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Integrating Spirituality in Practice: From Inner Journey to Outer Engagement

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Integrating Spirituality in Practice: From Inner Journey to Outer Engagement

By Holly B. Nelson-Becker, Ph.D., LCSW

We are not human beings having a spiritual experience; we are spiritual beings having a human experience.
—*attributed to Teilhard De Chardin*

Spiritual Questing in the Midst of Living

Many of us who work professionally with older adults—as Professional Geriatric Care Managers (PGCM), social workers, case managers, counselors, or other mental health professionals—have witnessed the power of spiritual questions that can distress, anguish, or assist our clients in managing life transitions. It is not only our client's lives that are touched so strongly by spiritual and religious doubt or help, but also our own. As we, too, develop over the life course, we encounter moments of challenge and reward in daily life. Our own journey—our trajectory of highs and low points—may mirror that of our client, although our professional training and experience may orient us in a somewhat different direction. In this way we can draw on our own wisdom to assist clients to have confidence in theirs.

As we learn to manage life difficulties, our self-concept is formed in part as a product of imaging how we appear to others as well as imagining the judgments others have about us as illustrated in Cooley's theory of the "looking glass self" (Robbins, Chatterjee, and Canda, 2006). We take control of this process by acknowledging that other factors also affect us. Our choices, our histories, our thoughts, and our feelings all combine to give us power to be creative agents instead of reactive ones. While our sense of self is formed in a social context, we can distinguish parts of ourselves that require no outside affirmation. Walking the spiritual path can help us identify aspects of our self-identity that may precede societal recognition, the affirmation from others of who we are and what we are about. These are aspects that we innately sense are important to our own well-being, such as pursuing a unique hobby or a friendship with someone whose views may have been largely rejected by others, perhaps partly because of the social position they hold. Activities such as solo or group meditation, yoga, or other exercise, sports, making music, reading, or participating in volunteer organizations all help shape our being. Our own views may not yet be understood or accepted in the larger social group where we have a home, or they may by contrast closely reflect a particular religious or spiritual faith community with which we affiliate. Whether or not the latter is the case, our spiritual journey becomes the context through which we filter our understanding of clients and the stories they share.

In discussing how the PGCM can integrate her/his own spiritual journey with his/her professional work, it is important to first define spirituality and religion. Spirituality leads one to connect with whatever is perceived to be sacred, whether that is nature, a Divine Presence, a relationship with a friend, or the deepest core of being. It is whatever raises the act

of living to another level and gives it dimension and significance (Canda and Furman, 1999; James, 1902/1961; Joseph, 1988; Nelson-Becker, 2003, 2005; Pargament, 1997). Religion, by contrast, generally is understood in social work to be one aspect of spiritual expression. It refers to the history, beliefs, rituals, moral code, and practices of a particular faith community (Canda and Furman, 1999; Nelson-Becker, 2004). This includes understanding that each of the preceding parts combines to confer a particular holistic identity (one or more) accepted by members of the religious organization.

It should be recognized that other disciplines may perceive these two domains in an alternate way, with religion encompassing the wider circle and spirituality a smaller subset within. This is especially true in theology and religious studies. In social work, spirituality is the language of choice, however, this may to a certain extent be a factor of demographics. The average age of social workers in 2004 was 49 and for nurses was 45 (NASW, 2006). Older adults, by contrast, tend to be more religiously oriented than the younger professionals who assist them (Newport, 2004). This "religiousness gap" with clients can lead to frustration or represent an opportunity to acquire greater wisdom. The metaphor of life as a journey emphasizes movement through time and space, with inherent challenges and benefits, all leading to learning.

The Professional Geriatric Care Manager's Spiritual and Professional Journey

A Professional Geriatric Care Manager chooses to work with older adults because he/she is called to it in some way. There are many professional helpers that eschew work with this population; we know this to be true because of the generally small sizes of university aging classes (Gordon, Nelson-Becker, Chapin, and Landry, 2007). This is challenging work, not for the faint-hearted. The values of a geriatric care manager are tested in the ethical dilemmas of balancing client

self-determination with safety and health needs and desires. Is the PGCM comfortable with her own aging process? If not, then seeing her clients become more disabled and frail over time can invalidate her imagined view of how easy her own aging will be. If a PGCM is a younger twenty-something, then it may be easier to differentiate the aging he witnesses as distant and unlike his own. Conversely, if the PGCM is in her late 40s or early 50s, the journey of her client may be viewed as either a welcome or unwanted model for her own aging experience. The particular personal frame one brings to one's work can alter specific outcomes, though perhaps not the more generalized outcomes contingent on the foundational ability to build a therapeutic relationship (Miller, 2007).

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Creating Ethical Contexts in Spiritual Discussions

Incorporating a professional ethical value base grounds a PGCM in his/her work with clients (Nelson-Becker, Nakashima, and Canda, 2006). Just because one asks questions about religion or spirituality in a client interview does not necessarily imply adherence to professional ethical standards, though competent practice does suggest that religious and spiritual assessment are vital. Individual religious and spiritual codes, while similar, may or may not always concur with professional ethics. Religion and spirituality are areas in which we and our clients may hold strong beliefs both in favor and against. The power of those beliefs may tempt us to act from those firmly held positions rather than explore fully the beliefs of our clients. That can be a danger when a professional geriatric

care manager with liberal political views works with a conservative client or vice versa.

Respect, client-centeredness, and inclusivity are three primary values that should be considered. Respect includes recognition of the nurturance that both informal and formal support systems provide, while understanding that the decision of the client has priority if he/she has decisional capacity. At times family members may prefer that the client live in a more restrictive environment for safety reasons. Their views should be heard, but the self-determination of the client matters most.

Client-centeredness places the older adult in the middle of all efforts on his/her behalf. It means facilitating access to a religious or spiritual group that a client requests, even if the care manger inwardly disapproves of the faith's tenets. The outcomes of group participation for a particular client, especially in terms of such benefits as social support, may foster health.

Inclusiveness, the third value highlighted here, indicates that a case/care manager should set aside personal views to respect the spiritual diversity expressed by a client. That can be particularly complex if, for example, the care manager finds a religious symbol worn by a client to be personally offensive or unwholesome. One response might be to discuss the meaning of the symbol with the client. The PGCM could be surprised to learn the significance for the client is quite different than his/her own meaning system suggests.

Setting and maintaining clear boundaries is another strategy that

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helps care managers assist their clients without becoming offended or losing their ability work effectively with and for the client. This is especially useful when the older adult is more religious or spiritual than the care manger, as is often the case (Richards, 2005). The care manager need not agree with all of the decisions the older adult chooses to make, while still valuing and nurturing the relationship.

Self-observation and Self-reflection: Inner Awareness

It is life itself that teaches how to live it. Observing our "mistakes" and our "successes" can both teach us, though our mistakes probably teach us more. If the life frame of a PGCM is a spiritual one she/he will notice and reflect on events in a nuanced way, perhaps seeking to understand several levels of meaning. He/she may face the conundrum of embodied spirituality, or how two individuals who each claim to be "spiritual" have such opposing ideas about how to proceed in a dispute. Embodied spirituality is the spiritual eye, or eye of the spirit (Wilbur, 1997). In embodied spirituality, the body is seen as a reliable source of spiritual insight along with the heart, mind, and other consciousness forms (Ferrer, n. d.). Ferrer notes that all human dimensions of an individual can participate freely in life as it unfolds. This approach seeks to integrate transcendent with immanent aspects of spirituality, drawing both together in a grounded and earth-centered way. This type of integration acknowledges the power and energy we receive from our environments, which can be health-inducing or health-diminishing at times, but ultimately sustains us.

Embodied spirituality is a source of renewal outside of human interaction. When we walk in a forest, allowing all our senses to be pervaded by beauty, when we sit by an ocean,

listening to the waves lap the shore, we observe the world and perceive our place in it. Steady observation helps us ask the questions we need to ask to understand better: how to relate to ourselves and our clients. This is not about harsh self-criticism when a session did not go "right." *Rather it is a gentle awakening to self that brings us into new awareness and helps us glimpse previously unrecognized strengths.* This "reflective self" then also has the capability to insulate us from the inexorable stress we sometimes feel when we become weary with our client's stories. If we permit it, this part of our "self" can insulate us from the compassion fatigue common with seeing human foibles in an unrelenting stream. The observant self says to us, "This is what happened." The reflective self asks, "Why did it happen? How did it come about? What can be done now?" What can I do to help?"

Opening Outer Awareness

An important aspect to the spiritual journey then is developing the inner vision or the spiritual eye as discussed above. An equal aspect in the spiritual journey of the PGCM is learning how to increase outer awareness. *This is taking the inner vision and giving it the freedom to move beyond the boundaries of the self to co-create healing environments with the client,* consistent with principles of transpersonal theory. One caution *in doing any kind of counseling or therapy, particularly when one is trying to follow a personal spiritual path, is that* this shouldn't be done without occasional consultation or checking with both clients and mentors. It is far too easy to move off the spiritual path and fall into

bizarre projections of what clients want or need. Many wise individuals have gone there ahead of us and have written about these dangers, perhaps not with clients, but in human relationships (e.g. Theresa of Avila, Catherine of Genoa, St. John of the Cross, Thich Nat Hanh, etc.)

How can we learn to open our outer awareness in service to helping clients? One of the reasons the spiritual journey can be so difficult is that there are many avenues that can expand understanding, and equally many that darken or cloud it. Ultimately, each professional helper can discover the methods that seem to resonate best with her. One exercise I have found helpful over the years is something I call a "white light" exercise. I have often used this in times of feeling stuck or unsure. In this situation, I visualize the client surrounded by a "white light." I imagine this to represent Goodness, Spirit, the Cosmic Force, and Divine Power. I ask this light to help give the client what he needs, with his permission. Then I also imagine the light touching me so that I can be "enlightened" about what is in my power to give. Another practice I have used is deep breathing to center myself if I feel troubled before I meet with a client. Meditation, visualization, sound vibration through such instruments as Tibetan singing bowls, sacred music, or other sacred sources of meaning can help refresh and renew the PGCM. Due to individual difference, not everyone will benefit equally from every exercise aimed at calming/centering the self and opening up awareness. However, testing several methods will assist in finding a few to add to one's traveling knapsack.

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Engaging Outer Awareness Inside a Client Meeting

When we sit down with clients, we may not know ahead of time what worries, concerns, or moments of elation may surface. A large part of the challenge in client work is *holding a stance of readiness*, ready to move artfully to the right, left, forward, or backward in a classical fencing duel, where the object at play is the current mental health status of our client. We do not play well, when we fail to listen carefully. *If we fail to attend to what is said and unsaid, verbal and nonverbal expression, we may miss the clear moment of enlightenment, when the client reveals the truth they most need to acknowledge.* When we practice our skill of attending carefully, we can also attune to other ways of knowing: the intuition, spirit, artfulness that may help a client shift to a new perspective. We do this well where we can learn to engage multi-channel listening.

Multi-channel listening is listening to the content of what is said, the emotion and manner in which it is said, being aware of the intended audience, and the context of the situation. From an anthropological lens, we understand that stories are shaped for the audience (receiver) in a hermeneutic fashion where the storyteller and the audience together form the landscape of memory and meaning (Gadamer, 1971). For older adults, memory has the power to extend the story back in time and reshape it repeatedly as the story moves forward with the aging of the storyteller.

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Starting the Spiritual Conversation

Where spirituality and/or religion are identified factors in a client's immediate problems, implicit permission is usually granted to discuss them as the client seeks greater understanding of either what he/she is able to change or what she cannot. However, if the client does not first address the topic, from our professional stance we often feel reluctance to probe or to generate a discussion about it. In our postmodern age, we haven't yet quite decided how to approach the topics of spirituality and religion. Puzzlement and confusion often lead us to swing in favor of abandoning the topic altogether. In some ways, while we are moving toward greater acceptance and concomitant visibility of GLBT individuals, we still cannot speak about religion, spirituality, and the compelling ways we may interface with them. *The relationship we hold with spirituality and/or religion remains relegated to a private place within ourselves.* We touch this place only when we speak with longtime friends—or if we hold a spiritual/religious affiliation, perhaps we speak with fellow congregants or parishioners or sangha members about our spiritual longings and experiences. Even then, those conversations may not be frequent. *How do we learn to speak about sacred sources of meaning with other individuals, when we so often deny, defer, or delay accessing and reflecting on our own inner journey?* The failure to integrate our sense of the spiritual with what emerges in daily life impedes progress to wholeness and keeps from our clients the best that we could offer. We see our journeys as only our own, completely separate from therapeutic space we share with clients. In fact, our journeys are influenced by our connection to the outside world, our view of late life, our personal sense of purpose or life mission.

I-Thou Relating

Individuals respond in an open fashion when the person with whom they interact creates a zone of comfort. When an older adult is treated as a subject and author of their life, rather than an object who is controlled by outside forces, the relationship has the possibility of being an authentic one. Sometimes older adults will throw up screens to distance others and keep their inner fears from being known. It is important to acknowledge that it may take courage on both sides of the professional-client relationship to learn how religion and spirituality may be valued or despised. What is the professional likely to uncover in starting the conversation about the role of religion and/or spirituality? What will the reference point be? Three primary scenarios may unfold though there may be many nuances in juxtaposition of spectrums of conservative and liberal religious/spiritual traditions: 1) the older adult may be less spiritual or religious than the PGCM; 2) the older adult may be more religious or spiritual than the PGCM or spiritual in different ways; or 3) the older adult may have no interest in engaging in a religious or spiritual conversation.

Older Adults Less Spiritual than the PGCM

Beulah Pierce was an American Indian older woman who was raised in a Catholic boarding school off the reservation from a young age. Although she had been forced to leave the reservation, over time she had developed strong relationships with older "brothers" and "sisters"

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who helped take the role of her parents whom she could visit only once or twice a year. In her young adult years, religious ceremonies she attended on the reservation seemed strange to her, but she did continue to attend Catholic services. She now lives in HUD housing in an urban area. Church-going had been a habit for her, but mainly because of the friends she could visit with weekly. She enjoyed the music, but only rarely enjoyed the priests' homily as much. Church had a role in her life, but it was not a major one. When she could not attend church due to illness or lack of transportation, she never felt guilty or sad.

The PGCM, Karen Davis, was puzzled about the role of church for Ms Pierce. Assumptions about the religiousness and worldview of American Indians led the PGCM to focus strongly on the role of spirituality for Ms. Pierce at first. Karen valued her own connection to spirituality more than religion and tried to search for a similar valuing on the part of her client. When her questions didn't seem to move discussion forward, and Ms. Pierce appeared pressured, Karen, having opened the subject, decided to let it remain there for Ms. Pierce to pick up again or not, as Ms. Pierce might direct. Karen took cues from Ms. Pierce about the role she preferred to give religion in her life now. Karen also was open to spiritual sources not defined by religion such as nature, other sources of community support, or inner strengths that guided Ms. Pierce in her life.

Older Adult More Spiritual than PGCM

Pearl Johnson was a 78-year-old woman who was caregiver to her spouse of 52 years, now bed-bound due to multiple sclerosis. The relationship had been a physically abusive one in previous years, but now was emotionally abusive. Her daughter had been urging Ms. Johnson to leave the marriage, but Pearl replied that Biblical injunctions directed her to stay. Her one solace was her church and the support of her minister who suggested that salvation would be hers in the next life for her good work in this one. When the PGCM visited, Ms Johnson was playing a hymn on the piano. She asked the PGCM to pray with her to give her strength to face demands and disparagement by Mr. Johnson.

The PGCM, Kate Roberts, would sometimes visit the local Buddhist temple and meditate with a sangha, a group who practiced meditation together. Although raised as a Christian, she no longer affiliated with any Christian tradition. She was very uncomfortable with what she saw as Mrs. Johnson's conservative religious outlook and the message Mrs. Johnson received from her minister. She also was unsure what to do when Mrs. Johnson asked her to pray with her. How could she help? In consultation with her supervisor, Kate learned that it was alright for her to support Mrs. Johnson's religious conviction, but also to respond authentically. While she wouldn't suggest Mrs. Johnson leave the marriage, she could explore several alternatives that could help Mrs. Johnson to make that decision herself, or if not decide to leave, at least to give her more power in the relationship.

Older Adult with no Religious or Spiritual Interest

It is important to recognize that although older adults have a faith affiliation (PRCC, 2001), not all older adults do. Dennis Schwartz was an 88-year-old man whose parents had no use for religion. As a result he never entered a synagogue or church until he attended a wedding in his 20s. While he had many friends who hold church memberships, he could never see the point. "All they do is ask for money, and I've got little enough as it is," was his comment to the PGCM who visited him. The PGCM, Devin Carouthers, had grown up in a Methodist church and, with two sons, was active in leading the local youth group. While he disagreed with Mr. Schwartz's characterization of churches, he understood that his own background and experience was quite different from the experience of Mr. Schwartz. As a result, he knew that while for him religious involvement brought a sense of fulfillment, Mr. Schwartz interpreted some of the aspects of a faith community as negative. Devin thought it was useful to learn Mr. Schwartz's position. He realized that in trying to build greater social support for Mr. Schwartz, a religious community would not be a resource. Devin also realized that he need not feel his own beliefs were being attacked. He could be secure in his own assessment of what religion accomplished for him and his family without needing to convince Mr. Schwartz.

These three scenarios detailed above, while not exhaustive, give some hint of the kinds of practice dilemmas a PGCM may face in integrating his/her own religious or spiritual view with that of a client. While the solutions provided are also only partial, they provide a beginning exploration of how a PGCM could

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respond. A more complete exploration would be beyond the scope of this paper, but this brief view provides a sense of the disparities a PGCM might encounter when trying to integrate her own spiritual understandings in her work context.

Conclusion

If we consider ourselves to be spiritual beings in search of what it means to be human, that concept can change us. It can change how we engage and work with our clients. We can always expect to bump into our own "stuff": our discomfort, our areas of darkness or rigidity, our fear, but also a growing recognition of our skills. This seems to be a law of life we can expect to happen. If we are willing, it can urge us into new forms of learning.

Holding a stance of curiosity about our own lives as well as the lives of our clients can open up new kinds of space for both. We stay connected, but let go. We participate in the interaction, but de-center (de-invest the ego) from it. When we can appreciate paradox in ourselves, we can also learn to understand it in clients. Integrating our own spiritual journey in our practice in a conscious way, even if we do it only by holding it in our awareness, can help us understand wholeness in ways that will benefit our clients and everyone with whom we connect. Our own search for wisdom will only enhance our professional work, if we let it thread through all aspects of our life.

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