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Spirituality in Professional Practice with Older Adults

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Older adults typically value the importance of religion and spirituality in their lives. In the United States, adults over age 65 rate the importance of religion higher than any other age group: Between 80% and 90% across surveys consider religion to be very important (Association for Religious Data Archives [ARDA], 2008). Approximately 84% of adults ages 60–69 and 88% over age 70 express a Christian religious affiliation (Pew Forum, 2007), although with immigration other world religious affiliations are increasing though still statistically small. As health and mobility decline in older ages, formal religious participation tends to decrease, but private spiritual expressions (use of prayer; the Bible, other scriptures, and devotional reading; and religious radio/TV) tend to increase (Fitchett, Benjamins, Skarupski, & Mendes, 2013). Because religion and spirituality are often important aspects of their lives, older adults may welcome integration of a spiritual perspective when they interact with formal helpers.

Spirituality has become a focal point for investigation in many gerontological disciplines (Nelson-Becker & Canda, 2008). For example, recent studies about older adults have explored connections between cultural diversity and religiousness (Krause & Bastida, 2009), spirituality as an important resource for well-being (Piderman et al., 2011), collaboration between social work and churches (Pickard & Tang, 2009), and issues related to dying and hospice programs (Cobb, Puchalski, & Rumbold, 2012; Wortman & Park, 2008). Numerous empirical studies have examined the relationship between religion or spirituality and well-being, with about 80% reporting positive correlations between religiousness and greater happiness, life satisfaction, or other measures (Koenig, King, & Carson, 2012; Paloutzian & Park, 2005). In particular, empirical studies of the effects of religion on the health and mental health of older adults, though having mixed outcomes, generally suggest that religious and spiritual practices have salubrious effects on social support, coping, and quality of life at the end of life (Ardelt & Koenig, 2006; Lee, Besthorn, Bolin, & Jun, 2012; Nelson-Becker et al., 2013). These findings imply that religious and spiritual interventions may be valuable resources for social workers in helping to maintain life satisfaction for some older adults.

Development of a spiritually sensitive practice requires a strengths-based approach that includes listening to the profound and diverse questions clients express and demonstrating openness to hear all

expressions of grief, longing, confusion, and joy that emanate from the human experience. Spiritually sensitive practice involves the ability to recognize and respond to these expressions with clients, but it does not impose a viewpoint that is contrary to the perspective of the client. It is a hearing of the heart: an ability to hear the pain and the hope in the stories clients tell and an ability to highlight for clients important themes or subtexts of which they may not be fully aware.

SPIRITUALITY: WHAT IS IT?

Spirituality is the search for meaning, purpose, and morality. It develops through relationships with self, others, the universe, and ultimate reality or the ground of being, however a person or group understands this (Canda & Furman, 2010; James, 1902/1961; Tillich, 1963). Transpersonal experience includes the journey within to the deepest nature of oneself as well as the process of fulfilling and transcending the individual self in the context of our connections with others and the universe (Puchalski et al., 2009; Robbins, Chatterjee, & Canda, 2012). It may also include direct mystical experiences with the divine (James, 1902/1961). Individuals and groups may express their spirituality with or without involvement in religious organizations.

Spirituality is expressed through religious involvement somewhat more commonly among older adults compared with younger cohorts (Marler & Hadaway, 2002). Religion refers to organized beliefs, values, rituals, and institutions that are concerned with spirituality, shared by a community, and transmitted through traditions. Older adults, however, in contrast to their often younger social workers, are more likely to be able to define and discuss religion or their practical philosophy of living more easily than they define spirituality, a term they may find unfamiliar or confusing (Nelson-Becker, 2003).

Existentialism refers to a philosophical approach where one's primary task is to find what determines level of meaning in life. This is related to spirituality in terms of the search for meaning and purpose, though is distinct from it in that one often feels a disconnection from any type of transcendent power. Often this may involve an anguished process where prior beliefs no longer seem valid and one begins a search for one's own meaning. Meaning is often conceived in a way that is entirely personal. At the end of life, terminally ill individuals may expand their curiosity in the hope

that this will lead to new self-discovery. This often takes an individual through a process of uncertainty and ambiguity that includes the re-examination of prior understandings to determine what one holds to be true (Nelson-Becker, 2006).

Spiritual care in client care recognizes and supports the holistic need for healing. Spiritual care involves attention to the needs of the soul for compassion (both giving and receiving love), meaning/purpose, hope, faith, and reconciliation. It involves initiating an assessment to determine whether spirituality and/or religion are important to a patient and if so, including these aspects in whatever manner is both important to the client and ethical. In social work, the term "spiritually sensitive practice" includes a reminder for practitioners to listen to spiritual cues. Many times, the spiritual discourse has been a hidden discourse (Nelson-Becker, 2003; Puchalski et al., 2009).

AGING AND THE SPIRITUAL JOURNEY

A natural concomitant of the aging process seems to be a turn toward exploration of the meaning of existence in relation to the universe (Nelson-Becker, 2013). This inner spiritual exploration that coincides with aging is an expected cultural norm across cultures and spiritual traditions. Tornstam (2005) found that older adults often exhibit an increase in transcendent attitudes, including delight in the inner world, less death anxiety, and greater sense of connection to the universe. Older adults approaching the end of life may take this challenge as an opportunity to reflect on the significance of their life, to consider possibilities for what occurs at death or after death, and to grow in wisdom even in the process of dying (Nakashima & Canda, 2005; Nelson-Becker, 2013). Yet others find no appeal in religiosity or spiritual growth that are expressions of explicit spirituality, and maintain secular patterns that they established years earlier.

It is important to note that spiritual struggle and suffering are also expected conditions in the life course (Ai, Pargament, Appel, & Kronfol, 2010; Fitchett & Risk, 2009). Suffering is an intensely personal experience that may be linked to spiritual distress. Although unresolved physical pain, especially when it persists, can and does lead to suffering, spiritual suffering involves hopelessness and profound anguish. Older adults who face serious illness or

death may search for answers to their illness that cannot be found and may despair over choices made or future plans that must remain unfinished. Suffering surrounding spiritual questions is particularly difficult for social work and other health professionals, who seldom have training to address this kind of need. In fact, at times the only clear solution, aside from calling pastoral care associates, is to bear witness to this journey that lies apart from all attempts to ignore, manipulate, or control it, and to understand that healing spaces can be created even when the potential for cure is absent.

The remainder of this chapter identifies spiritual needs expressed by older adults and the clinical contexts where they appear. Eleven domains of spirituality useful for assessment are identified and sample questions are provided. The need for self-reflection by social workers and types of spiritually attuned activities useful under different circumstances are discussed. Finally, ethical considerations are presented.

SPIRITUAL NEEDS AND CLINICAL CONTEXTS OF OLDER ADULTS

Spiritual Needs

Spiritual needs pertain to the universal desire to locate meaning and purpose in life. Among many types of spiritual needs, there are three commonly expressed by older adults: the need to create meaning and purpose, the need to become empowered through connection to a higher power/transcendent force or nature, and the need to give and receive support through affiliation.

Continuing old affiliations or making new ones is a way to remain connected to community and continue to make contributions. In older ages, adults typically receive many services; they need to know that they can still make significant contributions to others, whether through sharing wisdom-based stories or imparting knowledge gained as a by-product of lifelong vocational pursuits. They value the support they both receive and provide to others.

Clinical Contexts

There are numerous life challenges across settings where spirituality may be a resource. Older adults particularly value attention to religion and/or spirituality, and this may become more salient during times of health or social crisis. Common contexts for spiritually focused helping activities include coping with chronic or terminal illnesses, bereavement, relocation, and caregiving.

When chronic illness leads to pain or life limitation, older adults often feel discouraged. One active response is to use emotion-focused coping (Lazarus & Folkman, 1984). "Religion helps me in a lot of ways. When I feel that I'm depressed about things, it just seems that I think about how the Lord is able and He rules the world. When I get that feeling, it helps," commented one older African American female study participant (Nelson-Becker, 2005a, p. 58). Social workers may support clients by engaging with their spiritual language and symbolism.

Bereavement is difficult at any age, but losses are magnified in later life when one's life companion dies and friendship networks begin to thin. Spiritual beliefs and practices may bring comfort for those who suffer from the loss of important companions and grapple with the meaning of life and the deaths of their significant others. Spiritual mentors, such as clergy or wise friends and relatives, as well as religious or nonreligious spiritual support groups can provide guidance and social healing.

Older adults who transition to greater levels of care, often in new locations, find it hard to maintain contact with their faith communities. In such cases, religious television and radio programs may take on new significance. Engagement with familiar religious activities, such as prayer, meditation, scripture reading, reciting a mantra or rosary, and attending available religious ceremonies, can be facilitated for interested clients. Spirituality can be a resource that aids in the transition.

Caregiver burden is becoming an increasing concern as older adults live longer with chronic conditions (Centers for Disease Control, 2013). Spirituality has been viewed as a resource for both the caregiver and older person in dealing with multiple physical, emotional, and social demands that contribute to this burden (Craigie, 2007; Kim, Reed, Hayward, Kang, & Koenig, 2011). For example, among many East Asian and East Asian–American communities, older adults are influenced by the Confucian virtue of filial piety to expect family-based care from their adult children (Canda, 2013; Chan et al., 2012). Concurrently, their adult children often feel a sense of obligation and/ or genuine loving concern to care for their parents at home. However, contemporary social conditions, such as disruption of extended family households,

migration of adult children for work, extended life spans, complicated medical conditions of older family members, and lack of adequate governmental policies and funding for elder care infrastructures, make it difficult for many adult children to fulfill these expectations. This sometimes leads to resentment by parents and exacerbated caregiver burden for children. However, some families are able to create flexible adaptations of filial piety expression. This exemplifies the importance of professional helpers taking into account the specific spiritual and cultural backgrounds of older adults and caregivers and helping them to maximize the potential for mutual benefit through creative approaches to the challenges of aging. Indeed, many people strive to meet the expectations of their own cultural or religious versions of moral expectations for elder care.

SPIRITUAL ASSESSMENT

Many social work agencies now incorporate some questions on religion and spirituality as part of their formal intake process. Usually this takes the form of one or two brief questions surrounding religious affiliation and church/synagogue/spiritual group attendance. In social work and aging, Ortiz and Langer (2002) developed a short protocol for conducting spiritual assessments with older adults. In addition, social work has developed spiritual assessment tools to assist practitioners (Canda & Furman, 2010; Hodge, 2001; Nelson-Becker, 2005b), as have medicine and nursing (Anandarajah & Hight, 2001; Fitchett, 1993; Koenig, 2002; Puchalski & Romer, 2000; Sulmasy, 2002) and psychology (Pargament, 2007). The Fetzer Institute (1999) also has an excellent resource.

Spiritual assessment with older adults should form part of a comprehensive assessment that is ongoing. Some older adults consider religion and spirituality to be private matters, so they may not be forthcoming about these dimensions in the beginning. An essential starting point in spiritually sensitive practice is to create a supportive and collaborative space for older adults to freely reflect on their religious and spiritual views and experiences according to their own interests. For example, a social worker might initiate a conversation in a casual manner by mentioning the presence of a religious painting in the client's room. Such an invitation creates an opportunity to make a smooth transition to a spiritual assessment.

Spiritual assessment can help the social worker to determine whether the client would like to explore spirituality further in counseling with the social worker or referrals to other resources. It is important to adapt these or other suggestions about spiritual assessment to the specific circumstances of the particular older adult's culture, spiritual perspective, interest, comfort level, and readiness. It is best to engage this topic after establishing sufficient rapport with the client to know whether this is relevant. Before embarking on a detailed spiritual assessment, the social worker should ask preliminary questions that open up exploration of the topic. The words "spirituality," "religion," "faith," or other explicit terms are not always necessary. The important point is to indicate openness to this topic and to invite conversation, always being willing to abandon it if the client wishes.

1. What helps you to experience a sense of meaning, purpose, and moral perspective in your life? (Note: If the client mentions spirituality, religion, or faith in any way, this can lead smoothly into the next questions. These questions should be tailored to the style and beliefs of the client. If she/he answers in a way that shows discomfort with terms like "spirituality," "religion," or "faith," assessment can be pursued by using terms and beliefs suggested by the client.)
2. Is spirituality, religion, or faith important in your life? If so, please give examples. If not, please explain why they are not important, or, if you prefer, we do not need to discuss this further. (You can skip to Option 2 in question 4 below).
3. If important to you, what terms for referring to spirituality, religion, or faith do you prefer?
4. Would you like to incorporate spirituality, religion, or faith in our work together? Please explain.

   OR Option 2:

   Would you like to incorporate the ways of experiencing meaning, purpose, or life satisfaction that you mentioned earlier? Please explain.

Posing these questions is crucial in setting an appropriate framework to customize the questions that are consistent with the client's orientation and needs. In Table 7.1, we present 11 domains of spirituality developed from previously cited sources (see Nelson-Becker, Nakashima, & Canda, 2007) along with examples of questions for use as an assessment

TABLE 7.1. Eleven Domains to Explore During Spiritual Assessment

Domains	Definitions	Relevant Questions
1. Spiritual Affiliation	The formal religious or nonreligious spiritual groups with which the client closely identifies his or her orientation.	• Do you belong to any spiritual/religious group? • What does membership in this group signify to you? • Do you express your spirituality outside of participation in a religious or spiritual support group?
2. Spiritual Beliefs	Perspectives and ideas related to existential issues, the divine, nature, meaning, or purpose in life.	• What religious or spiritual beliefs give you comfort or hope? Describe. • What religious or spiritual beliefs upset you? Describe. • Do you believe in God, a Transcendent Power, or Sacred Source of meaning? • Describe your vision of who God or this Sacred or Higher Power is. • How would your beliefs influence your medical decisions if you became very ill? Would your beliefs interfere with or enhance your medical care in any way? • Do you believe in an afterlife? What does this mean for you now?
3. Spiritual Behavior	The spiritual practices or actions engaged in daily or special occasions such as prayer, meditation, or worship (including both private and public, organizational and nonorganizational).	• What religious or spiritual behaviors do you engage in? • How often do you engage in these religious or spiritual behaviors? • Do you engage in these privately, with family, or in spiritual groups? • What about these behaviors do you find nourishing or undermining?
4. Emotional Qualities of Spirituality	Feelings associated with spiritual beliefs and/or experiences/activities (both positive and negative).	• Have you recently experienced an emotion such as anger, sadness, guilt, joy, love, or relief in the context of religious or spiritual experiences? • What significance, if any, did this have for you? • What feelings did you have in response (to a specific experience)?
5. Values	Moral principles and ethical guidelines derived from spiritual beliefs.	• What are the guiding moral principles and values in your life? • How do these principles guide the way you live?
6. Spiritual Experiences	Private or shared profound transcendent experiences shaping sacred meanings, including both ordinary and altered states of consciousness.	• Have you had any spiritual experiences that communicate special meaning to you? If so, please describe. • Do you experience a connection with spiritual forces such as God, angels, spirits, or deceased loved ones?
7. Spiritual History	Developmental trajectory of spiritual beliefs, values, practices, and experiences. Includes both gradual change and pivotal points involving crisis or life enhancement.	• Were you raised in a spiritual or religious tradition? Do you now practice in the tradition in which you were raised? Describe early experiences and parental involvement. • In what decades of your life were you involved in spiritual practices? Would you rate your involvement as low, medium, or high for each? Were there any change points? • What events in your life were especially significant in shaping your spirituality? • Who encouraged your spiritual or religious practices? • Describe any spiritual breakthroughs that are relevant to you now.

(continued)

TABLE 7.1 Continued

Domains	Definitions	Relevant Questions
8. Therapeutic Change Factors	Unique spiritually focused individual strengths and environmental resources available for healing, growth, and improvement of well-being.	• What might be an object or image that symbolizes/represents your spiritual strengths? • Could you tell me a story of how it helped you to cope with difficulties in the recent past? • How do you see that this particular spiritual strength may help your current problems? • What spiritually based strategies, rituals, or actions have helped you to cope with times of difficulty or to experience healing or growth?
9. Social Support	Assistance and support offered by other individuals and groups that promote client coping and spiritual well-being.	• When you have religious/spiritual concerns and problems, whom do you talk to? • In the past, what types of supports have you received from these people?
10. Spiritual Well-Being	Client's subjective sense of happiness and satisfaction related to his or her spirituality.	• How worthwhile do you find living your current life? Can you tell me more about it? How does this relate to your spirituality? • How does your spirituality help you to find meaning in your life? • How strongly do you feel connected to God/Higher Power/Spiritual/Universe?
11. Extrinsic/ Intrinsic Spiritual Focus	Extrinsic focus: client's spiritual identity and orientation tied to a certain group membership and conformity. Intrinsic focus: client's spiritual identity and orientation that may or may not be tied to a group membership, but is more flexible and relatively self-determined.	• Do you find the teachings and values of your spiritual group similar to or different from your own? Please explain. • How integrated are your spiritual practices with your daily life, apart from spiritual group participation?

Source: Developed from Nelson-Becker, Nakashima, and Canda (2007).

tool or guide. The goal of this guide is to obtain a comprehensive understanding of an older adult's relationship to spirituality.

In conducting an assessment, a worker needs to be ready to frame questions in a manner that the client can easily understand. Conducting a thorough spiritual assessment based on Table 7.1 is quite a formidable task. We recommend that the extent of assessment and selection of questions should be determined by the issues at hand, the setting and nature of the client–worker relationship, and the social worker's clinical expertise. Spiritual assessment may be incorporated into ongoing work with the client if time allows. The simple act of asking these questions to explore the client's spiritual life itself may generate a therapeutic effect, bringing some insights and clarification to issues that are important to the client. Sometimes, simply asking the previous four preliminary questions will be sufficient.

SPIRITUALLY FOCUSED HELPING ACTIVITIES

All social work activities with older adults may be framed within a spiritually sensitive practice approach if the social worker is intentional about his or her own spiritual development and spiritual path. Thus, although the social worker may not use explicit spiritual activities with a client because they are outside the area of focus or the older adult has no interest, the social worker may use implicit spiritual sensitivity in preparing for his or her own interactions. Explicit spiritually focused helping activities help older adults by promoting profound healing or spiritual development. These activities may be associated with a religious organization or a nonreligious support group, or they may be private. A social worker may foster this type of helping indirectly through networking and/or collaboration with

religious/spiritual organizations desired by the older adult or directly through exercise of spiritual activities under specific conditions discussed below.

For example, research and clinical experience suggest that mindfulness-based practices can be appropriate for work with elders who are interested and able to engage relaxation, reflection, and focused mental awareness (McBee, 2008). Mindfulness-based practices involve helping people learn how to be aware of themselves in the present moment, with gentleness, clarity, and acceptance, through meditation-related activities (Canda & Furman, 2010; Canda & Warren, 2013; Hick, 2009). This helps people to free themselves from attachment to unhelpful thinking and feelings and to accept and let go of whatever is happening (including physical or emotional discomfort) with minimal distress. These practices are sometimes used by social workers privately to help them manage work-related stress and to enhance clarity in working with clients. They are also frequently used without explicit mention of their Buddhist origin or spiritual ideas. This is often considered desirable in order to keep the benefits of the practices without raising possible discomfort with explicit Buddhist or other spiritual language and beliefs. Sometimes mindfulness practices are used with explicit spiritual intentions (such as encouraging preparation for an optimal dying process) or even linkage with Buddhist meditation, Christian prayer, or other religious practices familiar to the client. The main principle is matching the older client's purposes and sense of comfort and interest.

Table 7.2 designates types of spiritually focused practices and the conditions under which they may be considered for use.

Implicit Spiritual Activities

Spiritually sensitive practice with older adults develops when the social worker relates with the client through genuine respect, unconditional positive regard, empathy, and openness to the client's distinctive spiritual perspective. These relational qualities should be the foundation of both implicit and explicit spiritually focused activities. Spiritual sensitivity requires explicit discussion of spirituality or use of overt spiritually focused activities only when appropriate for the client's goals, interests, and readiness. Section 1 of Table 7.2 indicates some spiritually

focused activities that may be appropriate when the client has not expressed interest in spirituality.

Establishing a personal intention to be fully and spiritually present helps center the social worker for whatever events or situations enter his or her physical, psychological, or emotional space. This type of preparation also is effective in countering compassion fatigue: it provides the ability to be fully connected to the present moment and manage the energy dissipation that often results from empathic engagement with older adults who may experience many forms of pain. Building a work and/or home environment with inviting spaces, artwork, and beauty provides a place where one can release the accumulation of energy that may be absorbed in all facets of direct social work practice. Listening to calming sounds or relaxing music helps build a holding or safety zone. Creating supportive networks with other professionals, friends, and family and engaging in personal renewal strategies such as taking walks in a natural setting also provide a type of inoculation against burnout when work with older adults becomes very complex or sad.

An important task of the social worker is to re-envision the current situation and to assist older clients in reengaging their passions in innovative ways or to develop new ones. There may be a clear moment of enlightenment, when the client reveals the truth he/she most needs to acknowledge. When the mechanism of careful attention is skillfully practiced, the social worker can also attune to other ways of knowing: the intuition, spirit, and artfulness that may help a client shift to a new perspective. This is accomplished well where multichannel listening is engaged. Multichannel listening is listening to the content of what is said, the emotion and manner in which it is said, the spiritual over- or undertones, awareness of the intended audience, and the context of the situation. Stories are shaped in a hermeneutic fashion where the storyteller and the audience 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.

Explicit Spiritual Activities

Spirituality can be engaged explicitly when the older adult has expressed interest in doing so. Sections 2, 3, and 4 of Table 7.2 indicate some explicitly spiritual

TABLE 7.2. Using Spiritually Focused Activities with Older Adults in Social Work

1. Client has not expressed interest in spirituality. (*Implicit Spiritual Sensitivity*) ·	A. Social worker uses other types of helping activities with client, for example:
	  1. Life review
	  2. Strengths-based interventions
	  3. Cognitive-behavioral techniques
	  4. Other therapeutic styles
	B. Social worker prepares self for therapeutic encounter through private spiritually based activities outside of session, for example:
	  1. Meditation
	  2. Relaxation
	  3. Visualization/imagery (e.g., seeing client surrounded by protective light)
	  4. Spiritual journaling
	  5. Engagement with a spiritual support group for grounding
	  6. Prayer for self-guidance
	C. Social worker engages with client in spiritually sensitive relationship, for example:
	  1. Relates with unconditional positive regard
	  2. Extends sense of hope to client until client can begin to build own
	  3. Listens with ears, mind, and heart to catch the meaning behind client verbalizations and nonverbalizations

2. Client has expressed interest, but social worker does not have relevant expertise or permission for direct use of spiritually focused activities; or social worker–older adult relationship has not yet been deeply established. (*Explicit Spirituality Focused Helping*)	D. Above activities plus (with caution): Social worker refers client to outside spiritual support systems, for example:
	  1. Ministers, rabbis, spiritual mentors with whom client already has relationship
	  2. Church/synagogue/mosque/temple leaders and spiritual teachers/healers congruent with client's expressed religious or spiritual affiliation
	  3. Other systems of potential spiritual support that are consistent with client interests

3. Client has expressed interest, *plus* a spiritually sensitive relationship and practice have been established. (*Explicit Spirituality Focused Helping*)	E. Social worker collaborates with outside spiritual support systems, for example:
	  1. Social worker works directly with outside supports chosen by client (e.g., chaplain or traditional healer) unless there is a concern
	  2. With client approval, social worker works with outside system members generally to build greater support for client or to assist in clarifying and mediating problems
	F. Above activities plus (with caution) direct use of spiritual helping activities by client request, for example:
	  1. Use of insights from spiritual/sacred writing
	  2. Exploration of personal sacred objects/symbols/stories
	  3. Use of art, music, poetry as therapy
	  4. Creation of spiritual map/time line including identification of significant mentors
	  5. Focused relaxation and breathing techniques
	  6. Exploration of forgiveness issues
	  7. Discussion of significant dreams
	  8. Development of rituals/ceremonies
	  9. Reading inspirational texts
	  10. Discussion of attitudes toward death/dying/afterlife
	  11. Reflection on harmful/helpful aspects of spiritual group participation

4. Client has expressed interest, *plus* a spiritually sensitive practice has been established, *plus* social worker has credentials or qualifications for particular activities (*Explicit Spiritually Focused Helping*)	G. Above activities plus (with caution) direct use of technique/therapy/ritual for which social worker is formally sanctioned and client requests, for example:
	  1. Use of prayer/religious ceremony with client when social worker is also a clergy person or recognized leader in the same religious group
	  2. Biofeedback
	  3. Jungian dreamwork
	  4. Body-centered therapy
	  5. Guided visualization
	  6. Meditation with a spiritual focus (such as Zen mindfulness meditation or Christian centering prayer)
	  7. Disciplines for healing and spiritual cultivation such as Reiki, tai chi, or hatha yoga
	  8. Herbalism
	  9. Acupuncture

Source: Adapted from Canda and Furman (1999, p. 254).

activities that may be appropriate depending on the client's goals, the practice situation, and the qualifications of the social worker. Sections 2 to 4 represent increasingly direct levels of engaging spirituality. Greater caution to avoid inappropriate impositions of the social worker's own values and assumptions should be used.

Basic explicit spiritually focused helping activities (section 2) are activities that do not necessarily require special training or supervision. Simply, they may involve referral to outside spiritual support systems. At times, explicit helping may involve advocating for the older adult when the spiritual or religious system itself has been a source of misunderstanding, betrayal, or pain. It may involve collaboration when the older adult asks the social worker to share information or to remain in contact with the spiritual mentor or leader.

If the older adult has expressed interest and a spiritually sensitive relationship is in place (Canda & Furman, 2010), the social worker may include activities such as exploring personal sacred objects/stories or a spiritual time line (section 3). Activities listed as possible choices should be used only if the social worker has competence or expertise with them. Activities in section 4 require that the older adult expresses interest, a spiritually sensitive relationship has been established, and the social worker has credentials or qualifications to conduct the activity (e.g., assisting an older adult to interpret the contents of a dream through Jungian analysis).

Further Ethical Considerations

An important consideration in choosing to be engaged in any type of spiritually focused practice, whether implicit or explicit, involves thinking through ethical issues. Work with older adults involves a self-assessment process. In the context of practice, social workers often encounter situations that help them understand their own values better. They grow as they engage in self-reflection that assists in identifying limitations, biases, and negative attitudes. Achieving value clarity calls one to be open to explore personal understandings and to refine these understandings based on further evidence (Canda & Furman, 2010; Nelson-Becker, 2008). Questions to ask oneself include: What types of experiences have I had that shaped my current reaction? What does this response suggest about my strengths and limits

in regard to this helping situation and generally? Is there something here that I want to work on? If so, what is my plan?

Other principles that are important to consider from an ethical standpoint include respect, client-centeredness, and inclusivity (Canda & Furman, 2010; Canda, Nakashima, & Furman, 2004). Respect in work with older adults includes demonstrating respect for all secondary clients as well as the primary client. Client-centeredness involves honoring the older adult's aspirations, values, and dreams even when they are very different from our own. It means helping clients to achieve their goals, even when we might disagree that a goal is in their best interest. Inclusivity concerns include honoring diverse spiritual expressions even when they are quite different from our own.

Before social workers engage in any type of spiritual helping activity with an older adult, they need to be clear that there is no motive aside from the welfare of the client. For example, if the social worker privately prays for a client with a petition for something that is contrary to the older adult's self-determined goal, this raises concerns about client self-determination and informed consent. Activities need to be performed in a way that honors the older adult and the traditions of the association or organization connected to the activity. Some activities are not permitted to be conducted outside of formal affiliation and authorization with the religious tradition, such as Christian sacraments and indigenous healing ceremonies. For example, unless a social worker is also an ordained or lay minister in a faith tradition that practices administration to the sick, also known as laying on of hands, and the older adult is a member of the same faith tradition or seeks out this ritual, it should not be practiced out of context. The social worker should have competency and skill in the activity, and also permission from the client and the culture or group that is associated with the activity to conduct it.

CONCLUSION

Spiritually focused assessment and helping activities should be included among the strategies social workers use with older adults, especially because spirituality tends to be important to older cohorts. The resources contained in this chapter, a spiritual assessment tool and a guide for when and how to include

spiritual helping activities, are intended to be practical applications for social workers interested either in developing a spiritual component in their work with older adults or deepening and extending the spiritual foundation they already employ. Though there has been a surge of research in the areas of religion and spirituality, more specific research should be conducted related to aging (George, Kinghorn, Koenig, Gammon, & Blazer, 2013). Gerontological social workers would benefit from exploring spirituality through dialogue with other practitioners, researchers, educators, and older adults.

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