the divine and the way each of us perceives it, that enables us to make sense of our lives and provides us with a sense of stability, guidance, purpose, power, and direction (Bullis, 1996; Schuster & Ashburn, 1992).

Whereas spirituality refers to subjective experiences of relationship to a universal power, religion refers to formal institutionalized systems of belief including dogmas, creeds, denominational identity, and rituals. (Bullis, 1996; Zastro & Kirst-Ashman, 1990). Most religions maintain that human beings experience a process of spiritual development over time (Swinburne, 1986). Depending on the religion, this development may take place over the course of one or many lifetimes. Some human development theorists (Erikson, 1988; Fowler 1981; Goldman, 1968) have adopted this developmental view of spirituality and have attempted to describe stages of spiritual development that parallel stages of development in the biological, psychological, and social domains.
Linguistically there is a close connection between spirituality and human development. The words spirit, inspire, and inspiration come from the Latin word spiritus meaning wind or breath. So spirit means something that inspires or gives life. The word “psychology” comes from the Greek word “psyche” meaning spirit or soul. Taken literally, the word psychology means the study of the spirit or soul. The root of the English word “health” is the Greek word “holos” which means something that is whole or complete. These linguistic connections reflect a belief, common to many cultures and religions, that spirituality, human development, and healing are inextricably intertwined.

From a spiritual point of view, physical or emotional symptoms are not aberrations to be eliminated, but warning signs (Hay, 1984) indicating disruption in the relationship between human beings and the spiritual realities which inspire and sustain them. Spiritual healing takes different forms in different cultural and religious contexts, but generally involves the element of restoration of the relationship between the suffering individual and the divine. In the Christian tradition, for example, spiritual healing is conceptualized as atonement, a word derived from the Latin, adunare, meaning “to unite.” Literally translated, atonement means reconciliation between an individual and God when this relationship has been disrupted by sin. In Muslim tradition, illness is believed to occur when an individual’s relationship with God is lost and replaced by malevolent supernatural forces. Reaffirmation of faith in Allah is necessary for healing to occur (Kulwicki, 1987). In various Native American groups, the Sweat Lodge is used as a means of purging the harmful effects of the dominant “white” culture and restoring the relationship between the individual and traditional Native American spirituality (Jilek, 1994). In ancient Judaic and Hindu traditions, spiritual healing involves movement through energy centers each of
which represents a different stage of spiritual development, ultimately leading toward union with
the divine (Bullis, 1996).

There are several reasons why the spiritual domain is relevant to social work practice. First, attending to the spiritual domain is consistent with current trends in social work practice. Contemporary social work is informed by the postmodern, constructivist idea that individuals create belief systems that give meaning and organization to their experience (Dudley & Helfgott, 1990; Anderson & Goolishian, 1992). Theologian and social work theorist Ronald Bullis (1996) concludes that, in a clinical sense, our beliefs about ourselves and our world are the “spirits” that inform our feelings and actions and ultimately become our personal realities. Similarly, cognitive theory, which is based in constructivism, maintains that attention to the “unique private meanings the client holds in relation to the problem and its context validates the client and provides the shared awareness and meaning base from which the client and the social worker collaboratively proceed (Granvold, 1995, p. 526).” This is why giving thoughtful attention to client’s spiritual concerns is central to the empowerment model of social work practice (Hartman, 1994). Conversely, if social workers do not recognize the importance of spiritual beliefs and the impact they have, there is significant risk of subjugating clients’ constructions of their own experience to the “expert” professional interpretations. If this occurs, social workers are perpetuating oppressive conditions rather than empowering their clients (Foucault, 1980; Pinderhughes, 1994).

Secondly, attention to the spiritual as well as biopsychosocial domains also completes the holistic approach required by the ecological perspective of social work (Hartman, 1994). The life challenges that lead individuals to helping professionals may lead them to seek meaning and
guidance in spiritual beliefs and practices, and raise spiritual issues. For example, a study by Greif & Poremski (1988) found that a renewed or continued faith in God was an important factor for individuals, families, and friends coping with AIDS.

Third, because of the perceived spiritual basis of physical and psychological symptoms, many individuals will consult a religious or folk healer for spiritual healing instead of or in addition to seeking help from a health care professional. In fact, the use of healers in the non-Western world is so widespread that it is the backbone of the rural health care system (Gupta, 1993). In the United States, several studies have indicated that Americans overall are much more likely to pray, read scripture, or talk to a religious healer than to seek help from a mental health professional (Gallup & Castelli, 1989; Gurin et al., 1960; Mollica, Streets, Bocarino, & Redlich, 1986). A holistic approach requires that social workers be prepared to explore spiritual issues and remedies. Social workers must also be prepared to consult, coordinate services, and collaborate with religious and folk healers who may be clients’ primary source of mental health care. Otherwise, important information and coping resources will remain untapped.

A fourth reason for social workers to attend to the spiritual domain is that doctrines that condemn people who believe differently continue to be a major source of intolerance, discrimination, and oppression. Accordingly, social workers attempting to understand and counteract oppression must be sensitive to the oppressive aspects of spiritual beliefs, beginning with their own (Zastrow & Krist-Ashman, 1997). Fifth, many contemporary social issues have religious dimensions. For example, in working with client’s concerns related to abortion, use of contraceptives, acceptance of gays and lesbians, cloning, reproductive technology, roles of women, prayer in public schools, and physician assisted suicide, social workers must be prepared
to include discussion of spiritual concerns (Bullis, 1996). Finally, given the central role of 
spirituality in all cultures, the spiritual domain will have an impact on what takes place between 
social worker and client (Green, 1994) whether or not spirituality is openly discussed (Canda, 
1989). If client and social worker come from different spiritual orientations, language and 
behavior may have different meanings. Therefore understanding of the client’s spiritual beliefs is 
essential to culturally competent practice (Green, 1994). For all of these reasons, an examination 
of the spiritual domain completes the biopsychosocial understanding of human functioning 
(Schuster & Ashburn, 1992).

Historically, social work has deep roots in religious tradition. The 19th century charity 
and philanthropical organizations that became the foundation for the social work profession were 
inspired by Judeo-Christian beliefs. Nevertheless, social work has evolved as a secular profession 
and social workers have chosen to treat religion and spiritual issues as private concerns beyond 
the scope of the biopsychosocial perspective. (Sanzenbach, Canda, & Joseph, 1989).

Accordingly, the topic of spirituality has received little attention in the social work literature and 
curriculum. Although some social work theorists have argued that spirituality should be 
considered (Canda, 1989; Joseph, 1988; Sheridan, Bullis, Adcock, Berlin, & Miller, 1992; 
Siporin, 1986) and journals such as *Spirituality and Social Work* have emerged, the social work 
literature generally fails to acknowledge the importance of spirituality to social work practice 
(Lowenberg, 1988). With few exceptions, social work human behavior texts either make no 
mention of spirituality as a factor in human development, or mention spirituality only in the 
context of particular ethnic groups or life situations.

There are several possible explanations for the fact that social workers have generally
overlooked the spiritual domain of their clients’ experience (Green, 1994). First, the field of social work developed in an historical period in which the social sciences and the helping professions were dominated by logical positivism which maintained that scientific approaches to addressing human problems required objectively measuring and quantifying human experience. Because the spiritual domain could not be quantified, it’s usefulness in explaining and solving human problems was discounted. Second, social work followed the lead of the medical model which historically has treated spiritual beliefs as delusion or as evidence of immaturity, escapism or neurosis (Freud, 1953; Stenfls, 1994). Although the latest version of APA DSM-IV recognizes spiritual problems as “a category of concern distinct from any mental disorder” it still pathologizes spiritual dilemmas as “other conditions that may be a focus of clinical attention (APA, 1994).” Third, a significant spiritual gap exists between helping professionals and the general population. For example, separate studies indicated that only 43% of the American Psychiatric Association’s membership (APA, 1975) and 66% of psychologists (Meyers & Jeeves 1987) believed in God, whereas an overwhelming 94% of the general population reported believing in God (Gallup & Castelli, 1989). A third, more recent study indicated that social workers were much less likely than their clients to rely on spiritual beliefs and practices (Bullis, 1996).

Although social work has evolved as a secular profession, in recent years social workers have become increasingly aware of the relevance of the spiritual domain to the field. This increasing awareness is reflected in the most recent Curriculum Policy Statement of the Council on Social Work Education (1992) which requires that accredited baccalaureate and master’s programs provide practice content related to spirituality. Attention to the spiritual domain is also
becoming more apparent in the social work literature. In a recent study of Virginia social workers, Bullis (1996) found that a relatively high percentage of social workers addressed spiritual issues in practice. For example, 62% explored their clients’ spiritual backgrounds; 24% recommended spiritual books; 41% recommended participation in spiritual programs; and 45% helped clients explore spiritual values. Sheridan, Bullis, Adcock, Berlin, & Miller (1992) studied the extent to which social workers and clients consider spiritual concerns to be either problematic or helpful. Berthold (1989) identified the sources of illnesses attributed to spiritual causes. Other writers have described ways to incorporate into interventions spiritual practices such as meditation (Bullis, 1996, Keefe, 1986), prayer (Canda, 1990), shamanism, (Canda, 1983), and spiritism (Berthold, 1989). Bullis, (1996) describes ways to incorporate the spiritual domain in assessment and intervention and presents strategies for collaborating with spiritual healers.

Beckett & Johnson (1995) have suggested several possible explanations for the recent increase in interest in spirituality within the social work profession, including: recognition of the success of 12-step programs which acknowledge the existence of a higher power; systems theories which emphasize a holistic approach to understanding individuals; increased interaction with Eastern cultures within which spirituality is an integral part of existence; and research results indicating the importance of spirituality to particular populations.

In her classic, *Common Human Needs*, first published in 1945, social work theorist Charlotte Towle asserted that spiritual needs “must be seen as distinct needs and they must also be seen in relation to other human needs (Towle, 1945, p. 8).” Many years later, the social work profession, long estranged from its spiritual roots, is now beginning to come full circle and reawaken to the importance of the spiritual domain of human experience.
References


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