THERAPEUTIC RELATIONSHIP AS A SPIRITUAL RESOURCE

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Presented at:
NACSW Convention 2015
November, 2015
Grand Rapids, Michigan

NACSW's 65th Annual Convention
Friday, November 13, 2015

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Learning Objectives

- After this presentation, you will be able to:
  - Identify evidence-based therapeutic qualities in social work relationships
  - Explain how intra-, inter-, and transpersonal relationships may inform spirituality
  - Describe how spiritual sensitivity may be cultivated through social work practice.
  - The importance of building spiritual competence as part of being spiritually sensitive.

Presentation Topics

- Therapeutic Relationships
- Spiritual Importance
- Relational Spirituality
- Implications for Practice

Therapeutic Relationships

- Relational processes create the core of an encounter (Saunders, 2001; Skovholt, 2005).

FEELINGS

THOUGHTS

BEHAVIORS

Therapeutic Relationships

- Authors have consistently found that the therapeutic relationship can influence client outcomes with more evidence to suggest that particular aspects of the relational process can have a significant influence over therapeutic outcomes regardless of treatment approach (Skovholt, 2005; Feller & Cottone, 2003).

Therapeutic Relationships

- Based on a meta-analysis, Norcross (2012) found direct positive effects of:

Therapeutic Alliance	Positive Regard
Cohesion	Affirmation
Empathy	Congruence
Goal Consensus	Genuineness
Collaboration	

Therapeutic Relationships

- Based on a study of psychotherapists, Skovholt (2005) identified three therapeutic domains:

Cognitive	flexibility to embrace ambiguity, understanding of the human condition, and appreciation of life-long learning
Emotional	humility, self-awareness, and self-acceptance
Relational	keen interpersonal perception, capacity for intense engagement with others, and ability to express compassion

Therapeutic Relationships

- Priebe and McCabe (2008) reported therapeutic relationships influenced treatment engagement and compliance.

A therapists style of engagement
"may be seen as therapy in itself"
(p. 521).

Therapeutic Relationships

- Relational depth is "a state of profound contact and engagement between two people, in which each person is fully real with the Other, and able to understand and value the Other's experiences" (Mearns and Cooper, 2005, p. xii).

The "*inner spirit seems to*

reach out and touch the inner spirit of the other" (Cooper, 2005, p. 88).

Therapeutic Relationships

- Requires a balance between connection and detachment for healthy relationship maintenance.

This sustains one's capacity to care

over and over

again.

Spiritual Importance

- For some people, it is the process of relating that can facilitate the experience of spirituality (MacConville, 2006; Weatherby, 2002).

According to Heyse-Moore (1996),
"we exist to relate to each other

and if we do not our spirit dries up

within us like a desert" (p. 307).

Spiritual Importance

- We have an "innate human yearning for meaning through intra-, inter-, and transpersonal connectedness" (Belcher and Griffiths, 2005, p. 272; Staude, 2005; Wright, 2002; Bullis, 1996; Hermann, 2001; Canda, 1999; Sandage & Shults, 2007).

Spiritual Importance

- "All spirituality can be viewed as relational" (Sandage & Shults, 2007, p. 263).

- People are "beings-in-relationship" (Sulmasy, 2002, p. 24).

- Relationships must be entered for spirituality to be understood (Stanworth, 2006).

Spiritual Importance

- Micro Level: Relationship with Self
- Mezzo Level: Relationship with Others
- Macro Level: Relationship with Environment

(Callahan, 2010; Callahan, in review)

Spiritual Importance

- Religious Coping
  - Prayer
  - Asking for intercessory prayer
  - Read religious scripture
  - Religious rituals/traditions
- Spiritual Coping
  - Meditation
  - Focusing on affirmations
  - Listen to music
  - Writing/reflecting

(Callahan, 2010; Callahan, in review)

Spiritual Importance

▣ Generalist Intervention

Compassionate	Good Rapport
Empathic	Desire to Understand
Trustworthiness	Being Fully Present
Affirming	Active Listening
Facilitating Relationships	Self-Awareness
Focusing on Ordinariness	

(Callahan, 2010; Callahan, in review)

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Spiritual Importance

- Advanced Generalist Intervention

Facilitating Sp Expression	Bereavement Counseling
Flexible Boundaries	Life Review
Providing Guidance	Hope Inspiring
Spiritual Assessment	Reframing
Enabling Sp Self-Care	Use of Humor
ID Relational Resources	

(Callahan, 2010; Callahan, in review)

Spiritual Importance

◻ Clinical Intervention

Psycho-Education -	Instruction that promotes utilization of new self-care/ relational skills
Psychotherapy -	Individual or group therapy
Alternative -	Art, music, dream work, meditation, acupuncture, therapeutic touch, biofeedback, relaxation, guided imagery, and aromatherapy

(Callahan, 2010; Callahan, in review)

Spiritual Importance

- Treatment Facility

Design Features -	Light, gardens, indoor plants, water, paint, windows, furniture, music, space for a gathering area, kitchen to cook, etc.
Access to Support -	Rules are flexible for visitors, access to spiritual care providers, ability to remain a part of the larger community, and programming for group work/support
Sp/Religious Expression -	Places for worship in facility, ability to participate in religious/spiritual rituals/ traditions, and access to outside religious/spiritual community,

(Callahan, 2010; Callahan, in review)

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Spiritual Importance

- Clients may be considered beings-in-relationship (Sulmasy, 2002).

- Relationships across every systemic level are likely to be important to clients.

- Meaning, acceptance, and coping can be experienced through relationships.

- These relationships have deep spiritual dimensions that are often not named (McGrath and Newell, 2004).

Relational Spirituality

=

Spirituality as Meaning

+

Meaning through Relationships

+

Evolves over Time

(Callahan, 2010)

Relational Spirituality

The importance of each relationship is relative, but relationships can inform life meaning.

Significant life events can lead to a greater need for relationships, particularly when questions about life meaning emerge.

(Callahan, in review)

Relational Spirituality

Relationships can "complement, challenge, and expand" one's own perspective (Faver, 2004, p. 242) (Krieglstein, 2006; Seyfried, 2007). Love is manifested by fully appreciating the reality of the other.

This requires receptivity to being open and authentic, a subject, rather than projection of a false self, an object. Relational spirituality thus requires a receptivity to be in relationships with others that push one to grow.

(Callahan, in review)

Relational Spirituality

- Based on interviews with fifty social service providers and advocates, Faver (2004) found care provision not only strengthened relationships, but also enhanced one's spiritual capacity to sustain care.

This is the experience of

relational spirituality.

Relational Spirituality

- Callahan (2013, 2015) described relational spirituality "as the experience of enhanced life meaning through a morally fulfilling relationship with the self, someone/something else, or higher power" (p. 49).

It is the *client's* perception of enhanced life meaning that defines relational spirituality, although the caregiver may also experience a meaningful therapeutic relationship.

Relational Spirituality

- Taken together, relational spirituality can be defined by the experience of relationships that inform and transform spirituality. These relationships support one's capacity to care, thus enhance life meaning.

- A therapeutic relationship may be one of those relationships that enhances life meaning. The awareness of enhanced life meaning by being-in- and through-relationships is considered the experience of relational spirituality.

(Callahan, in review)

Implications for Practice

- Callahan (2013, 2015) suggested that hospice social workers could cultivate the experience of relational spirituality through a spiritually sensitive style of caregiving.

- Spiritual sensitivity validates a client's spiritual essence (or inherent worth) and enhances a client's life meaning. A client's perception of relational spirituality is said to confirm a therapeutic relationship is spiritually sensitive.

Implications for Practice

- Applying Buber's (1970) Theory of Dialogue, Callahan (2009) suggested that an "I-Thou" and "I-It" style of communication reflected how a therapeutic relationship could unfold.
  - "I-It" and "I-Thou" communication are both likely to be a part of standard care.

- "I-Thou" communication is considered a "spiritually sensitive" style of engagement that can be integrated into all aspects of care (Callahan, 2009, 2012, 2013).

Implications for Practice

- There are a variety of conditions that could potentially undermine one's ability to be spiritually sensitive.

- Some of these conditions include the following:
  - Fragile health of clients
  - Unsupportive work environment
  - Time restraints
  - Unprepared staff
  - Limited research

(Callahan, in review)

Implications for Practice

- Fragile Health of Clients
  - Clients may pass away before spiritual needs can be addressed
  - Difficulty in managing client symptoms limit time or energy investment into spiritual care
- Unsupportive Work Environment
  - Physical environment is not nurturing of client spirituality – sterile, impersonal, and cold decor
  - Supervisors are not willing to support front-line workers in addressing client spiritual needs

(Callahan, in review)

Implications for Practice

- ▫ Time Restraints
  - ▪ Insufficient time to address client spiritual needs
- ▫ Being Unprepared
  - ▪ Personal discomfort due to lack of expertise or unresolved personal issues related to spirituality
- ▫ Limited Research
  - ▪ Less knowledge available about evidenced-based practices that promote client spiritual care.
  - ▪ Information disseminated through educational opportunities is not tested but promoted anyway.

(Callahan, in review)

Implications for Practice

- One way to address threats to spiritual sensitivity is to evaluate your level of spiritual competence.

- In seeking to understand your level of spiritual competence, you are being spiritually sensitive.

- This may require you to advance your level of spiritual competence to order to be more spiritually supportive of your clients.

(Callahan, in review)

Implications for Practice

- Hodge & Bushfield (2006) and Hodge (2011) characterized spiritual competence as:

    - (1) a <u>growing awareness</u> of one's own value-informed, spiritual worldview and its associated assumptions, limitations, and biases,

    - (2) a developing <u>empathic understanding</u> of the client's spiritual worldview that is devoid of negative judgment, and

    - (3) an <u>increasing ability</u> to design and implement intervention strategies that are appropriate, relevant, and sensitive to the client's spiritual worldview.

Implications for Practice

- Spiritual competence falls on a continuum.
  - Spiritual competence ranges from <u>spiritually destructive</u> practice at one end of the continuum to <u>spiritually competent</u> practice at the other end.

Destructive   Competent

- Developing spiritual competence is a process.
  - Spiritual competence is <u>not a static quality</u>, but a set of attitudes, knowledge, and skills that can be developed over time but requires intentionality.

(Hodge & Bushfield, 2006) 34

Implications for Practice

- Knight and von Gunten (2004) offered questions to assess one's level of competence:
    - Am I comfortable talking with this family about their religious beliefs and practices?
    - Am I likely to impose my own set of values or beliefs upon them in the process of assessing their needs?
    - Will I have the time and skills to provide comfort if my questions evoke great sadness or distress?
    - Who could best meet the needs of this patient and family at this time? (n.p.)

Implications for Practice

- As described by Allamani (2007), "if the interaction is oriented more toward listening than just to find out solutions, disclosure about suffering may be allowed, and the persons may perceive that they are accepted as a whole, together with their disease. This lets an individual feel that that he/she is a human being and is part of a larger world: a positive cure is reached (p. 234)."

Implications for Practice

- Therefore, it is through the therapeutic relationship that a social workers can help a client experience enhanced life meaning.

- A spiritually sensitive style of engagement may serve as a form of spiritual care.

- Spiritual care involves helping clients build and/or sustain spiritual resilience that enables them to transcend difficulties.

Ultimate Goal

- Client Spiritual Well-Being
  - Inner peace and harmony
  - Having hope, goals, and ambitions
  - Social life and place in community retained
  - Feeling of uniqueness and individuality, dignity
  - Feeling valued
  - Coping with and sharing emotions
  - Ability to communicate with truth and honesty
  - Being able to practice religion
  - Finding meaning

(Murray, Kendall, Boyd, Worth and Benton, 2004)

Summary

- Research suggests cognitive, emotional, and relational qualities are associated with a therapeutic relationship.

- Relationships with self, others, and environment are central to the experience of spirituality more or less for all people.

- Social workers can employ spiritual sensitivity to cultivate a life-enhancing relationship, but this may require spiritual competence.

Thank you!

Please contact me for more information:

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Citation for this presentation: Callahan, A. M. (2015, November). *Therapeutic relationship as a spiritual resource*. Workshop presented for the North American Association of Christians in Social Work's 65th Annual Convention in Grand Rapids, MI.

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