SOCIAL WORK & CHRISTIANITY

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NORTH AMERICAN ASSOCIATION OF CHRISTIANS IN SOCIAL WORK

NACSW provides opportunities for Christian fellowship and professional learning, encourages professional standards among Christian workers and agencies, recruits Christian students to enter the social work profession, and promotes a Christian philosophy of social work and the development of professional literature reflecting a Christian perspective. The Association's services include:

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SOCIAL WORK & CHRISTIANITY

AN INTERNATIONAL JOURNAL

Journal of the North American Association of Christians in Social Work

INSTRUCTIONS FOR AUTHORS

In addition to their text, articles submitted to *SWC* should have a title page, including the author's name and address, and an abstract of not more than 150 words. The title should be repeated on the first page of the text and the text should be double-spaced. Please use the American Psychological Association Style Manual format for in-text references and reference lists (as in this issue). Please submit both a 3.5 inch computer disk copy and four printed copies. WordPerfect 3.0 for Macintosh is preferred but other word processing programs and platforms can usually be translated.

Manuscripts will be reviewed anonymously by at least three members of the editorial board who will recommend a decision as to acceptance on the basis of the following criteria: relevance of content to major issues concerning the relationship of social work and Christianity, literary merit, conciseness, clarity, and freedom from language that conveys devaluation or stereotypes of persons or groups. Manuscripts should be sent to : David Sherwood, Editor, 65 Cassandra Circle, Churchville, NY 14428, USA. Email: sherwoodd@roberts.edu; telephone: 716-889-3477 (H), 716-594-6185 (O).

ASSOCIATION NOTES

✔ **48th Annual Convention**
Broader, Deeper, Stronger: Developing Faith and Community Within a Fragmented World
October 1-4, 1998
Toronto, Ontario, Canada

✔ **CSWE APM Networking Events**
March 5-8, 1998
Orlando, Florida

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Special Issue: Readings on the Integration of Christian Faith and Social Work Practice

This is a special issue of *Social Work and Christianity*, a preview sampler of the North American Association of Christians in Social Work's latest publishing project, *Christianity and Social Work: Readings on the Integration of Christian Faith and Social Work Practice*, edited by Beryl Hugen.

The book is intended both as a resource for Christians in social work generally and as a text for social work educators, particularly those in Christian colleges and universities. It offers Christian perspectives on the social work profession as a whole and articles on specific topics relating to social work practice. The book contains sixteen articles, organized around three major thematic sections and a concluding reminder, in narrative form, of the need for both competence and humility.

The first thematic section is "The Changing Context for Practice." It includes:

- "Church Social Work," Diana R. Garland
- "Diversity: An Examination of the Church and Social Work," Lon Johnston
- "Social Work in Action: Integrating People with Mental Retardation into Local Churches and Communities of Faith," Rick Chamiec-Case
- "Community Practice: Lessons for Social Work from a Racially-Mixed Central City Church," Janice M. Staral
- "Social Work's Legacy: The Methodist Settlement Movement," Sarah S. Kreutziger

The second thematic section is "Worldviews and Plumblines." It includes:

- "The Relationship between Beliefs and Values in Social Work Practice: World views Make a Difference," David A. Sherwood
- "Calling: A Spirituality Model for Social Work Practice," Beryl Hugen
- "Battle between Sin and Love in Social Work History," Katherine Amato-von Hemert

- "The Poor Will Never Cease Out of the Land? Or There Will be No Poor Among You? A Christian Perspective on Poverty," Beryl Hugen
- "When Social Work and Christianity Conflict," Lawrence E. Ressler

The third thematic section is "Spiritual Aspects in the Helping Process." It includes:

- "Spiritually Sensitive Assessment Tools for Social Work Practice," Timothy A. Boyd
- "Doing the Right Thing: A Christian Perspective on Ethical Decision-Making for Christians in Social Work Practice," David A. Sherwood
- "Incorporating Religious Issues in the Assessment Process with Individuals and Families," Mary P. Van Hook
- "Hospice: An Opportunity for Truly Wholistic Social Work," John E. Babler
- "The Field of Child Welfare: Suffer the Little Children," Gary Anderson

The book's final chapter illustrates the themes of humility and competence:

- "Adoption and Me: A Narrative Approach," Mary Vanden Bosch Zwaanstra

This issue of *Social Work and Christianity* provides a sample of chapters from the book. It begins with the "Introduction" by editor Beryl Hugen, followed by a sample chapter from each of the thematic sections and the concluding chapter.

- From "The Changing Context of Practice" is "Church Social Work" by Diana R. Garland
- From "Worldviews and Plumblines" is "The Relationship between Beliefs and Values in Social Work Practice" by David A. Sherwood
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- The concluding chapter is "Adoption and Me: A Narrative Approach" by Mary Vanden Bosch Zwaanstra

Although we attempted to be representative, the choice of the particular four out of sixteen chapters to be included in this issue was inevitably to a large degree arbitrary. We hope they give you at least a flavor of the book and encourage you to order a copy of the whole thing when it comes out early in 1998. If you teach social work we suggest that you request an examination copy. If this were Car Talk with Click and Clack, the Tappet brothers, we would now be directing you to the "Shameless Com-

merce Division." As it is, please direct your enquiries to the NACSW office: NACSW Box 121, Botsford, CT 06404-0121. The email address is NACSW@aol.com and the phone number is 203-270-8780. ❖

David A. Sherwood

INTRODUCTION

Beryl Hugen

ONE OF THE DEVELOPMENTS IN SOCIAL WORK IN THE SECOND half of the 20th century has been a marked decline in the recognition of the Christian religion in the teaching and practice of professional social work. The secularization of the social work profession, the notion of religion in both an ideological and institutional sense having little or no part in forming or informing the world of social work, has been very extensive. In fact, the profession has at times been outright hostile toward persons and institutions that profess a Christian orientation to practice. Even presently, when spirituality is being recognized by the profession as a legitimate area of inquiry, Christianity, as one spiritual voice, is recognized only hesitantly.

This is unfortunate for a number of reasons. First, social work once used the language of Christianity as a basis for its existence. Historically, such language was widely and eloquently used by both social work educators and practitioners. Second, spirituality, and to a large degree Christian spirituality, is very much part of our culture and continues to play a significant role in providing moral rationale and reasoning to our political, social, and charitable institutions. As a result, many individuals who seek to be social workers want to know what role Christian faith plays in a helping profession—specifically, the professional existence and activities of social work. The purpose of this book is to help respond to this question.

For many in the social work profession, this question of the relationship of Christian faith and social work is inconsequential, irrelevant, and for some, even an inappropriate topic for professional investigation. For others, it is simply outrageous. George Marsden recently published a book entitled, *The Outrageous Idea of Christian Scholarship.* Why is Christian scholarship an outrageous idea? Many academics (including social workers) regard Christian belief as an affront to reason. They argue that people may hold religious beliefs in the privacy of their own homes, but to propose that such antiquated notions should inform one's scholarship and practice is truly outrageous.

Ironically, throughout history and particularly in the history of charity, the opposite has been true. It would be hard for any-

one to deny that the Christian church is one of the true origina-tors of charity. Out of ancient Israel's concern for justice and mercy toward the sick, the poor, the orphaned, the widowed— from Micah and Hosea, Jeremiah and Isaia—grew the compas-sion of Jesus and the devotion of Paul. The justice and love of God set forth and exemplified in the Judeo-Christian tradition has given drive and direction to much of western culture's chari-ties. Historically the whole shape and operation of organized welfare is inexplicable apart from this religious conviction and commitment. Jewish, Catholic, and Protestant thought have all along continuously shaped the ideological basis of social work practice. One writer has suggested that these religious tradi-tions, along with the secular philosophy of humanism, are the four foundational roots out of which has emerged the value base of the profession (Kohs, l966). So it is today that many social workers find the assumptions, beliefs, and values of the Chris-tian faith helpful in providing a frame of reference for under-standing and responding to both individual and societal prob-lems.

There are many social workers who are Christians who do not hold to the idea that there is such a thing as Christian social work—only Christians in social work (I am one of them). They do believe, however, that one's Christian perspective comes into play in social work practice when one is deciding *what* to do, *when* to do it, *how* to do it, and *why* one should do it. They clearly identify with those who seek to follow Christ in a servant role for the alleviation of pain and suffering and the establishment of justice and peace in the world. It is for this significant group of social workers (perhaps you are one of them), whose motiva-tions to enter the profession and whose desire is to develop ap-proaches to helping that reflect and are informed by their Chris-tian faith, that this book is written.

The Changing Context for Practice

Social work as a profession has undergone a variety of changes in the twentieth century. Many of these reflect both significant material and technological changes in our society, along with a shift in our ideas about the relationship between people and their social environment, particularly government. The early twenti-eth century was fertile ground for the development and expan-sion of broad governmental responsibility for social welfare. The idea of the welfare state and of the centrality of government and public service seemed both inevitable and probably necessary.

But the latter part of the twentieth century has been much less hospitable to the concept of the welfare state. The country has lost the political enthusiasm and conviction that problems can be fixed through public processes and public action. Ideas of limited government, volunteerism, and privatization are now in vogue, and seem not to be some passing fancy. Private, sec-tarian, and faith-based organizations are now being asked and expected to fill in the gaps left by this shrinking public response. Churches, sectarian agencies, and Christian voluntary organiza-tions are being increasing called upon to participate more fully in providing community-based social welfare services. Social workers, therefore, who are able to understand and relate to both the professional(public) and faith-based communities are now in an important and advantageous position to contribute by de-veloping policies and programs, and delivering services to help meet the social welfare needs in their communities. Several chap-ters of the book are focused on this changing environment of social work practice.

Worldviews and Plumblines

It is increasingly being recognized that social work, while its preoccupation in the last half century has been with "science" and with developing objective and empirically validated prac-tice techniques, is also a normative discipline (Siporin, 1982, 1983). Normative means that social work also is concerned with how persons ought to behave "on principle," and that the goals of the profession are guided by particular values. A normative principle is an objective rule which when properly applied distinquishes between right and wrong. Such rules may be ap-plied to the behavior of individuals, whether client or profes-sional, or to social processes and their associated outcomes. So when the social work profession advocates for a redistribution of resources that are deemed valuable to society, a philosophical basis or normative principle for such a redistribution is needed. For example, to promote a national health plan because it is be-lieved that adequate health care is a right, requires a standard or principle informing others as to what is the basis for such a right. So also human behavior, both individual and collective, is so-cially defined as good or bad, normal or deviant. Whether one chooses as a social worker to enforce these norms or advocate

for their change, the essential "morality" of these norms or standards requires justification. Social work has always been guided by such normative principles, although they have rarely been clearly and completely explicated.

For the Christian, the standard or "plumbline" (Amos 7:8) used to make judgements has always been the principles set forth in the Bible. Hence it is important and necessary for Christian social workers to relate or test the values of the profession with the principles of a Christian worldview. To be explicit about such moral principles provides an opportunity to reconnect with the profession's religious bearings and roots. To do so may also help recover dimensions of social work teaching and practice that have been alienated from their theological roots. Articulating these Christian principles or "plumblines"—helping the reader develop a Christian worldview related to social work—is another one of the focuses of this book.

Spiritual Aspects in the Helping Process

Today there is also a small but growing movement within the social work profession that affirms that spirituality and religious beliefs are integral to the nature of the person and have a vital influence on human behavior. These spiritual and religious dimensions are being increasingly recognized as important features of social work practice, at all phases of the social work helping process and in all areas of practice. This perspective embraces a holistic conception of the person, with this view more recently being elaborated as the bio-psycho-social-spiritual perspective. This perspective reintroduces spiritual issues as a legitimate practice focus and provides for a more complete understanding of client strengths, weaknesses, and problems. As a result, there is now a need for the development of theoretical frameworks, including assessment tools, intervention models, and evaluation methods that flow from this perspective.

Social work research has also shown that although many social workers see religious and spiritual issues as important parameters in practice and important in their own lives as well as in the lives of their clients, many are hesitant to initiate discussion of spiritual issues with clients (Derezotes & Evans, 1995; Joseph, 1988). Much of this hesitation is due to the lack of knowledge and skill in this area. Greater sensitivity to the concerns of the religious client has also been shown to be related to the social worker's own spiritual awareness—the ability to integrate the personal, spiritual and religious self with the professional self. Again, there has been a reluctance to incorporate such knowledge into social work education, considering such discussions as an intrusion into a private sphere.

With this wider movement within the profession to embrace a bio-psycho-social-spiritual focus in practice and the promotion of a professional learning environment that is more supportive of personal religious and spiritual experiences, Christian social workers now have the opportunity to truly minister to the whole person. Several chapters in the book also address these spiritual aspects of the helping process.

Humility and Competence

These tasks—adapting to the changing landscape in social welfare, articulating the principles of a Christian worldview related to social work, and developing spiritual frameworks related to the differing aspects of the helping process and a professional use of self related to spirituality—also provide challenges. One is to apply a Christian message to the realities of the contemporary practice context, and not assume that a Christian understanding and response to social problems from an earlier time period is applicable for today. This also means that Christians in social work do not have all the answers. The Bible may provide principial guidance, but does not always provide clear and specific direction for the sometimes confusing moral and ethical situations social workers encounter in practice. As Christian social workers, we know that we live and practice in a broken world, and that our only real comfort is that we are not our own, but we belong, body and soul, in life and in death, to our faithful Savior Jesus Christ.

It is also easy to assert the evident Christian goodness of helping people. And it can be easier still to assume that a Christian perspective on the profession of social work furthers that good. But goodness of motivation may be and frequently is unrelated to outcome. There is always the possibility that our Christian perspectives are no more than self-serving rationales (promoting judgmentalism, discrimination and selective helping motiffs) rather than the product of a thoughtful analysis. This book, therefore, attempts to offer a Christian perspective for social work that is within the parameters of contemporary models of social work research and scholarship—clearly the social work profession can also inform the Christian community. The book's final

chapter, written in a narrative form, illustrates these themes of humility and competence. ❖

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Beryl Hugen, Ph.D., is Associate Professor of Social Work at Calvin College, 3201 Burton St. SE, Grand Rapids, MI 49546. Email: bhugen@calvin.edu and telephone: 616-957-6716 (O). Beryl is a member of the board of directors of NACSW and is editor of NACSW's forthcoming book, Christianity and Social Work: Readings on the Integration of Christian Faith and Social Work Practice. This article is the introduction to the book.

CHURCH SOCIAL WORK

Diana R. Garland

Early in my professional career, I went from being a clinical social worker in a small community mental health center to being a clinical social worker in a small church-related counseling center. I continued to work with clients seeking help with marital conflict, grief, troubled and troubling children, chemical addictions, depression, and an assortment of other life challenges. I did not see much difference in the clients and their problems which presented themselves to me in my new practice setting, nor, I must admit, even in the cozy, informal atmosphere of the centers.

The only difference I noticed was the source of referrals. In the community mental health center, clients came from inpatient psychiatric referrals and local physicians, or they came on the advice of friends and pastors. In the pastoral counseling center, pastors were far more often the referral sources. The work did not seem to change very much, however. In both settings, clients' problems and strengths were tangled together with the family and community in which they lived, and in the philosophical and spiritual frameworks through which they interpreted their world, themselves, and the meaning of life and suffering. Unfortunately, because I saw no difference in the contexts of my work, I missed opportunities for more effective work with my clients and in the churches and community that supported my work. I simply did in the church-related agency what I had done in the community mental health center.

Over time, however, I began to wonder if anything about my work *should* be different. How should I be defining my responsibilities as a social worker in a church-related setting? In both settings, I dealt with spiritual issues when they came up in relationship to the problems and struggles clients presented. Was it simply that spiritual concerns were more often a part of the focus in the church agency, because clients sought us out as a place where these concerns would be considered appropriate and important? Was it that the staff could initiate discussions of spiritual matters when we felt that spirituality was relevant to the client's presenting problem? Or should there be something different about the very nature and purpose of our work? Should I be defining my work in relationship with the congregations that

sent us referrals, or should I let the referrals be the boundaries of my professional responsibility?

Those questions started my search for defining what church social work is and can be, whether it happens in a pastoral counseling agency, a congregation, or denominational headquarters. If I could go back to my practice in that pastoral counseling center now, I would define my role and responsibilities very differently, and I would do that defining in conversation with the churches that related to our agency. As you read this chapter, think about how you would define social work practice in such a setting.

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More than any other helping profession, social work recognizes that the context for work has a dramatic impact on that work, both in positive and negative ways. The context can be both a barrier and a resource for change. When the context is ignored, barriers remain hidden and resources go unused. Even the value of social work to the host institution itself may be lost in the process.

Congregations can be a tremendous resource in working with social work clients. The congregation can be a community of support that can make all the difference to a family coping with stressful experiences such as chronic illness, for example. The congregation can provide (1) friendship, concern, and the mentoring of others who have been through such experiences, (2) respite care for the ill family member that supports the caregiver and spreads the burden of care to a wider group, (3) hot meals brought to the home and help with household chores, and (4) a framework for interpreting the meaning and significance of the stress the family is experiencing. The church social worker sensitive to these resources can nurture and strengthen them.

Congregations also provide access to social services for persons who would otherwise be difficult for social service agencies to reach. For example, families will involve themselves in educational programs such as parenting classes or marriage seminars offered by their church who might never seek out such a program offered by a community mental health agency.

At the same time, the church context for social work practice can also present significant barriers to practice and complicate a client's difficulties. For example, a family going through a divorce may sense gossip and even rejection instead of compassion and support by a congregation. A single adult may feel odd and out of place in a congregation which emphasizes the nuclear family as the ideal lifestyle ordained by God. A teenager struggling with questions of sexual orientation or a couple in the throes of family violence may consider the church—and a social worker related to the church—the last place where help can be found.

Certainly, the setting of church social work often dictates that the social worker will deal with spiritual and religious issues more often and in more depth than in other practice settings. But there is much more to it than that.

What Is Church Social Work?

Roselee is Director of Christian Social Ministries, a full time staff position at First Baptist Church. Her responsibilities include developing and administering a diversity of programs sponsored by this large congregation, including a counseling center staffed with full-time and part-time mental health professionals, an emergency assistance program, a therapeutic day care program for children who have emotional difficulties as a result of traumatic life experiences, a feeding program for homeless persons, a prison ministry, an after-school recreational program for community teenagers, and a myriad of support groups for persons experiencing a variety of life crises and challenges. Her work includes supervising the professional staff and providing consultation and support for a very large group of volunteers who work in these programs.

David is a social worker in a counseling center supported by the local denominational association of congregations. He provides individual and family counseling for members of the supporting congregations as well as for others in the community. He also leads marriage enrichment, parent education, and other educational programs for congregations too small to have staff able to provide this kind of leadership, and he is organizing a family resource center for the churches to use. It will have videotapes, books, and audiotapes on a variety of topics related to family life.

Martha directs a church-sponsored community center in an inner-city slum. The center offers recreational and after-school tutoring and child-care programs for community children and youths, job placement and training programs for older youths and adults, a resource center and micro-loan program for small business development by residents of the community, crisis counseling and emergency assistance, a variety of support groups, and a food co-op. Martha trains and supervises a whole army of volunteers from suburban churches who provide staff for the various programs. Often, the Center is involved in organizing the community and its supporting congregations to advocate for the needs of children and their families living in poverty in the community.

Ricardo directs the Christian Social Ministries Department in the national headquarters of the denomination. He supervises the work of staff all over the United States. His board of directors determines which mission sites to found and support, including community centers in inner cities, rural areas, and with various ethnic minority groups. By writing articles in denominational magazines and the curricula of the denomination's educational programs, Ricardo helps churches of his denomination examine the social issues of the day and advocate for justice. He also is a frequent speaker at regional church conferences and meetings.

Church social work is social work which takes place under the auspices of a church organization, whether that organization is a congregation, denominational agency, or ecumenical or parachurch organization. To understand church social work, then, requires understanding the church.

The Church is a Human Organization

Churches are human organizations, sharing many of the characteristics of other human organizations. They have *structures* which divide responsibility and privilege between persons (clergy and lay persons, congregations and denominations, deacons and membership). They have *tasks* to be performed—worship, missions and ministry, care of the membership, outreach/evangelism, and administration of the church's physical and human resources. They have *processes, rules and norms* for performing these tasks; some of these are overt and formal, but many are also informal and unspoken. Finally, churches and church organizations have *bodies of beliefs codified in creeds and doctrines* which define their culture. These characteristics need to be understood in all their particularity in each setting for effective social work practice.

For example, as Martha works with the congregations which partner with her community center, she seeks involvement of the persons who provide leadership to their congregations and can move those congregations toward greater action. That means understanding how roles and power are defined and distributed in each congregation. In some churches, power rests with the pastor, but in others, power may be vested in a women's organization, or the board of deacons. As she works with these various leaders, she describes her work using the language of the church. For example, she describes the community center's work as missions and evangelism, a way that their members can grow and strengthen their faith by serving others.

Depending on the processes of each congregation, Martha may work informally with individual leaders over coffee or provide formal presentations of the work of the center at church committee meetings. She provides ongoing consultation with volunteers, helping them relate their volunteer work to their own faith journeys. As she talks with leaders and members of congregations, she is sensitive to and uses language which is congruent with their doctrine and their use of scripture.

The Church is the Body of Christ

Of course, the church is also something other than a human organization. It is also a creation of God, the Church to which all followers of Jesus Christ in the past, present, and future belong. This Church is the body of Christ, and its parts each have indispensable functions (Romans 12:3-8; 1 Corinthians 12). In another image, Christians together are members of the "household of God" who, with Christ as the cornerstone, serve as a holy temple, a dwelling place for God (Ephesians 2:19-22). The Church is in process of being and becoming this creation, this dwelling place for God. The tension between current reality and theological ideal motivates and guides the continuous modifications and development of church organizations—and thus the context for church social work practice.

Church Social Workers as Leaders of Christian Social Ministries

Church social workers often provide leadership in the social ministries of congregations and denominations. Social ministries are activities carried out by Christians (both professional church leaders and members of congregations) to help persons in need and to work for greater social justice in communities and the larger society. These ministries are considered central responsibilities of the church and of individual Christians, growing out of Jesus' teaching (1) that neighbors are to be loved as we love ourselves and that all persons are our neighbors, (2) that responding to the needs of persons is a way to respond faithfully to God's love, and (3) that God is less concerned with religious ritual than with social justice.

The Settings of Church Social Work

Church social workers practice in various settings. These include congregations and parishes, denominational organizations, ecumenical organizations, and parachurch organizations. Each of these have somewhat different characteristics that give definition to social work practice in that setting. *Congregations* are groups of persons who voluntarily band together for religious purposes, and who share an identity with one another. They often have a central meeting place and may be referred to as the group which meets in that place (First Baptist Church, The Church of the Redeemer) despite the frequent disclaimer that a church is not a building, it is the people.

A *parish* is the geographic community served by the congregation. The term parish is often also used to refer to local governmental jurisdictions (like a "county"), reflecting a time when one church body was overwhelmingly the dominant religious institution and when geographic location and congregational membership were synonymous.

A *denomination* is an organization which governs many congregations who share certain beliefs and practices. Denominations vary dramatically in their government structures. In some denominations, congregations are subsystems of the larger denomination and are not seen as independent, autonomous entities apart from the denomination (e.g., Roman Catholic). In other denominations, congregations are independent entities which voluntarily participate in the denomination because the denomination can help them achieve goals which they could not on their own (e.g. Baptist). Because their participation is voluntary, congregations in these denominations can also choose to disaffili-

ate themselves if they become dissatisfied or alienated by the work or policies of the denomination. Through the denomination, congregations support mission ventures, social service and social action projects, educational institutions (universities and seminaries), publication houses, and financial and other support services for clergy and congregations.

Denominations are often organized into local, state, and national levels of government and service programs. Church social workers are employed by denominational agencies such as residential child care and treatment programs, shelters for homeless persons and families, pregnant teens, and abused family members; community-based family service agencies; housing, nutrition, and socialization programs for aging families; adoption and foster care programs; hospitals; refugee relief programs; and disaster and world hunger relief agencies. Social workers are also commissioned as missionaries with specific cultural groups in this country and in international contexts.

Ecumenical organizations are organizations of denominations, individual congregations, and even individual church members. The organizations attempt to transcend theological, ecclesiological, and historical differences between churches and denominations in order to work toward common purposes. For example, community ministry agencies are local community-based organizations of churches from various denominations who share the same community. The congregations cooperate with one another in the ecumenical community ministry in order to provide social services to their communities which few congregations could provide with only their own resources—child day care, adult day care, emergency assistance, feeding programs for senior adults or homeless persons, counseling services, etc. The National Council of Churches and the World Council of Churches represent the national and global levels of ecumenical organization. These organizations often strive to be inclusive of denominations and religious organizations with a broad spectrum of theological and political viewpoints, sometimes extending to non-Christian faith groups and organizations.

Finally, there are *parachurch organizations*. Parachurch organizations resemble ecumenical organizations in their inclusion of persons and congregations from differing denominations. However, parachurch organizations sometimes are limited to congregations and denominations that consider themselves more conservative theologically and politically than those who are comfortable participating in the diversity present in many ecumenical organizations. Parachurch organizations also are often

special interest networks with a specific purpose rather than the comprehensive organizations which ecumenical organizations represent. Examples of parachurch organizations are World Vision, Bread for the World, Youth for Christ, Prison Fellowship, Focus on the Family, and the Christian Coalition.

It should be clear by now that *church social work* and *Christian social work* are not equivalent. The personal faith of the social worker does not define that worker's practice as church social work; church social work is defined by the context in which the social worker practices.

What Makes the Church a Distinctive Context for Social Work Practice?

Churches and their agencies are distinct from other practice settings in that they represent (1) a host, rather than primary, setting for social work; (2) a social community; (3) a source of programs and practices which often become, through a process of secularization, part of the dominant society; and (4) voices of advocacy for social justice. These primary characteristics of the churches and their agencies, taken together, make it a context unlike any other for social work practice.

Churches and Their Agencies are *Host Settings* for Social Services

Churches are not primarily social service agencies. Instead, they are *host settings*, settings in which social work is a "guest," invited in for a reason. Host settings are those which have purposes other than or beyond the primary purposes of the social work profession, but these purposes which can be enhanced by what social work can offer. For example, hospitals and schools are also "host settings" for social work. They are not primarily social service agencies, but their purposes—treating illness and educating students— are furthered by providing social services to their patients/students. Hospitals use social workers to help plan for care after a patient leaves the hospital, or to help families deal with the crises of difficult diagnoses and with making care plans. Schools use social workers to address family and community factors that keep children from succeeding in school.

If social workers in a host setting forget that they are there to help the organization achieve its goals, and instead try to transform the setting into a *primary* setting, one which is primarily

committed to providing social services and advocating for social justice, the welcome of the host setting may be withdrawn. Hospital social workers can address the needs of patients and their families, and may even be able to advocate for their needs with community structures and even the hospital itself. But they probably cannot expect the hospital to support their spending time working with street gangs in order to decrease the violence in the community. Even though such work may be related to the health of patients and their families, the hospital will probably see it as peripheral, not an activity to invest in if it means less energy is directed toward the direct care needs of patients and their families.

Social ministry and social action are central to the mission of the church. Church social workers must keep in mind, however, that social ministry and social action are important for the church because they point to the kingdom of God, because they are the fulfillment of Jesus' teachings, and because engaging in them grows the faith of Christians. Social service and social action are not ends in themselves; they must always be securely anchored in and reflective of the church's mission.

Churches are *Social Communities*

A *community* is the set of personal contacts through which persons and families receive and give emotional and interpersonal support and nurture, material aid and services, information, and make new social contacts. The people in a community know us. They are people we can borrow from or who will take care of a child in an emergency. They are the ones from whom we can obtain news and gossip so that we know the significant and not so significant information that gives shape to our lives. Community includes the physical environment that communicates a sense of belonging because it is familiar. The smells of the river or the factory or the pine trees down the street are much like the smell of Grandma's house, part of the canvas of daily experience so familiar that it is hardly noticed until we are in different surroundings and miss them. We sit in the same pew on Sunday and look at the same stained glass windows from the same angle, and can predict who else will sit where. We hardly think about or recognize community until it is changed, or we absent ourselves. Upon return from a long absence, the sights, smells and greetings from familiar people may flood us with emotion. All these point to the familiar niche that community is. It consists of people, organizations, and physical environment

that keep us from depending solely on persons within our family to meet all our personal, social, physical, and spiritual needs, and who communicate, "this is your place; you belong here."

The African proverb "It takes a village to raise a child" became a political slogan pointing to the importance of community for children, but it does not quite go far enough. *All* persons, both children and adults, need community. Because children are so dependent on others for their survival, their vulnerability in the absence of community is more apparent. Adults, too, however, need to live in and experience community, although some seem to need community more than others. Even self-sufficient adults living alone seek the company of others, if only for recreation and social support. Even seemingly independent adults need community when they become ill, injured, or feel threatened.

In our world of automobiles and our society of expressways and work and school separated from home and neighborhood, community is frequently no longer defined geographically. In many ways, marking the path of a person's automobile over the course of a week—from work to home to school to recreation to church to extended family and so on—will map that person's community. To the extent that the congregation is a significant emotional and interpersonal node in that tracing, the church is community. It may be the only institution in which all members of a family or friendship group participate together. For many, it is a place where they regularly worship, study, eat, engage in recreation, conduct business, socialize with others, and care and are cared for (Garland, forthcoming).

Both in congregations and in church agencies, church social workers have the task of building and strengthening communities. The most effective outreach ministries of the church (i.e., "evangelism") are those which extend the hospitality and care of the church community to those who do not have such a community. For example, one downtown congregation in a metropolitan area has "adopted" a nearby middle school. They provide tutoring, mentoring, enrichment classes, and stock a reduced-cost store in which students can purchase needed items. In the process, the church members developed relationships with the school's students. A large church-related family service agency trains church volunteers as family mentors and then pairs them with families in crisis. In the Chicago area, church women take gift baskets of baby items and small gifts for new mothers to young single mothers in the hospital whom nurses identify as having few or no visitors. The basket includes coupons for two evenings of free in-home child care by the women of the church and monthly visits to bring toys on loan and to discuss child development. Some of the women have subsequently become friends with these young mothers and "grandmas" to their babies. A program developed by church social workers in Louisville, Kentucky pairs the families of mothers with AIDS with volunteers who will provide support and friendship. They work with the mother to make permanent plans for children in the event of her death. In short, these programs wrap the community around families and individuals both inside and outside the congregation.

The focus of the church social worker is not simply using the community of faith to meet the needs of social work clients, but through service and caregiving, to build and strengthen the community itself. Dieter Hessel concludes that "the primary role of professional church workers is to equip a faithful *community* to intervene compassionately in the social system and to enhance caring interpersonal relations in ways that are consistent with Christian maturity" (Hessel, 1982,p. 125).

Church social workers are often expected to be active members and leaders of the denominations and congregations they serve. In some settings, the social worker may be ordained or in other ways recognized by the church as a leader. Because communities encompass both formal and informal ties between people in a web of relationships, it is difficult to separate formal—professional—relationships from informal relationships. Professional relationships with clients sometimes originate in church activities such as church committees, groups, and church programs led by the social worker. Boundaries of client/professional relationships and between professional and private life therefore are much less well defined then in some other professional contexts. At times, they are virtually absent. Consequently, clients and church members have greater access to the social worker than in other social service settings. The social worker also has greater potential knowledge of clients' and members' social networks and other resources and barriers for intervention. Often, however, the social worker has to cope with personal or organizational confusion of roles and the results of being almost constantly, if informally, "on duty" (Ferguson, 1992; Wikler, 1986; Wikler, 1990; Wigginton, 1997).

Churches *Spin Off Programs and Services*
to Their Societal Context.

Sometimes churches start ministries which take on a life of their own, outgrowing the congregational setting where they began. For example, All Saints Church in Los Angeles began an AIDS ministry before any programs for AIDS patients and their families existed. Over time, they were able to obtain funding from government and private sources outside the congregation. Volunteers began working with the AIDS ministry from outside the congregation. The program grew and became incorporated separately, and then became independent of the church.

Ed Bacon, Rector of All Saints, has pointed out that when the church gives birth to a ministry, then successfully calls on society to support that ministry, and finally the ministry is secularized and integrated into society, then the church has facilitated social transformation (Bacon, 1996). Many of the child welfare agencies in this nation began through volunteer organizations of church women. Over time they hired professional staff and became increasingly independent of the birthing church (Garland, 1994).

One of the difficult tasks for church social workers is leading the church in deciding when to hold on to ministries and when to let go of them. The church social worker can help this become a decision-making process which is inclusive of both professionals and church members and leaders who have invested themselves in the ministry. The decision needs to be made with clarity about the mission of the church and its purposes in beginning the ministry, and how that mission and sense of purpose have evolved through service.

In many respects, the profession of social work is itself a "spin off" of the church. It was a social transformation begun in the church. Long before the social work profession's birth, the church concerned itself with human needs and served poor, oppressed, and marginalized persons. The direct forerunners of social work were the voluntary societies which church groups and individuals formed in the eighteenth and nineteenth centuries. These societies and agencies addressed the problems of hunger, slum life, unemployment, worker's rights, mental illness, prison reform, and the care of widows and orphans. Many early social workers were ministers and other church leaders. For example, in the early years of the 20th century, Jane Addams rejected a foreign missionary career to become a pioneer social worker in the settlement house movement in Chicago (Garland, 1995;

Hinson, 1988). Social work has become increasingly secularized over the past century. The relationship between the church and the social work profession has sometimes been rocky. The church has moved from being the primary host setting for social work practice to being one of many places where social workers practice. Nevertheless, perhaps the church needs to celebrate the social transformation it created by giving birth to and nurturing the social work profession as it became a part of the mainstream of our society.

Churches Are (or Should Be) Advocates for the
Poor and Oppressed and Committed to Social Justice

The church not only serves oppressed persons; it is sometimes their advocate. An advocate is one who pleads the case of another, who speaks out for those who have no voice. Advocates seek to bring about change in unjust social systems in addition to ministering to those who are harmed by the injustice.

For churches, advocacy most often grows out of ministry. For example, the Christian Service Program (CSP) in Canton, Illinois, assists seniors in completing their Medicare and health insurance forms, offers volunteer income tax assistance, and meets similar simple clerical needs. The program is staffed by volunteers. They deny any interest in engaging in "advocacy"; they just want to help senior adults in their community. Social justice is not their chosen priority. But when they learned that the county ambulance service in Canton was being curtailed, they led the charge for a new ambulance service to take its place. When they found some insurance companies were ignoring or hassling their clients, they pressured the companies to improve their care of senior citizens. And when they realized that one of the many forms for the Social Security Administration made no sense, they leaned on the agency until Social Security changed its form (Dudley, 1996).

At other times, churches have been advocates because it was their own people who were victimized by injustice. During the period of slavery and in the time of racist oppression which has followed, the Black Church not only gave birth to new social institutions such as schools, banks, insurance companies, and low income housing, but it also provided the arena for political activity to address the larger society's racism as well as the needs of the community. Black churches had a major role in establishing the black self-help tradition during a time when there were

no public social welfare agencies and private philanthropy was reserved for other groups.

One of the most challenging tasks of church social workers is leading congregations and denominations from ministry into advocacy for social justice (Garland, 1994,1996). As Harvie Conn states:

> ...the task of the church, until that glorious day, is to be co-workers with God in the formation of the new creation. This is why the church is not content merely to change individuals: God is not so content. One day soon God will create a wholly new environment in which the righteousness of His people will shine. . . . We labor in the knowledge that God alone can build it. But, in Pannenberg's words, our "satisfaction is not in the perfection of that with which we begin but in the glory of that toward which we tend. . . ." What will be the instrument of the church in effecting this change? Not simply charity but also justice. Charity is episodic, justice is ongoing. One brings consolation, the other correction. One aims at symptoms, the other at causes. The one changes individuals, the other societies (Conn, 1987, p. 147).

Jesus made the declaration of Jubilee central to his mission and identity. His salvation includes not only deliverance from sin and physical healing; it also involves a gift of economic and social well-being for the poor and downtrodden of the world (Campolo, 1990).

What Else do Church Social Workers Need to Know?

Churches, then, are (1) host settings for social services, (2) social communities, and (3) contributors to the justice and well-being of the world as they spin off services and programs into mainstream society and as they advocate for societal change. To work with congregations and other church practice settings, however, social workers need to know more than how to provide social services in a host setting, how to develop and nurture community, how to help churches determine their ongoing relationship with social services, and how to motivate and lead in advocacy for social justice. Churches are voluntary, mission-driven organizations with a unique culture. Each of these char-

acteristics suggests knowledge and skills needed by the church social worker.

Churches are *Voluntary Organizations*

Particularly in American society, church membership and participation is voluntary. If people do not like what is happening in one congregation, they simply move to another, or stop participating altogether. In some denominations, even congregational participation in the denomination is voluntary. If the congregation does not like what the denomination is doing, it may choose to withdraw and to affiliate with another denomination, to remain independent, or simply to withhold its financial support from the denomination. Dealing with conflict and maintaining interpersonal relationships therefore have much greater import in church social work than in other settings.

At the level closest to many church social workers, the work of many church social service and social action programs are carried out by church members—volunteers. Supervising and consulting with volunteers is dramatically different than supervising and consulting with employees. Volunteers have to continue to see the significance of what they do in order to be motivated; there is no paycheck at the end of the week which keeps them coming even when they are tired and discouraged. Just as challenging, volunteers are not hired, so they cannot be fired. Dealing with difficulties in the work of volunteers requires considerable skill and sensitivity.

Nurturing the relationship with congregations and their leaders is an ongoing, significant aspect of church social work. Speaking and writing are arenas of church social work that have much greater import than in other social work specializations. The most effective church social workers often preach or in other ways provide worship leadership to churches and church groups, provide stimulating educational presentations, and write about what they do and about the role of the church in social issues of the day. They write for church newsletters, Christian education curriculum, denominational magazines, and specialized publications.

Churches and Their Agencies are *Mission-Driven Organizations*

The church is a mission driven organization. That is, it is not motivated primarily by serving the needs around it but by the mission to which it feels called. The church is not ultimately

responsible for effectively meeting all the needs of society. Instead, the church is responsible for being faithful to its mission, a mission of telling the story of its faith and serving as a living witness to the love of God as demonstrated in the life, death, and resurrection of Jesus Christ. Church social workers must first be clear about and then articulate the relationship between their work and this overarching mission of the church.

Too often, social workers approach the church from the perspective of *social work's* mission, which is addressing the needs of persons in their environment and advocating for social justice. When one begins with social work's mission, the church is seen as a resource to be mined in accomplishing the mission of social work. After all, the church has money, and volunteers, and some political clout. The volunteer service of church members is a tremendous resource to social services in our society; it has been estimated that churchgoers donate about 1.8 million hours of services in the United States annually (Filteau, 1993). It is not surprising, then, that social workers try to finesse the church's involvement and support of what they are doing. Sometimes this works, and both the social work professional and the church are enhanced, because their missions are congruent with one another.

On the other hand, sometimes social workers end up strip-mining the church, taking their resources of money for emergency assistance, or volunteers for their social service programs, with little thought for the impact on the church itself. The focus is on getting needed help in the social service program, rather than the reverse—helping the church achieve its mission. The money is spent, but the church may feel little connection with what happened to the money, and they become discouraged that their little bit makes so little difference in a sea of need. Volunteers find the work hard and do not connect that serving the needs of others is a fulfillment of Jesus' teaching, regardless of the response. The harassed social worker may have no time to work with the volunteers, to pray with them, to connect what they are doing with their spiritual lives. As a consequence, the church's resources are diminished rather than nurtured. As for the social worker, there may be a growing resentment over time as the church loses its interest in being involved and the resources dry up.

Church social work, therefore, must begin with the church's mission and how the mission of social work can be used in service of that mission. Working with volunteers must thus be bi-focal—both on the provision of needed services by the volunteer as well as on the nurture of faith and commitment in the volunteer (Garland, 1994).

Churches are *Cultural Groups*

It should be clear by now that churches are in many respects subcultures. They have their own language, nonverbal symbols, norms, and patterns of relationships. They have historical identities that shape their current understanding of themselves. These identities reflect not only an overarching denominational heritage but also the unique histories of a particular congregation. Like families, churches develop over time, going through organizational stages that partially shape their current life together (Moberg, 1984; Carroll, Dudley, & McKinney, 1986; Garland, 1994).

The church social worker operates within and uses the language and cultural patterns of the church community. The Bible, theology, and Christian values are keys to understanding and working effectively in this context. For example, the concepts of the "family of God" and Christian hospitality provide the ground for social action in behalf of homeless and isolated persons and social ministry programs that attempt to include them in the community. Biblical teachings on the value and role of children provide impetus for child welfare services and child advocacy. Understanding these distinctive characteristics of the church context is just as important for effective social work practice as is understanding the culture, history, and current life experiences of an ethnic family requesting family service.

Often, the social worker will find not only commonalities but also basic conflicts between the values and knowledge of the social work profession and a congregation's or denomination's beliefs and practices. For example, Midgley and Sanzenbach (1989) have spelled out some of the basic conflicts between social work practice and fundamentalist Christian doctrines. The church social worker must find ways to live with and sometimes to challenge the contradictions inherent in being a social worker and a church leader. Such conflicts are not unique to the church context for social work practice but can be found in every host setting.

What are the Qualification for Church Social Work?

Church social work is not for every social worker who is a Christian, just as not every Christian is called to be a church leader. Social workers are also needed in public and other private, nonsectarian settings where they can live their faith through their work. Church social work is a highly demanding vocation, and one that requires some specific personal as well as professional qualifications:

1. First and foremost, the church social worker needs to be a Christian who loves the church in all its humanness as well as the ideal to which it strives. Churches are like any other human institution; there are problems, politics and personal conflicts. Grady Nutt, a Christian humorist, once said that the church is like Noah's ark: if it weren't for the storm outside, you couldn't stand the stink inside. I would add that church social workers, like other church leaders, often work below deck where the bilge can get pretty deep. Church leaders, including church social workers, must have a love for the church that can transcend the frustrations of fallible organizations and persons.

2. Church social workers often are the only social worker, or one of a very few, in the organization. Their work is often self-defined and requires creativity and the ability to envision what is not and plan and work toward the not-yet. Because so much of the work is often independent practice, a master's degree in social work which develops these abilities is frequently needed.

3. Church social workers are church leaders, relating social service and social action to the culture of the church community, which is rooted in scriptures and the history and doctrine of the church. At least some formal graduate theological education which provides knowledge of the Bible, theology, church history, and spiritual life can be enormously helpful. In addition, understanding the organizational distinctives of a voluntary, mission-driven organization is essential. Some graduate social work programs are now providing courses and concentrations in church social work that include this specialized content.

4. Church social workers do a great deal of public speaking and have opportunity to be influential if they can write for professional and congregational audiences about their work and its relationship to the mission and teachings of the church. They need to be prepared with skills of preaching, teaching, training, and writing.

5. Church social workers need specialized expertise in the arena of ministry in which they are employed, whether that is family therapy in a church child welfare or counseling agency, community organizing in an inner-city community center, administration in a denominational office of Christian social ministries, or any of the other myriad arenas for church social work practice.

6. Church social workers need personal warmth and a love for persons that is felt by others and drawspeople to them. They often do a lot of informal work with church leaders, members, and volunteers, and they need to be able to inspire, encourage, and motivate others to do the hard work of Christian social ministries.

7. Church social workers need a deep personal faith and a sense of calling to this challenging arena ofprofessional practice. Sometimes church social workers find themselves in the heat of church or denominational conflicts which can be disheartening. Sometimes churches are unconscionably slow in living their mission as a people of faith and service. Sometimes churches are more social communities than they are the body of Christ. Sometimes church social workers see into the heart of social injustice on the outside and ugly politics on the inside of churches. Church social work is not for the faint of heart, nor is it for those seeking nine- to-five employment.

8. Finally, church social workers need to be able to claim the truth that God does not call Christians, even church social workers, to be all that is required for the work before us; God calls us to be faithful. We are not ultimately judged on how effective our efforts have been to meet the needs of others or to create a just society, but on how faithful we have been to allow God to work through us as we do the best we can with what we have in the place we are.

The biblical stories of God's actions through history are always stories of limited, inadequate persons through whom God worked. These persons courageously lived into God's calling in the place they found themselves—Shiphrah and Puah, a couple of slave midwives who saved the Hebrew baby boys, including

Moses; David, a little boy with a slingshot who felled a giant; Esther, a young Jewish wife of a ruthless king who risked her life to save her people; a nameless boy, a volunteer offering his meager lunch to help feed a hungry crowd of thousands. The great promise for church social workers is that we are not alone in facing the great challenges of social injustice, churches in internal conflict, and our own limitations. ❖

Diana R. Garland, Ph.D., is Professor of Social Work, Baylor University, Waco, Texas Email: DianaGarland@baylor.edu and telephone: 254-710-6223 (O). Diana is editor of the Journal of Family Ministry.

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The Relationship between Beliefs and Values in Social Work Practice: Worldviews Make a Difference

David A. Sherwood

In some circles (including some Christian ones) it is fashionable to say that what we believe is not all that important. What we do is what really counts. I strongly disagree. The relationship between what we think and what we do is complex and it is certainly not a simple straight line, but it is profound. Social work values, practice theories, assessments, intervention decisions, and action strategies are all shaped by our worldview assumptions and our beliefs.

I believe that a Christian worldview will provide an interpretive framework which will solidly support and inform commonly held social work values such as the inherent value of every person regardless of personal characteristics, self-determination and personally responsible freedom of choice, and responsibility for the common good, including help for the poor and oppressed. And it will challenge other values and theories such as might makes right, exploitation of the weak by the strong, and extreme moral relativism. In contrast, many other worldviews, including materialism, empiricism, and postmodern subjectivism lead to other interpretations of the "facts."

Worldviews Help Us Interpret Reality

What is a "Worldview?"

Worldviews give faith-based answers to a set of ultimate and grounding questions. Everyone operates on the basis of some worldview or faith-based understanding of the universe and persons—examined, or unexamined, implicit or explicit, simplistic or sophisticated. One way or another, we develop functional assumptions which help us to sort through and make some sort of sense out of our experience. And every person's worldview will always have a faith-based component (even belief in an exclusively material universe takes faith). This does not mean worldviews are necessarily irrational, unconcerned with "facts,"

or impervious to critique and change (though they unfortunately might be). It matters greatly how conscious, reflective, considered, or informed our worldviews are. The most objectivity we can achieve is to be critically aware of our worldview and how it affects our interpretations of "the facts." It is far better to be aware, intentional, and informed regarding our worldview than to naively think we are (or anyone else is) objective or neutral or to be self-righteously led by our biases which we may think are simply self-evident truth.

These worldviews affect our approach to social work practice, how we understand and help people. What is the nature of persons—biochemical machines, evolutionary products, immortal souls, all of the above? What constitutes valid knowledge— scientific empiricism only, "intuitive" discernment, spiritual guidance (if so, what kind)? What kinds of social work theories and practice methods are legitimate? What are appropriate values and goals—what is healthy, functional, optimal, the good?

To put it another way, we all form stories that answer life's biggest questions. As I become a Christian, I connect my personal story to a much bigger story that frames my answers to these big questions. Middleton and Walsh (1995, p. 11) summarize the questions this way:

1. **Where are we?** What is the nature of the reality in which we find ourselves?
2. **Who are we?** What is the nature and task of human beings?
3. **What's wrong?** How do we understand and account for evil and brokenness?
4. **What's the remedy?** How do we find a path through our brokenness to wholeness?

Interpreting the Facts

"Facts" have no meaning apart from an interpretive framework. "Facts" are harder to come by than we often think, but even when we have some "facts" in our possession, they have no power to tell us what they mean or what we should do.

That human beings die is a fact. That I am going to die would seem to be a reliable prediction based on what I can see. In fact, the capacity to put those observations and projections together is one of the ways we have come to describe or define human consciousness. But what do these "facts" mean and what effect should they have on my life? One worldview might tell me that life emerged randomly in a meaningless universe and is of no

particular value beyond the subjective feelings I may experience from moment to moment. Another worldview might tell me that somehow biological survival of life forms is of value and that I only have value to the extent that I contribute to that biological parade (with the corollary that survival proves fitness). Another worldview might tell me that life is a gift from a loving and just Creator and that it transcends biological existence, that death is not the end of the story. Different worldviews lend different meanings to the same "facts."

The major initial contribution of a Christian worldview to an understanding of social work values and ethical practice is not unique, contrasting, or one of conflicting values, but rather a solid foundation for the basic values that social workers claim and often take for granted (Holmes, 1984; Sherwood, 1993). Subsequently, a Christian worldview will shape how those basic values are understood and how they interact with one another. For example, justice will be understood in the light of God's manifest concern for the poor and oppressed, so it can never be only a procedurally "fair" protection of individual liberty and the right to acquire, hold, and transfer property (Lebacqz, 1986; Mott, 1982; Wolterstorff, 1983).

The Interaction of Feeling, Thinking, and Behavior

Persons are complex living ecological systems—to use a helpful conceptual model common in social work—systems of systems, if you will. Systems within our bodies and outside us as well interact in dynamic relationships with each other. For example, it is impossible to meaningfully separate our thinking, feeling, and behavior from each other and from the systems we experience outside ourselves, yet we quite properly think of ourselves as separate individuals. The lines of influence run in all directions. What we believe affects what we experience, including how we define our feelings. For example, does an experience I might have of being alone, in and of itself, *make* me feel lonely, or rejected, or exhilarated by freedom, for that matter? Someone trips me, but was it accidental or intentional? I have had sex with only one woman (my wife Carol) in over fifty years of life. How does this "make" me feel? Are my feelings not also a result of what I tell myself about the meaning of my experience? But it works the other way too.

All this makes us persons harder to predict. And it certainly makes it harder to assign neat, direct, and one-way lines of causality. The biblical worldview picture is that God has granted us

(at great cost) the dignity and terror of contributing to causality ourselves through our own purposes, choices, and actions. We have used this freedom to our hurt, but this also means that we are not mechanistically determined and that significant change is always possible. And change can come from many directions—thinking, emotions, behavior, experience. We are especially (compared to other creatures) both gifted and cursed by our ability to think about ourselves and the world. We can form purposes and act in the direction of those purposes. Our beliefs about the nature of the world, other persons, and ourselves interact in a fundamental way with how we perceive reality, how we define our own identity, and how we act.

If this is true in our personal lives, it is equally true as we try to understand and help our clients in social work practice. And it is no less true for clients themselves. What we believe about the nature of the world, the nature of persons, and the nature of the human situation is at least as important as the sheer facts of the circumstances we experience.

Worldviews Help Construct Our Understanding of Values

Cut Flowers: Can Values Be Sustained Without Faith?

One significant manifestation of the notion that beliefs aren't all that important is the fallacy of our age which assumes that fundamental moral values can be justified and sustained apart from their ideological (ultimately theological) foundation. Take, for example, the fundamental Christian and social work belief that all human beings have intrinsic dignity and value.

Elton Trueblood, the Quaker philosopher, once described ours as a "cut-flower" generation. He was suggesting that, as it is possible to cut a rose from the bush, put it in a vase, and admire its fresh loveliness and fragrance for a short while, it is possible to maintain the dignity and value of every human life while denying the existence or significance of God as the source of that value. But the cut rose is already dead, regardless of the deceptive beauty which lingers for awhile. Even uncut, "The grass withers, and the flower falls, but the Word of the Lord endures forever" (I Peter 1:24-25).

Many in our generation, including many social workers, are trying to hold onto values—such as the irreducible dignity and

worth of the individual—while denying the only basis on which such a value can ultimately stand. We should be glad they try to hold onto the value, but we should understand how shaky such a foundation is. A secular generation can live off its moral capital only so long before the impertinent questions (Why should we?) can no longer be ignored.

Doesn't Everybody "Just Know" That Persons Have Dignity and Value?

But doesn't everybody "just know" that human beings have intrinsic value? You don't have to believe in God, do you? In fact, according to some, so-called believers in God have been among the worst offenders against the value and dignity of all persons (sadly true, in some cases). After all, a lot of folks, from secular humanists to rocket scientists to New Age witches to rock stars, have declared themselves as defenders of the value of the individual. Isn't the worth of the person just natural, or at least rational and logically required? The plain answer is, "No, it's *not* just natural or rational or something everyone just knows."

I received a striking wake-up call in regard to this particular truth a number of years ago when I was a freshman at Indiana University. I think the story is worth telling here. I can't help dating myself—it was in the spring of 1960, the time the Civil Rights movement was clearly emerging. We were hearing of lunch room sit-ins and Freedom Riders on buses. Through an older friend of mine from my home town I wound up spending the evening at the Student Commons talking with my friend and someone he had met, a graduate student from Iran named Ali. I was quite impressed. My friend Maurice told me his father was some sort of advisor to the Shah (the ruling despot at that point in Iran's history).

The conversation turned to the events happening in the South, to the ideas of racial integration, brotherhood, and social justice. Ali was frankly puzzled and amused that Maurice and I, and at least some other Americans, seemed to think civil rights were worth pursuing. But given that, he found it particularly hard to understand what he thought was the wishy-washy way the thing was being handled. "I don't know why you want to do it," he said," but if it's so important, why don't you just do it? If I were President of the United States and I wanted integration, I would do it in a week!" "How?" we asked. "Simple. I would just put a soldier with a machine gun on every street corner and say 'In-

tegrate.' If they didn't, I would shoot them." (Believable enough, as the history of Iran has shown)

Naive freshman that I was, I just couldn't believe he was really saying that. Surely he was putting us on. You couldn't just do that to people. At least not if you were moral! The conversation-debate-argument went on to explore what he really did believe about the innate dignity and value of the individual human life and social responsibility. You don't just kill inconvenient people, do you? I would say things like, "Surely you believe that society has a moral responsibility to care for the widows and orphans, the elderly, the disabled, the emotionally disturbed." Incredibly (to me at the time), Ali's basic response was not to give an inch but to question *my* beliefs and values instead. "Society has no such moral responsibility," he said. "On the contrary. You keep talking about reason and morality. I'll tell you what is immoral. The rational person would say that the truly *immoral* thing is to take resources away from the strong and productive to give to the weak and useless. Useless members of society such as the disabled and mentally retarded should be eliminated, not maintained." He would prefer that the methods be "humane," but he really did mean eliminated.

It finally sunk into my freshman mind that what we were disagreeing about was not facts or logic, but the belief systems we were using to interpret or assign meaning to the facts. If I were to accept his assumptions about the nature of the universe (e.g. that there is no God—Ali was a thoroughly secular man; he had left Islam behind—that the material universe is the extent of reality, that self-preservation is the only given motive and goal), then his logic was flawless and honest. As far as he was concerned, the only thing of importance left to discuss would be the most effective means to gain and keep power and the most expedient way to use it.

In this encounter I was shaken loose from my naive assumption that "everybody knows" the individual person has innate dignity and value. I understood more clearly that unless you believed in the Creator, the notion that all persons are equal is, indeed, *not* self-evident. The Nazi policies of eugenics and the "final solution" to the "Jewish problem" make a kind of grimly honest (almost inevitable) sense if you believe in the materialist worldview.

The "Is-Ought" Dilemma

Not long afterward I was to encounter this truth much more cogently expressed in the writings of C. S. Lewis. In *The Abolition of Man* (1947) he points out that both the religious and the secular walk by faith if they try to move from descriptive observations of fact to any sort of value statement or ethical imperative. He says "From propositions about fact alone no *practical* conclusion can ever be drawn. 'This will preserve society' [let's assume this is a factually true statement] cannot lead to 'Do this' [a moral and practical injunction] except by the mediation of 'Society ought to be preserved' [a value statement]" (p. 43). "Society ought to be preserved" is a moral imperative which no amount of facts alone can prove or disprove. Even the idea of "knowing facts" involves basic assumptions (or faith) about the nature of the universe and human beings. The secular person (social worker?) tries to cloak faith by substituting words like natural, necessary, progressive, scientific, rational, or functional for "good," but the question always remains—For what end? and Why? And the answer to this question always smuggles in values from somewhere else besides the facts.

Even the resort to instincts such as self-preservation can tell us nothing about what we (or others) *ought* to do. Lewis (1947, p. 49) says:

> We grasp at useless words: we call it the "basic," or "fundamental," or "primal," or "deepest" instinct. It is of no avail. Either these words conceal a value judgment passed *upon* the instinct and therefore not derivable *from* it, or else they merely record its felt intensity, the frequency of its operation, and its wide distribution. If the former, the whole attempt to base value upon instinct has been abandoned: if the latter, these observations about the quantitative aspects of a psychological event lead to no practical conclusion. It is the old dilemma. Either the premise is already concealed an imperative or the conclusion remains merely in the indicative.

This is called the "Is-Ought" dilemma. Facts, even when attainable, never have any practical or moral implications until they are interpreted through the grid of some sort of value assumptions. "Is" does not lead to "Ought" in any way that has moral bindingness, obligation, or authority until its relationship to relevant values is understood. And you can't get the values directly from the "Is." It always comes down to the question—what is the source and authority of the "Ought" that is claimed or implied?

The social work Code of Ethics refers to values such as the inherent value of every person, the importance of social justice, and the obligation to fight against oppression. It is a fair question to ask where those values come from and what gives them moral authority and obligation.

A Shaky Consensus: "Sexual Abuse" or "Intergenerational Sexual Experience?"

For an example of the "Is-Ought Dilemma," is child sexual abuse a fact or a myth? Or what is the nature of the abuse? Child sexual abuse is an example of an area where there may seem to be more of a consensus in values than there actually is. In any event, it illustrates how it is impossible to get values from facts alone. Some intervening concept of "the good" always has to come into play.

Fact: Some adults have sexual relations with children. But so what? What is the practical or moral significance of this fact? Is this something we should be happy or angry about? Is this good or bad? Sometimes good and sometimes bad? Should we be encouraging or discouraging the practice? Even if we could uncover facts about the consequences of the experience on children, we would still need a value framework to help us discern the meaning or practical implications of those facts. And to have moral obligation beyond our own subjective preferences or biases, this value framework must have some grounding outside ourselves. What constitutes negative consequences? And even if we could agree certain consequences were indeed negative, the question would remain as to what exactly was the cause.

In the last few years there has been a tremendous outpouring of attention to issues of child sexual abuse and its effects on adult survivors. I must say that this is long overdue and much needed. And even among completely secular social workers, psychologists, and other therapists there currently appears to be a high degree of consensus about the moral wrong of adult sexual activity with children and the enormity of its negative consequences on the child at the time and in later life. As a Christian I am encouraged, especially when I recall the self-described "radical Freudian" professor I had in my master's in social work program who described in glowingly approving terms high levels of sexual intimacy between children and each other and chil-

dren and adults as "freeing and liberating" (that was the early 1970's).

However, if I look more closely at the worldview faith underlying much of the discussion of sexual abuse and its effects, the result is not quite so comforting to me as a Christian. The moral problem tends not to be defined in terms of a well-rounded biblical view of sexuality and God's creative design and purpose or an understanding of the problem of sin. Rather, it tends to be based on a more rationalistic and individualistic model of power and a model of justice which pins its faith on reason. Sexual abuse grows out of an inequity in power which a person rationally "ought not" exploit. Why not, one might ask.

But what if we take away the coercive element and get rid of the repressive "body-negative" ideas about sexual feelings? What if much or all of the negative effects of non-coercive sexual activity between adults and children is the result of the misguided and distorted social attitudes which are passed on to children and adults? Defenders of non-exploitive sexual activity between adults and children can (and do) argue that any negative consequences are purely a result of sex-negative social learning and attitudes. Representatives of a hypothetical group such as P.A.L. (Pedophiles Are Lovers!) would argue that what needs to be changed is not the intergenerational sexual behavior, but the sexually repressive social values and behavior which teach children the negative responses. These values are seen as the oppressive culprits. Then, the argument might go, should we not bend our efforts to eradicating these repressive sexual values and attitudes rather than condemning potentially innocent acts of sexual pleasure? Indeed, why not, if the only problem is exploitation of power?

You should also note that this argument in favor of intergenerational sexual behavior is not exclusively scientific, objective, or based only on "facts." It has to make faith assumptions about the nature of persons, the nature of sexuality, the nature of health, and the nature of values. By the same token, my condemnation of adult sexual activity with children is based on faith assumptions about the nature of persons, sexuality, health, and values informed by my Christian worldview. It is never just "facts" alone which determine our perceptions, conclusions, and behavior.

Right now, it happens to be a "fact" that a fairly large consensus exists, even among secular social scientists and mental health professionals, that adult sexual activity with children is "bad"

and that it leads quite regularly to negative consequences. Right now you could almost say this is something "everyone knows." But it would be a serious mistake to become complacent about this or to conclude that worldview beliefs and faith are not so important after all.

First, not everyone agrees. Although I invented the hypothetical group P.A.L. (Pedophiles Are Lovers), it represents real people and groups that do exist. The tip of this iceberg may be appearing in the professional literature where it is becoming more acceptable and common to see the "facts" reinterpreted. In preparing bibliography for a course on sexual issues in helping, I ran across a very interesting little shift in terminology in some of the professional literature. One article was entitled "Counterpoints: Intergenerational sexual experience or child sexual abuse" (Malz, 1989). A companion article was titled "Intergenerational sexual contact: A continuum model of participants and experiences" (Nelson, 1989). Words do make a difference.

Second, we shouldn't take too much comfort from the apparent agreement. It is sometimes built on a fragile foundation that could easily come apart. The fact that Christians find themselves in wholehearted agreement with many secular helping professionals, for example, that sexual activity between adults (usually male) and children (usually female) is exploitive and wrong may represent a temporary congruence on issues and strategy, much more so than fundamental agreement on the nature of persons and sexuality.

But back to the "Is-Ought" dilemma. The fact that some adults have sexual contact with children, by itself, tells us *nothing* about what, if anything, should be done about it. The facts can never answer those questions. The only way those questions can ever be answered is if we interpret the facts in terms of our faith, whatever that faith is. What is the nature of the world? What is the nature of persons? What is the meaning of sex? What constitutes health? What is the nature of justice? And most important—why should I care anyway?

Worldviews Help Define the Nature and Value of Persons

So—Worldviews Have Consequences

Your basic faith about the nature of the universe has consequences (and everyone, as we have seen, has some sort of faith). Faith is consequential to you personally and the content of the faith is consequential. If it isn't *true* that Christ has been raised, my faith is worthless (I Cor. 15:14). And if it's *true* that Christ has been raised, but I put my faith in Baal or the free market or the earth goddess (big in New England these days) or Karl Marx (not so big these days) or human reason, then *that* has consequences, to me and to others. What are we going to *trust*, bottom-line?

In I Corinthians 15, the apostle Paul said something about the importance of what we believe about the nature of the world, the *content* of our faith. He said, "Now if Christ is proclaimed as raised from the dead, how can some of you say there is no resurrection of the dead? If there is no resurrection of the dead, then Christ has not been raised; and if Christ has not been raised, then our proclamation has been in vain and your faith is also in vain . . . If Christ has not been raised, your faith is futile and you are still in your sins . . . If for this life only we have hoped in Christ, we are of all people most to be pitied" (12-14, 17, 19).

I've been a student, a professional social worker, and a teacher of social work long enough to see some major changes in "what everyone knows," in what is assumed or taken for granted. "What everyone knows" is in fact part of the underlying operational *faith* of a culture or subculture—whether it's Americans or teenagers or those who go to college or social workers—or Southern Baptists, for that matter.

When I went to college, logical positivism was king, a version of what C. S. Lewis called "naturalism," a kind of philosophical materialism. It said that the physical world is all there is. Everything is fully explainable by materialistic determinism. Only what can be physically measured or "operationalized" is real (or at least relevantly meaningful). In psychology it was epitomized in B. F. Skinner's behaviorism.

I remember as a somewhat bewildered freshman at Indiana University attending a lecture by a famous visiting philosophy professor (a logical positivist) from Cambridge University (whose name I have forgotten) entitled "The *Impossibility* of any Future Metaphysic" (his take-off on Kant's title "Prologomena to any Future Metaphysic"). I can't say I understood it all at the time, but his main point was that modern people must permanently put away such meaningless and potentially dangerous ideas as spirituality, the supernatural, and any notion of values beyond subjective preferences. We now know, he said, that such language is meaningless (since not empirical) except, perhaps, to express our own subjective feelings.

In a graduate school course in counseling, I had an earnest young behaviorist professor who had, as a good behaviorist, trained (conditioned) himself to avoid all value statements that implied good or bad or anything beyond personal preference. When faced with a situation where someone else might be tempted to make a value statement, whether regarding spaghetti, rock and roll, or adultery, he had an ideologically correct response. He would, with a straight face, say "I find that positively reinforcing" or, "I find that negatively reinforcing." (I don't know what his wife thought about this kind of response) Notice, he was saying "I" (who knows about you or anyone else) "find" (observe a response in myself at this moment; who knows about five minutes from now) "that" (a particular measurable stimulus) "positively reinforcing" (it elicits this particular behavior now and might be predicted to do it again).

Above all, the idea was to be totally scientific, objective, and *value-free*. After all, values were perceived to be purely relative, personal preferences, or (worse) prejudices induced by social learning. And "everyone knew" that the only thing real was physical, measurable, and scientific. If we could only get the "facts" we would know what to do.

But this was, and is, a fundamental fallacy, the "Is-Ought" fallacy we discussed earlier. Even if facts are obtainable, they have no moral power or direction in themselves. If we say they mean something it is because we are interpreting them in the context of some values which are a part of our basic faith about the nature of the world.

Shifting Worldviews: The Emperor Has No Clothes

In the meantime we have seen some rather amazing shifts in "what everyone knows." I am old enough to have vivid memories of the 1960's and the "greening of America" when "everybody knew" that people under 30 were better than people over 30 and that human beings are so innately good all we had to do was to scrape off the social conventions and rules and then peace,

love, and total sharing would rule the world. An astounding number of people truly believed that—for a short time.

In the '70's and early '80's "everybody knew" that personal autonomy and affluence are what it is all about. Power and looking out for Number One became the articles of faith, even for helping professionals like social workers. Maximum autonomy was the obvious highest good. Maturity and health were defined in terms of not needing anyone else (and not having any obligation to anyone else either). Fritz Perls "Gestalt Prayer" even got placed on romantic greeting cards:

> I do my thing, and you do your thing.
> I am not in this world to live up to your expectations.
> And you are not in this world to live up to mine.
> You are you and I am I,
> And if by chance we find each other, it's beautiful.
> If not, it can't be helped.

The message, it seems, is that if you care too much, you are enmeshed, undifferentiated, or at the very least co-dependent.

And here we are at the turning of the millennium and, at least for awhile, it looks as though values are in. Time magazine has had cover stories on ethics. Even more amazing, philosophy professors and social workers are not embarrassed to talk about values and even character again. "Family Values" are avowed by the Republicans and Democrats. The books and articles are rolling off the presses.

But we should not be lulled into a false sense of security with this recovery of values and ethics, even if much of it sounds quite Christian to us. The philosophical paradigm has shifted to the opposite extreme, from the modern faith in the rational and empirical to the postmodern faith in the radically subjective and relative, the impossibility of getting beyond our ideological and cultural horizons. Our culture now despairs of any knowledge beyond the personal narratives we make up for ourselves out of the flotsam of our experience and fragments of disintegrating culture (Middleton & Walsh, 1995). Postmodernism says each person pieces together a personal story through which we make sense out of our lives, but there is no larger story (meta-narrative) which is really true in any meaningful sense and which can bind our personal stories together.

It is remarkable, as we have seen, how rapidly some of these assumptions can shift. The seeming consensus may be only skin-deep. More importantly, unless these values are grounded on something deeper than the currently fashionable paradigm (such

as a Christian worldview), we can count on the fact that they will shift, or at least give way when they are seriously challenged. It's amazing how easy it is to see that the emperor has no clothes when a different way of looking is introduced to the scene. Remember both enlightenment empiricism and postmodern subjectivity agree that values have no transcendent source.

What Is a "Person?"

Controversies regarding abortion and euthanasia illustrate the profound consequences of our worldview faith, especially for worldviews which deny that values have any ultimate source. Even more fundamental than the question of when life begins and ends is the question what is a person? What constitutes being a person? What value, if any, is there in being a person? Are persons owed any particular rights, respect, or care? If so, why?

If your worldview says that persons are simply the result of matter plus time plus chance, it would seem that persons have no intrinsic value at all, no matter how they are defined. From a purely materialist point of view, it may be interesting (to us) that the phenomena of human consciousness and agency have emerged which allow us in some measure to transcend simple biological, physical, and social determinism. These qualities might include the ability to be self-aware, to remember and to anticipate, to experience pleasure and pain, to develop caring relationships with others, to have purposes, to develop plans and take deliberate actions with consequences, and to have (at least the illusion of) choice. We may choose to define personhood as incorporating some of these characteristics. And we may even find it positively reinforcing (or not) to be persons. But then what? In this materialist worldview there are no inherent guidelines or limits regarding what we do to persons.

Do such persons have a right to life? Only to the extent it pleases us (whoever has the power) to say so. And what in the world could "right" mean in this context? But what if we do choose to say that persons have a right to life. What degree or quality of our defining characteristics do they have to have before they qualify? How self-conscious and reflective? How capable of choice and action?

It is common for people to argue today that babies aren't persons before they are born (or at least most of the time before they are born) and thus that there is no moral reason for not eliminating defective ones, or even just unwanted or inconvenient ones.

And there are already those who argue that babies should not even be declared potential persons until they have lived long enough after birth to be tested and observed to determine their potential for normal growth and development, thus diminishing moral qualms about eliminating "wrongful births." After all, what is magic about the birth process? Why not wait for a few hours, days, or weeks after birth to see if this "fetal material" is going to measure up to our standards of personhood? And at any point in life if our personhood fails to develop adequately or gets lost or seriously diminished through accident, illness, mental illness, or age, what then? Was my college acquaintance Ali right? Is it immoral to take resources from the productive and use them to support the unproductive? Do these "fetal products" or no-longer-persons need to be terminated?

A Solid Foundation

If I balk at these suggestions, it is because I have a worldview that gives a different perspective to the idea of what constitutes a person. I may agree, for example, that agency—the capacity to be self-aware, reflective, remember and anticipate, plan, choose, and responsibly act—is a central part of what it means to be a person. But I also believe that this is a gift from our creator God which in some way images God. I believe that our reflection, choice, and action have a divinely given purpose. This purpose is summarized in the ideas of finding and choosing God through grace and faith, of growing up into the image of Jesus Christ, of knowing and enjoying God forever. All of this says that persons have a special value beyond their utility to me (or anyone else) and that they are to be treated with the care and respect befitting their status as gifts from God. Even when something goes wrong.

Having a Christian worldview and knowing what the Bible says about God, the world, and the nature of persons doesn't always give us easy answers to all of our questions, however. And having faith in the resurrection of Jesus Christ doesn't guarantee that we will always be loving or just. But it does give us a foundation of stone to build our house on, a context to try to understand what we encounter that will not shift with every ideological or cultural season. I can assert the dignity and worth of every person based on a solid foundation, not just an irrational preference of my own or a culturally-induced bias that I might happen to have. What "everybody knows" is shifting sand. Even if it happens to be currently stated in the NASW Code of Ethics for social workers.

Some Basic Components of a Christian Worldview

Space does not permit me to develop a detailed discussion of the components of a Christian worldview here, but I would at least like to try to summarize in the most basic and simple terms what I perceive to be quite middle-of-the-road, historically orthodox, and biblical answers to the fundamental worldview questions I posed at the beginning (cf. Middleton & Walsh, 1995). This suggests the Christian worldview that has informed me and has been (I would hope) quite evident in what has been said. This little summary is not the end of reflection and application, but only the beginning.

1. *Where are we?* We are in a universe which was created by an eternal, omnipotent, just, loving, and gracious God. Consequently the universe has built-in meaning, purpose, direction, and values. The fundamental values of love and justice have an ultimate source in the nature of God which gives them meaning, authority, and content. The universe is both natural and supernatural.

2. *Who are we?* We are persons created "in the image God" and therefore with intrinsic meaning and value regardless of our personal characteristics or achievements. Persons are both physical and spiritual. Persons have been given the gift of "agency"—in a meaningful sense we have been given both freedom and responsibility. Persons created in the image of God are not just autonomous individuals but are relational—created to be in loving and just community with one another. Persons are objects of God's grace.

3. *What's wrong?* Oppression and injustice are evil, wrong, an affront to the nature and desire of God. Persons are finite and fallen—we are both limited in our capacities and distorted from our ideal purpose because of our selfishness and choice of evil. Our choice of selfishness and evil alienates us from God and from one another and sets up distortion in our perceptions, beliefs, and behavior, but we are not completely blind morally. Our self-centeredness makes us prone to seek solutions to our problems based on ourselves and our own abilities and accomplishments. We can't solve our problems by ourselves, either by denial or our own accomplishments.

4. *What's the remedy?* Stop trying to do it our way and accept the loving grace and provisions for healing that God has provided for us. God calls us to a high moral standard but knows that it is not in our reach to accomplish. God's creative pur-

pose is to bring good even out of evil, to redeem, heal, and grow us up—not by law but by grace. "For by grace you have been saved through faith, and this is not your own doing; it is the gift of God—not the result of works, so that no one may boast. For we are what he has made us, created in Christ Jesus for good works, which God prepared beforehand to be our way of life." (Ephesians 2:8-10)

Why Should I Care?
Choosing a Christian Worldview

Moral Obligation and Faith:
Materialism Undermines Moral Obligation

To abandon a theological basis of values, built into the universe by God, is ultimately to abandon the basis for any "oughts" in the sense of being morally bound other than for purely subjective or cultural reasons. Normative morality that is just descriptive and cultural (This is what most people in our society tend to do), subjective (This is what I happen to prefer and do or It would be convenient for me if you would do this), or utilitarian (This is what works to achieve certain consequences) has no power of moral *obligation*. Why should I care? On materialist or subjective grounds I "should" do this or that if I happen to feel like it or if I think it will help me get what I want. But this is using the word "should" in a far different and far more amoral sense than we ordinarily mean. It is a far different thing than saying I am *morally obligated or bound* to do it.

Many will argue that reason alone is enough to support moral obligation. This is the argument used by Frederic Reamer in his excellent book on social work ethics, *Ethical dilemmas in social services* (1990), based on Gewirth (*Reason and morality*, 1978). If, for example, I understand that freedom is logically required for human personal action, then this theory says I am logically obligated to support freedom for other persons as I desire it for myself. But I have never been able to buy the argument that reason alone creates any meaningful moral obligation for altruistic behavior. Why *should* I be logical, especially if being logical doesn't appear to work for my personal advantage? Any idea of moral obligation beyond the subjective and personally utilitarian seems to lead inevitably and necessarily to God in some form or to nowhere.

The "Method of Comparative Difficulties"

Although it is logically possible (and quite necessary if you believe in a materialist universe) to believe that values are only subjective preferences or cultural inventions, I have never been able to completely believe that is all our sense of values such as love and justice amounts to. There are, in all honesty, many obstacles in the way of belief in God as the transcendent source of values. But can we believe, when push comes to shove, that all values are either meaningless or totally subjective? Elton Trueblood calls this the "Method of Comparative Difficulties" (1963, p. 73; 1957, p. 13).

It may often be hard to believe in God, but I find it even harder to believe in the alternatives, especially when it comes to values. It's easy enough to say that this or that value is only subjective or culturally relative, but when we get pushed into a corner, most of us find ourselves saying (or at least *feeling*), "No, *that* (say, the Holocaust) is really wrong and it's not just my opinion." (Cf. C. S. Lewis, "Right and Wrong As a Clue to the Meaning of the Universe," *Mere Christianity*, 1948)

Dostoevski expressed the idea that if there is no God, all things are permissible. C. S. Lewis (1947, pp. 77-78) said that "When all that says 'it is good' has been debunked, what says 'I want' remains. It cannot be exploded or 'seen through' because it never had any pretensions." Lust remains after values have been explained away. Values that withstand the explaining away process are the only ones that will do us any good. Lewis concludes *The abolition of man* (1947, p. 91):

> You cannot go on "explaining away" for ever: you will find that you have explained explanation itself away. You cannot go on "seeing through" things for ever. The whole point of seeing through something is to see something through it. It is good that the window should be transparent, because the street or garden beyond it is opaque. How if you saw through the garden too? It is no use trying to "see through" first principles. If you see through everything, then everything is transparent. But a wholly transparent world is an invisible world. To "see through" all things is the same as not to see.

Seeing Through a Mirror Dimly: Real Values But Only a Limited, Distorted View

So, I believe in God as the ultimate source and authenticator of values. I believe that real values exist beyond myself. And I believe these values put us under real moral obligation. To believe otherwise, it seems to me, ultimately makes values and moral obligation empty shells, subjective and utilitarian, with no real life or content. It may be true that this is all values are, but I find it very hard to believe. Belief in a value-less world, or one with only "human" (that is to say, purely subjective) values, takes more faith for me than belief in God.

But (and this is very important) this understanding of values as having ultimate truth and deriving from God is a very far cry from believing that I fully comprehend these values and the specific moral obligations they put me under in the face of a particular moral dilemma when these values come into tension with one another and priorities have to be made. Much humility is required here, an appropriate balance. At any given moment, my (or your) understanding of these values and what our moral obligations are is very limited and distorted. In fact our understandings are in many ways subjective, culturally relative, and bounded by the interpretive "language" available to us. And any particular place where I can stand to view a complex reality at best only yields a partial view of the whole. Remember the story of the blind men and the elephant ("It's like a snake," "It's like a wall," "It's like a tree").

We can see, but only dimly. God has given us light but we will only be able to see completely when we meet God face to face (I Cor. 13:8-13). In the meantime we are on a journey. We are pilgrims, but we are not wandering alone and without guidance. We see through a mirror dimly, but there is something to see. There is a garden beyond the window.

> Love never ends. But as for prophecies, they will come to an end; as for tongues, they will cease; as for knowledge, it will come to an end. For we know only in part, and we prophesy only in part; but when the complete comes, the partial will come to an end. When I was a child, I spoke like a child, I thought like a child, I reasoned like a child; when I became an adult, I put an end to childish ways. For now we see in a mirror, dimly, but then we will see face to face. Now I know only in part; then I will know fully, even as I have been fully known. And now faith, hope, love abide, these three; and the greatest of these is love. (I Corinthians 13:8-13)

> Now we have received not the spirit of the world, but the Spirit that is from God,
> so that we may understand the gifts bestowed on us by God. And we speak of these things in words not taught by human wisdom but taught by the Spirit, interpreting spiritual things to those who are spiritual. Those who are unspiritual do not receive the gifts of God's Spirit, for they are foolishness to them, and they are not able to understand them because they are spiritually discerned. Those who are spiritual discern all things, but they are themselves subject to no one else's scrutiny. "For who has known the mind of the Lord so as to instruct him?" But we have the mind of Christ. (I Corinthians 2:12-16)

> Now the Lord is the Spirit, and where the Spirit of the Lord is, there is freedom.
> And all of us, with unveiled faces, seeing the glory of the Lord as though reflected in a mirror, are being transformed into the same image from one degree of glory to another; for this comes from the Lord, the Spirit. (II Corinthians 3:17-18) ❖

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David A. Sherwood, Ph.D., LICSW, is Professor of Social Work, Roberts Wesleyan college, 2301 Westside Drive, Rochester, NY 14624. Email: sherwoodd@roberts.edu and telephone 716-594-6185 (O)

Incorporating Religious Issues in the Assessment Process with Individuals and Families

Mary P. Van Hook

Understanding how people interpret events in their lives and the world around them is essential in social work practice with individuals, families, and community groups. The implicit and explicit beliefs of the family and the wider group help shape these interpretations. Religious beliefs and practices influence these interpretations for many individuals, families, and community groups. As a result, understanding how religion shapes people's experiences can be important in social work practice. Including religious issues in the assessment process can also guide the social worker in developing appropriate interventions. The role of religion can be especially salient when people are wrestling with crises and critical junctures in their lives (for example, Loewenberg, 1988; Joseph, 1988; Carlson & Cervera, 1991; Austin & Lennings, 1993; Mailick, Holder & Waltaher, 1994). These events are frequently occasions that prompt people to seek social work help. Such occasions can also be times in which important value choices and issues of meaning are involved. Ignoring religious issues can risk overlooking potential resources and strains in the lives of some client systems. This chapter uses a variety of theoretical approaches to demonstrate how incorporating religious issues in the assessment process can help social workers better understand client systems and develop more effective interventions.

Religion in this chapter refers to "the institutionally patterned system of beliefs, values, and rituals" (Canda, p. 573, 1988). It has both a belief and an organizational participation dimension. A religious person is one who "belongs to a faith group, accepts the beliefs, values, and doctrines of that group, and participates in the required activities and rituals of the chosen group" (Loewenberg, p. 33, 1988). Since people are influenced by family and cultural traditions, the impact of religion can emerge through acceptance of or struggling with aspects of the religious element in these traditions. Religion is a multi-faceted phenomena including beliefs, interpersonal relationships at the family

and community level, rituals, and social organizations. As a result, it is helpful to draw upon a variety of theoretical perspectives in analyzing the impact of religion on the lives of people. While this chapter discusses a variety of theoretical approaches to understand religious issues, some aspects will emerge as more important than others in working with a specific client system. It would not be realistic or even necessary for social workers to incorporate all these dimensions in their ongoing assessment of a specific client system or situation. The chapter suggests possible ways to elicit this information as part of the ongoing assessment process, and the nature of information that might be relevant to specific theoretical frameworks or situations. In view of space limitations, this chapter will emphasize individuals and families and will discuss communities and organizations only as they shape them. The case illustrations used demonstrate how incorporating religion from at least one of a variety of theoretical perspectives can be useful in the assessment process and can guide in the development of effective interventions.

Although the emphasis in this chapter is on the assessment of the client system, there is growing recognition that the nature of the relationship between the social worker and the client system is influenced by the characteristics of both the client system and the worker. This interaction process suggests that a religious self-assessment by the social worker can also be important in the assessment and intervention process. Social workers bring to the helping relationship beliefs and practices that influence how they perceive problem situations and possible solutions.

Religious Beliefs

Since it is impossible to do justice to the vast diversity of the world's religions, the following discussion will be limited to the major monotheistic religions of Christianity, Islam, and Judaism. These groups share a core belief in a divine being with an existence separate from human beings with the possibility of a personal relationship between human beings and the divine. As a result, they must answer questions involving how the divine relates to human beings and the world as a whole, and how human beings in turn should relate to the divine and each other. Clients might not be immediately aware of the nature of these underlying beliefs, but this awareness may emerge in the course of exploration regarding the meaning attached to behaviors and

more readily recognized beliefs (Miller, 1988). While social workers do not necessarily need complete information about the religious beliefs of their clients, asking clients if they have any religious beliefs that might relate to the presenting problems can both provide useful information and let the client know that these beliefs have a legitimate place in social work efforts with them. The following represent some major themes that might be present in these religious traditions.

"His eye is on the sparrow": This phrase from the Gospel song reflects the belief that God is intimately involved in everything that happens in life. Beliefs about the involvement of God range from this intimate involvement to only remote involvement in major events. Questions of good and evil, free will versus determinism or fatalism, and the intentions of God are raised by these beliefs. These beliefs become especially salient, perhaps comforting or troubling, as people must deal with tragedy in their lives (Kushner, 1981; Smedes 1982). Why did God allow my child to die or my husband to leave me? Why did God allow me to get AIDS? How can I trust a God who would allow this terrible thing to happen to me? Can I gain comfort from believing that nothing happens by chance, that there is a purpose in everything? Is God punishing me for something I did? Is God here for me as I walk through this valley of despair?

Exploring with clients their beliefs in this area can reveal sources of comfort as well as alienation from God and from organized religion. People might be reluctant to voice their anger, doubts, and sense of alienation to other people out of fear that family members and their support system within the church and the community will condemn them for these thoughts and emotions. The experience of raising these issues with someone who can listen without judgment and understands the pain can be an important first step in the healing process. It can also provide an occasion to explore with clients the possibility that there might be other people in their lives who could also understand and accept their views.

God as love/as judgment: Religious traditions vary in terms of whether they view God as relating to people primarily on the basis of judgment against sinful people and a sinful world, or on the basis of love and grace. For members of traditions focused on judgment, feelings of self-worth can be viewed as suspect at best. On the other hand, feeling loved as a "child of God" can be

a great source of comfort and self-worth to people. God's love can also be viewed as a gift of grace or something to be earned through specific works and sacrifices. When God's love is linked to works and sacrifice, people may worry that they have not done enough. Yet accepting love as a gift of grace can be difficult for many people even when official religious beliefs affirm this position (Smedes, 1982; Tournier, 1962; Phillips, 1963). Exploring what is the basis of legitimate self-worth within the client's religious tradition can be particularly helpful in working with clients experiencing low self-worth. This exploration can be useful not only with people who are currently religious, but also with those who as adults rejected the religion of their childhood and their family, because they may still be struggling with deeply entrenched views in this area.

Human nature as good/evil: Human nature can be considered to be primarily sinful, neutral, or good. Although viewing human beings as evil has been considered antithetical to the social work belief that people are capable of good and positive changes (Sanzenbach, 1989; Loewenberg, 1988), this can sometimes be a false dichotomy. Even religious traditions that view human nature as essentially sinful can allow for positive change through divine redemption and grace (Smedes, 1982). Understanding and respecting the client's sense of dependence on God for this change can be important.

God of dialogue/God of answers: The divine can be viewed as welcoming dialogue with human beings or requiring their unquestioning acceptance. Tevye in "The Fiddler on the Roof" asks God why he could not have made him a rich man instead of a poor man. Tevye is comfortable with being in an ongoing and sometimes complaining dialogue with God. For some people, questioning God for letting a child die or a factory close would be very difficult. Feelings of anger toward God for these events would create guilt or perhaps fear of retribution. While it may be useful to indicate to such people that sometimes even devoutly religious people feel angry with God, the social worker must also understand their reluctance to acknowledge these feelings personally because of their fear that doing so might come at a very high price.

Basis/Context for Religious Beliefs

In addition to specific beliefs, religious groups also vary in terms of the legitimate basis for their religious beliefs. For some groups, the legitimate basis for religious beliefs can be limited to a literal interpretation of the sacred text, while for others it can include tradition. These later groups adopt a less literal view of interpretation and/or are willing to include the insights of science, history, and culture. Understanding this perspective enables the social worker to identify the types of information that clients and their reference groups would consider valid. A strongly fundamentalist Christian, for example, would not be swayed by social science or cultural information in terms of the scriptural passages regarding sex roles that contradicted their interpretation of the Bible.

Organizational context of beliefs: Although membership in a specific religious denomination plays a less important role in defining beliefs of individuals than it did previously, understanding the belief system of specific groups can give some insight into potential sources of pain or support on particular issues. This is particularly true if the group holds highly specific views on an issue (Loewenberg, 1988). As an example, Mark returned home to his parents in the terminal stages of AIDS. His parents belonged to a conservative church that viewed homosexuality as a grievous sin and AIDS as God's punishment for those who have sinned. Understanding the strain experienced by his parents who were caught between their love for their son and the tenets of their church and religious support system can be important in responding to the pain experienced by Mark and his family.

Families living in rural areas can experience a compounding of stigma (McGinn, 1996). Mrs. James, a Roman Catholic woman, sought counseling for depression following the birth of a baby born blind. For years she had been dreading God's punishment for her earlier divorce and marriage outside the church. When her baby was born, she was convinced that this was God's punishment on her. Fortunately a referral to understanding Roman Catholic sisters and a priest helped her recognize that the church did not teach that God would punish her baby in this way.

In working with grieving families facing a death in the family, understanding how their religious group views life after death can identify potential sources of support or additional grief.

Families who are Baptist or Jehovah's Witness, for example, are likely to derive very different types of comfort from their religious beliefs in dealing with the death of a child from Sudden Infant Death Syndrome.

Social Support: The social support systems of individuals and family members can be an important resource as they seek to cope with a variety of stressful life events. As a result, understanding potential sources of support and possible barriers to using these sources can be extremely important in the process of helping people cope. Social support in this context includes both emotional and material support. Religion can play an important role in the social support system of clients. Religion can influence this support basis through the nature of the resources available—a caring church congregation or specific programs offered by religious groups. The nature of these supportive networks can also be influenced by the ethnic traditions of the individuals involved. As indicated in a subsequent discussion in this chapter regarding racial/ethnic groups, African Americans have a strong tradition of interdependence in which the church plays a central role (Hines & Boyd-Franklin, 1982).

In addition to understanding basic group traditions regarding the role of the church community, it can also be important to identify how the nature of the problem might effect potential sources of help within the church. Religious groups vary in terms of their attitudes toward specific life difficulties and the type of help that is viewed as appropriate. Typically problems relating to a death or illness in the family are likely to evoke sympathy and support. Yet if the illness is due to AIDS acquired through a homosexual relationship, attitudes of judgment regarding the illness may diminish either actual support or people's willingness to seek help due to fear of judgment (McGinn, 1996). Attitudes toward divorce, alcoholism, and mental health problems can influence either actual available support or the client's perceptions about seeking such help. A recent study of economically distressed farm families revealed a mixed picture regarding available support from the church. The attitudes of church members and the economically hurting family members toward this extremely complex problem made it difficult for some people to seek or receive the help they needed (Van Hook, 1990). Use of an eco-map that identifies potential sources of support and strains can be useful in eliciting information from clients about the role of the church in this regard.

Personality Theories

Several important personality theories can help social workers understand the interplay between religion and the experiences of clients. An understanding of this interplay can help the social worker develop effective helping approaches. This section discusses how aspects of cognitive-behavioral and psychodynamic/ego psychology can be used in this regard.

Cognitive behavioral: According to contemporary cognitive-behavioral theory, our beliefs influence our behavior, our emotions, and our thoughts. Religious beliefs can influence the core beliefs that are especially influential in this process. Helping based on this theory uses a collaborative partnership between the client and the social worker to identify the nature of these beliefs and to test out their accuracy. The process begins with a series of questions asked of and with the client. These questions are designed to identify how the client views the world. These might include questions such as, "What do you think would happen if you told your parents that you want to switch to social work as a major?" The client and worker also engage in a process of testing these beliefs by a series of further questions or activities. The client, for example, might tell her or his parents about the switch to a social work major and the reasons for doing so to test out what really will be the parents' reaction.

Miller (1988) describes the use of this approach with a male seminary student with a strong sense of duty who was suffering from depression. His initial attempt was to help the man through progressive relaxation of the muscles of this body and scheduling of pleasant activities. This approach was unsuccessful because it did not fit with the client's sense of purpose in life. Miller then used a common approach in cognitive treatment. A person is asked to keep a record of when a certain problem arises, the situations in which the problem occurs, and the person's reaction to these events. The student was asked to record the situations in which he felt depressed, his self-statements in these situations, and his resulting emotions. Several crucial themes emerged. Three potentially healing religious themes surfaced in this process: "Even servants have to be restored" (in response to his relentless driving of himself), "Grace" (a message he wished to communicate to others but did not fit with his own driving perfectionism), and "Focus on others" (which was impeded by his worry about himself). The social worker used this under-

standing to develop a more effective helping strategy with John. John began to experiment with replacing his driven perfectionism with alternative self-statements that were consistent with important elements of his core religious belief system. "1) Even Jesus took time to rest and recharge; 2) If I want to serve, I also need to take care of myself; 3) God, through Jesus Christ, accepts me as I am, 4) Don't worry about how people are evaluating me. Focus on their needs instead. And 5)I have good news to share." Within this context John was able to use the techniques of relaxation and scheduling of pleasant events because these efforts were compatible with efforts to change the way he was thinking—a process called "cognitive-restructuring" (Miller, 1988).

Cognitive-behavioral strategies like these can also help clients identify other issues that might be camouflaged by religious thoughts and interpretations of events. Sue's parents, for example, contacted their pastor because their daughter Sue felt that she was demon possessed. The pastor assured the family that God would not let this happen to one of His children and suggested they contact a mental health program. Sue, age 13, was able to identify the thoughts, emotions, and bodily sensations that she associated with being demon possessed. The social worker asked her to keep a log identifying the situations in which she had the sensations that made her feel that she was demon possessed. The following week she returned for counseling pleased that she had discovered the nature of the problem. She experienced it when she was lonely and afraid the other children in her new community would not want to be her friends. She and her family had recently moved to the community and she was experiencing the anxiety of trying to make friends in her new school and community. Her insight clearly established the direction for counseling and gave her a very different view of herself and her problem.

Psychodynamic/ego psychology: One important aspect of psychodynamic/ego psychology is the theory of object relations. According to object relations theory, people gradually identify a sense of self separate from the world around them. A child, for example, quite early on becomes clear that there is a "me" that is separate from others. In the course of this process, children internalize a series of mental images (objects) of the people who are important to them. These internalizations are subjective and reflect how the child has experienced these other people.

These subjective interpretations in turn influence how children view themselves as well as experience the world around them and subsequent relationships with other people. A child who has experienced parents and other caretakers as loving and meeting his needs is likely to view himself as lovable and to trust that other people will also be loving and trustworthy. On the other hand, a child who has experienced abuse is likely to distrust that other people will love her or meet her needs appropriately.

From an object relations perspective, the concept of God is not an illusion. Instead it represents an important reality. Part of being human is our capacity to create nonvisible realities (Rizzuto, 1979). The concept of God develops very early in a child's psychological development in the context of the child's developing a sense of separation from nurturing parents (Fuller, 1988). Although God is often called the "Heavenly Father," a child's concept of God represents more than just an internalization of the father. It involves a combination or gestalt of many powerful factors: the characteristics of the mother and the father, the dynamics of the twofold need to merge with a higher power and yet at the same time to experience oneself as autonomous, and the general social, historical, and religious background of the family (Fuller, 1988). As a result, children develop an image of God that reflects their own experiences with significant individuals and their own developmental needs. Belief in a powerful God can serve as an important transition object as children develop a growing sense of separation from their parents (Fuller, 1988). The internalization of an all powerful and all knowing God with the power to judge based on parental relationships can be a source of considerable distress if it is based on rejecting parental experiences and a source of comfort when based on trusting or caring relationships with these individuals.

Because these internalized views (objects) of other people color a person's relationships with others and their view of themselves, understanding the client's early and basic view regarding God and the impact of this perspective on their lives can be important. Questions about one's experiences with parents as well as about how one views God can provide important clues in this area. Joyce illustrates how early family relationships combined with the belief system of the group profoundly shaped her view of God, herself, and others. She was a member of a strongly religious group that stressed God's judgment and the sinfulness of human beings. Yet most members of this group manage to live relatively satisfying lives. In contrast, she lived a life preoc-

cupied with fear of the rejection of others and of God. She was convinced that she was completely unlovable and totally undeserving of any happiness. Exploration of her life revealed that her image of God was shaped in part by a realistically very frightening relationship with her father. Her father, who has been in a nursing home for several years, had suffered severely during World War II and later immigrated to the United States. After his move to the United States and while the children were growing up, he frequently had paranoid delusions in which Joyce and another sibling were Nazi soldiers. He would then try to attack them and her mother would have to hide them from their father. As a result of these events and their rural setting, the family was generally isolated from other families so there were few other adults to serve as benign and protective role models that might create a balance in her life. By the time she entered school she was so traumatized that she withdrew from others and experienced herself as the object of ridicule. For Joyce, her early experience of terror and rejection by her father and her mother's inability to protect her from the emotional trauma created a strong introject of a powerful and rejecting God. At an intellectual and beliefs systems level her perspective was further reinforced by the doctrines of her religious group, but her early life experiences set the stage for her sense of fear. She needed a helping relationship that demonstrated that she was a person deserving of concern, and to help her with her difficulty in trusting others.

Family Issues

The family plays a primary role in the formation of religious beliefs. These beliefs are further shaped by relationships within the family and family events. Family rituals in turn reinforce these religious beliefs and practices. As a result of the key role of the family, understanding the interaction between family and religious issues can be especially fruitful (Dudley & Dudley, 1986; Friedman, 1985; Cornwall, 1987; Joseph, 1988; Loewenberg, 1988; Raider, 1992). This section examines families in terms of life-cycle issues, rituals, and family patterns and rules.

Families can be understood in terms of the development of the family over time—the life-cycle of the family. This process in turn is influenced by the developmental process of individual family members. As children enter adolescence, it becomes important for them to establish their own sense of identity. While the family is important in this sense of identity, adolescents frequently need to distance themselves from their parents in various ways. Some adolescents do so by distancing themselves from their parent's religious beliefs, practices, and rituals. This process can be the source of considerable tension within the family.

Families also face important transitions in the life-cycle of the family. Transitions that involve the breaking of old bonds and identities and the establishment of new ones are frequently marked by rituals, including religious ones (Friedman, 1985). Baptism in the Christian tradition and circumcision (*bris*) in the Jewish tradition represent the entry of a child into the religious community, and the assumption by parents of the responsibilities of raising the child in the religious traditions. Confirmations, Bar Mitzvahs, and other religious rites symbolize growth and approaching adulthood and the personal adoption of an identity within religious groups. Weddings mark the establishment of new commitments and boundaries with the accompanying need to create a new family structure. Religious rituals surrounding death help family members relinquish the lost family members and bind remaining family members together. The inability to carry out these rituals, on the other hand, can be the source of great distress (Harari & Wolowelsky, 1995; Friedman, 1985). Asking family members about the nature of pertinent rituals and how family members experienced these rituals can open the door to important information in this area.

Examining how individuals maintain and experience religious and other family rituals can provide clues to the nature of relationships within the family system, but also the extent to which family members are tied to their religious traditions. Harari and Wolowelsky (1995) describe how exploring changes in family observance of religious rituals following a death in the family can be an entrée into possible changes in family roles generally. This can be the opportunity to identify, for example, who are the individuals that others turn to in difficult times, and shifts in power within the family due to illness or the response to a death.

It is always important to explore what these family religious rituals mean to family members. Clients can be asked what these rituals mean to them, how they experienced them, and how they felt participating (or not participating) in them. These rituals convey messages of belonging or alienation. They can be sources of healing or further occasions to evoke the memory of an aching void or the pain of disrupted relationships. Exploring which family members are included or excluded from important fam-

ily rituals also provides valuable information about family coalitions, cohesion or disengagement in the family, reasons for cutoffs in families, and family communication patterns.

Because family religious rituals frequently are invested with great meaning, failure to carry out previously treasured rituals or the institution of new rituals can be a source of considerable tension within an extended family. For immigrants, especially the elderly, difficulties in carrying out the religious rituals that were important in their home country can be a source of distress. Tensions can also be present if younger family members become acculturated and subsequently devalue these rituals. The Li family who came to the United States as refugees following the Vietnam war illustrate these tensions. They were later joined by her parents and extended family. When Mrs. Li became pregnant the extended family wanted her to carry out a religious ceremonial ritual that members of their traditional group viewed as an essential protection for a baby during pregnancy. While this ritual continued to be vitally important to Mrs. Li's parents and other relatives, Mr. and Mrs. Li had changed their religious beliefs and refused to carry it out because they felt it was not necessary, and doing so would violate their new religious beliefs. The extended family became frantic, fearing that the baby would be born deformed and were very angry with the Li's for their actions. Although the baby was born without any birth defects, this event contributed to lasting tensions within the family system.

Social workers also need to be alert to ways that religious rituals can be used to control other family members. Religious rituals are one of the ways family members use to enforce family patterns and rules on other members. One way this can be done is by excluding family members from important family rituals, for example, a Bar Mitzvah or Christening, if family members are viewed as straying from family beliefs or practices.

The K family illustrates how the religious ritual of prayer can be used in a coercive manner. Mrs. K and her husband had agreed to an amicable divorce but her parents were furious with her because of this action. Mrs. K was eager to explain to her parents the reasons for her action and to find some way to maintain a relationship with her parents. As a result, a meeting was arranged between Mrs. K, her parents, the minister (who was supportive of Mrs. K's decision) and the social worker. Mrs. K's parents continued to be adamant in terms of their disapproval of her actions with her mother indicating she would rather have

Mrs. K dead than divorced. With no resolution of the issue, her mother indicated at the end of the meeting that she wanted to have a closing prayer and launched upon one designed to make Mrs. K feel guilty of letting both her parents and God down. Fortunately the pastor was sensitive to this issue and offered a second prayer that spoke of forgiveness and reconciliation.

Families not only generate a sense of identity but also loyalty to the family group and members. Contextual family therapy points out the power of these family legacies or loyalty and obligations from one generation to the next (Broszormenyi-Nagy, 1986). As a result, individuals feel obligated to believe or act in a certain way in response to these family legacies. Family loyalty issues can emerge in powerful and sometimes painful ways in family groups. These issues frequently come to the fore as people begin to establish their own way of understanding the world ("worldviews"—including religious beliefs) appropriate to their own family and personal existence. In his book *Blood of the Lamb*, novelist Peter DeVries (1960) tells a poignant story of a man whose beloved daughter dies of cancer. As an adult he had rejected the religious beliefs of his childhood and family and raised his daughter as an atheist. After her death he again becomes attracted to a religious faith. Now he cannot accept this faith out of a sense of loyalty and obligation to his dead child. He cannot accept a faith that he denied her. Clients who have rejected the religious beliefs of their family members may struggle with a sense of betrayal to their family tradition.

Individuals change and establish their own identities in the history of families. This process can also create the risk of alienation from the family. Religious issues have been the source of intense emotional cutoffs in families whereby family members either totally or partially eliminate contact with another family member. If the client is aware of previous cutoffs in the family history due to religious intermarriage or departures from the family's religious beliefs and practices, they too may fear abandonment by family members.

Genograms are an effective way to identify religious themes within families (Raider, 1992). A genogram is a visual map of the family as it exists through several generations. It can reveal intergenerational expectations within families. A genogram, for example, that reveals a long line of family members who served the church in various ways can suggest unfulfilled expectations and issues of betrayal on the part of a person who has left the family church and religion. In contrast, as one minister's wife

said after doing a genogram, "I realize I had to either become a minister or marry one." For her, the genogram confirmed a pattern that was consonant with her current life choices. The impact, however, would be quite different for an individual who had left the church or was struggling with the religious tradition of the family. Genograms also reveal cutoffs within families due to religious reasons. Use of a genogram can not only help identify and objectify family patterns but also be an occasion to examine how similar or different a client's current situation is from past events in the family.

Ethnicity

Studies of ethnicity reveal the important role of religious beliefs, practices, and organizations in the lives of many groups. These beliefs shape expectations regarding relationships among family members, ways that events are experienced, and the nature of acceptable resources. The growing body of literature regarding ethnicity reveals how important religion is in shaping the lives of members of these groups. The following represent several religious themes which are present in the ethnic traditions of client systems. In this context, it is important to remember that such themes run the risk of becoming stereotypes, and social workers always need to explore the perspectives and experiences of specific individuals and families (Caple, Salcio, & Cecco, 1996; Yellow Bird, Fong, Galindo, Nowicki & Freeman, 1995; McGolderick & Giordano, 1996).

Confucian ideas and beliefs about filial piety and sense of respect for elderly persons have strongly influenced Chinese, Japanese, and Koreans (Browne & Broderick, 1996). As a result, it is especially important to demonstrate respect for family members of authority and not to expect family members to provide information that would be demeaning to other family members in the assessment process. To do so would be to ask family members to bring shame to the family (Shon, 1982).

Ethnicity can influence views regarding the nature of illness and health and appropriate healers. Beliefs in the connection with the spiritual world, the nature of both "natural" and "supernatural" illnesses suggest the important role that folk healers (*curandero)* can play, especially for elderly Mexican-Americans (Applewhite, 1996). Folk healing traditions combining Spanish Catholic practices with African and other belief systems can be present in some Cuban families (Bernal, 1982). Traditional healers can also be important for Native Americans (Attneave, 1982). In addition, Al-Krenawi and Graham (1996) describe the importance of traditional healing rituals and healers for the Bedouin people.

Religious beliefs and organizations have long played essential roles for African Americans. The church has served as a source of dignity and self-esteem, as a mutual aid society, and as a focal point for activism for social change. Church leaders have played central roles within African American communities. As a result, eliciting information about religion and the church may identify important emotional, spiritual, and material resources for African American individuals and families. In terms of community practice, assessing the presence and roles of the church within the African American community can help discover essential resources for mobilizing people and other community resources (Hines & Boyd-Franklin, 1982).

The Roman Catholic church and beliefs have traditionally played an important role in the life of Irish individuals and families. Irish Catholicism has historically emphasized the need for personal morality while viewing human nature as intrinsically evil. Sin and guilt have been strong elements. Prior to Vatican II the church held a strongly authoritarian stance with people in terms of morality, and the role of the priest is still very influential (McGolderick, 1982).

Jewish families vary widely in terms of their adherence to Jewish rituals and beliefs. "Familism" which makes the family and the procreation and raising of children central, remains important to the Jewish traditions of all groups. It is useful to elicit from Jewish clients how they view their family obligations and how their current actions fit with the expectations of their family and cultural group. Discovering how Jewish clients observe religious rituals can also be an important clue to how closely they identify themselves with the Orthodox, Conservative, and Reform groups, and the salience of these traditions for the life of the family (Herz & Rosen, 1982; Friedman, 1985).

Defensive Use of Religion

Religion can protect people from anxiety in ways that help people cope more effectively or can contribute to problems in functioning. According to ego psychology, people protect them-

selves from being overwhelmed by anxiety or guilt by defense mechanisms. These defense mechanisms can be thoughts, feelings, and actions. As Brenner points out (1981), virtually any aspect of life can be used as a defensive mechanism to ward off anxiety. An individual with terminal cancer might not be able to believe the words of the doctor about the seriousness of the illness. This sometimes also takes the form of people avoiding dealing with painful personal issues by putting them in religious terms or context (York, 1989). For example, a parent who cannot deal with his own rage and is physically abusive to a child, might rationalize this behavior by saying that a parent must exercise proper discipline because "sparing the rod would spoil the child."

Religious involvement in symptoms and problems can sometimes be readily identified in clients as problematic, for example, the individual who is obviously psychotic and out of touch with reality and who talks about being a special messenger of God. Typically the situation is less obvious. There are times in which religion is used defensively to avoid acknowledging other personal problems. In evaluating the role of religion in this regard, it is important to view the religious beliefs and practices of the client in the context of the total life and functioning of the client. The individual who finds it hard to believe that she has a terminal illness might initially be less anxious because her religious beliefs help to cushion the shock. The denial of the seriousness of the illness becomes problematic, however, if she continues to refuse treatment for the illness, spends large amounts of money or goes through a series of doctors in order to find someone who says that the problem is not life-threatening, or refuses to seek treatment because "God will protect me."

In assessing the role of religion, social workers and others in the helping professions must also be aware of how their own views about religion are affecting their evaluation of deviance and pathology. They need to be aware of the danger that they will use their own beliefs as the basis for viewing the religious beliefs and practices of a client as pathological (Bindler, 1985). There is always the danger of the process called "countertransference," whereby the social worker reacts to clients based on the social worker's own life experiences and personal issues, rather than the reality of the client's situation. Because religious issues can evoke strong feelings, social workers need to be alert to the danger of this process when dealing with religious clients or religious issues generally. A social worker, for example, who is reacting negatively to the religious practices of his own par-

ents risks being overly judgmental of a client whose religious beliefs and practice mirror those of the parents.

Defensive uses of religion can sometimes be identified because these religious concerns are more intense or effect more of life than is typical of others who belong to a similiar religious group. Peter's situation demonstrates how religious views can protect against other life concerns. He was preoccupied by his religious obligation to forgive an abusive father. He felt that his religion obligated him to forgive him but he had difficulty doing so. The issue became especially acute when his father became ill and needed his help. While his religious belief system included the theme of forgiveness, he seemed to be placing unduly harsh expectations on himself. Further exploration revealed that his religion protected him against having to acknowledge his ambivalence toward his father. He yearned for a sense of closeness while he feared being hurt again. This understanding permitted the social worker and Peter to work together to learn ways that he could cope with his father during the illness, and in the process to come to terms with the reality of his relationship with his father.

Or consider the situation of Joan, who could virtually talk of little else than her fear that she had committed the "unpardonable sin" and was, therefore, dammed by God. While this belief was a part of her religious group's belief system, most members rarely think about it or can easily dismiss it because they have been taught that people who have committed it do not worry about doing so. As a result, her religious preoccupation met the criteria of being an undue preoccupation accompanied by rigidity, ongoing unhappiness, and lack of productivity. As the helping process unfolded, it became apparent that her obsession represented a desperate way of eliciting interest from others, including the social worker. Even when Joan had realistic issues in her life that would naturally elicit interest from others, she would fall back on her obsession of the unpardonable sin. Her story included a sister who had been severely mentally ill for years and a brother who had recently been arrested for attempted murder. As a child, she had felt ignored by her parents because her father was preoccupied with religion and her mother with her sister's illness. The social worker's understanding of the role of this religious obsession in the total economy of her life and demonstration of interest in other aspects of Joan's life helped her to diminish substantially her obsession. The social worker

helped Joan experience that it was possible to relate to others on the basis of healthy aspects of her person.

Spero (1985) suggests several characteristics of religious beliefs and practices that might suggest the presence of a disordered psychological need or conflict.

1. The individual's total religious affiliation, or the current intensity and sense of religious meaning and conviction, is of relatively recent and rapid onset. It has also involved the person insevering of one or more significant family, social, or professional ties and roles.

2. The individual's past history includes numerous religious "crises" or episodes of changing religious affiliation or levels of belief.

3. The individual's religious behaviors and beliefs indicate that the person remains or has returned to a way of relating to God and others that is more immature than is appropriate for one's age. This can be evidenced by several themes.

    a. There is a predominance of immature themes of relationships that do not fit with developmentally appropriate relationships with other people. This might be evidenced by an adult who does not believe that she must prepare herself for a professional service role because she believes "God will provide the way."

    b. There is lack of integration between the individual's mode of religious expression and adaptive ego functioning—the individual may be careful in the use of money in most of the areas of their life, but gives without questioning the value of a program, if it is described in religious terms.

    c. The individual is unable to successfully accomplish appropriate psychosocial tasks—a young man who neglects his own young children because he spends so much of his time helping the youth program in the church.

4. The religious individual is preoccupied either with a directly acknowledged or intellectually masked fear of back-sliding. The individual then becomes very rigid, and extremely concerned with a rigid interpretation of belief and behavioral codes to deal with such fears. Sometimes this takes the form of strict interpretations of religious laws even when others in the group typically follow more lenient interpretations of the laws.

5. Continued unhappiness and unproductivity following religious conversion or awakening. The individual has turned to religion to conquer a drinking problem that persists despite growing religious zeal designed to conquer the drinking.

6. Excessive idealization of a religious movement or leader, and the use of such idealization to resolve problems of autonomy, identity, impulse control, and so forth. The Jonestown, Waco (Texas) and recent Heaven's Gate tragedies represents extreme cases of this pathological use of religion. People gave up their individuality, their possessions, and their own and their children's lives because they had idealized their religious leaders.

Because religious groups vary widely in terms of beliefs and practices, an assessment of the defensive use of religion might require further study about the groups involved or perhaps conversations with relevant religious leaders. As with cultural groups, lack of this understanding can lead to either one of two errors: attributing personal pathology to the religious group or evaluating members of a group that is different from one's own experience as disturbed.

Conclusion

As suggested by previous discussions, assessment includes an analysis of the fit between the client and possible types of interventions. Religion can influence the nature of interventions that are viewed as acceptable by clients. As with other cultural issues, it may be necessary to interpret interventions from the perspective of the religious views of clients. The example of the seminary student who could not use relaxation and pleasure scheduling until after cognitive interventions made these acceptable, illustrates the need to place interventions in an appropriate context. Understanding religious beliefs and practices can also identify potential sources of healing within the religious tradition. Prayer, for example, might be an important source of comfort for many Christians. It may also be important as a source of support, to reconnect people with important religious rituals within their religious traditions.

Religion is a multi-faceted phenomena that can influence the lives of people in many complex ways. Incorporating religious issues in the social work assessment process helps identify ways in which religion can be either a resource or a strain for clients, provides meaning for present and past life events, and points to the types of interventions that might be helpful in managing their problems. Many theories from social work and psychology further this understanding. The specific nature of the appropriate theoretical perspective will depend on the nature of the problem situation. The importance of social work practitioners being aware of their own religious beliefs and those of other ethnic and cultural groups in order to make appropriate assessment and intervention decisions is becoming a prerequisite for competent professional practice. ❖

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Mary P. Van Hook, Ph. D., is Associate Professor of Social Work, Grand Valley State University, 301 W. Fulton, Grand Rapids, MI 49504. Email: vanhookm@gvsu.edu.

ADOPTION AND ME: A NARRATIVE APPROACH

Mary Vanden Bosch Zwaanstra

Change, move, dead clock, that this fresh day
May break with dazzling light to these sick eyes.
Burn, glare, old sun, so long unseen,
That time may find its sound again, and cleanse
What ever it is that a wound remembers
After the healing ends.

("Small Prayer," Weldon Kees, 1975)

"Outta my way, lady." Our fifteen year old son made his way to the back door. Dressed in jeans and a cowboy hat, Karl clutched a sleeping bag under one arm and a duffel bag and radio in the other hand. His jacket pockets were stuffed with his treasures. The runaway season was upon us again.

Beginning when he was around ten, fall evoked disaffection and restlessness in him with what was familiar and familial. Issues and events varied but the result was always the same. By the time of his November 11 birthday the stage was set. There would be a fight and he would leave.

This narrative explores a family's experience with adoption. I am the narrator and the mother. I relate the story from my perspective. It could, and perhaps someday it will, be told from the perspective of my husband or from that of any of our children: Karl, born in 1964; Kerrie, born in 1967; and Matthew, born in 1969. Karl is our son by adoption; Kerrie and Matthew are birth-children. Only Karl was "planned." The others came along quite unexpectedly. In the third year of our marriage we joined the ranks of the infertile, having been informed that "it was statistically unlikely" that we would ever have children born to us. Adoption was the "cure" for our fertility problem. As is the case with policy arrangements generally, the practice of adoption produces both intended and unintended consequences. This narrative is about policy and its affects. Living it propelled me into the social work profession.

At one month of age Karl entered our family with a one page document detailing his birth weight and development since birth. He had gained two pounds, slept through the night and should be strapped on the changing table since he was a very active baby. That was the extent of it. Adoption practice in 1964 was grounded in two beliefs: nurture counted infinitely more than nature and anonymity was best for all members of the adoption triad. If their adult offspring were to be allowed access to identifying information, Michigan birth-parents were legally required to file the requisite written permission with the state. Few signed since they were not encouraged to do so. The professional community believed the birth-mother could and should release her child and go on with her life. Neither the adopted person nor the family established by adoption required more than a legal release from her. Everyone involved would live happily ever after.

We bought unquestioningly into this belief system. Without objecting to the quality or quantity of information supplied us, we took Karl into our hearts and acted like the parents we longed to be. Objecting to or even questioning adoption practice arrangements was not thinkable because it would challenge the authority of scientifically informed professional practice. More weighty was the power differential between the professional and the applicant-parent. The worker held the power to give or withhold the child. What prospective, hopeful parent-to-be with no other options would presume to challenge so potent a force?

We heard bits and pieces of information about Karl's birth-parents verbally related by the social worker in the Christian agency with which we chose to work. His mother was a college student, a biology major; his father was preparing to be a draftsman. They were from different religious backgrounds. The father disappeared when told of the pregnancy. The mother went to a "maternity home" to await the birth of her baby, hoping to keep her secret and spare her family embarrassment. It was standard fare in 1964. No written documentation of Karl's close or extended family history was offered, nor requested. We knew that Karl was born by Cesarean Section after an extended labor. Little was said about the quality of the pregnancy or labor and nothing about the specific events necessitating the Section. We were warned that he might have some "questions about his origins" as a teen. As our life together unfolded, we discovered that we needed all the information we could get. When Karl developed asthma there was "no recorded family history of asthma." When he became addicted to drugs and alcohol, we were reluctantly informed that his father and both grandfathers "perhaps" had alcohol problems.

Two explanations are germane. The agency and its workers were loath to dispense pertinent information; their primary loyalties were to secrecy commitments made to the birth-mother. In addition, information gathered was scanty and superficial; it was not considered important in the era which viewed the newborn as a blank slate upon which nurture would write the defining tale. Karl's early life in our family was manageable. It was pleasurable. He smiled easily and slept little during the day. He seemed unusually strong and loved to stand on his feet. He took to applesauce and pulled faces at meat. He was allergic to milk but we found a soybean formula that worked well. We responded to this busy, beautiful child by developing new schedules and priorities to match his need for action and attention. Beyond the necessities, Karl's life was filled with touching, talk and play. We walked him during his daily fussy time. We read books and explored the world. We sang and played peek-a-boo. He loved animals and we entertained a series of furry and crawly creatures over the years. He was loved. As time went on his intensity and impulsiveness gave us some pause. But we had both been raised in stable homes with positive parenting models. I was a pediatric nurse and my husband a seminary professor. We reassured ourselves that while we made mistakes, we were very adequate parents. Faith, hope and love would see us through. It would turn out all right.

In the months after we became a nuclear family, our church published its yearly directory. Karl's name was not included. We asked why. The answer was that he was not really "ours" until the adoption was legally finalized after a year. Until then he was not officially part of the fellowship and he could not be baptized as most newborns are in our church. In spite of its ostensible support of adoption and rich covenant theology, it was apparent that there were some rules about inclusion and exclusion of which we had been unaware. In the recesses of our minds we became aware that certain things were different for the adopted as compared with the non-adopted.

In preschool and kindergarten Karl was aggressive with other children. He hit, kicked, spat and fought. We were appalled and worried. We had him tested by a professional who found Karl to be of normal intelligence but socially immature. Time, it was suggested, was the antidote. We then spent a sabbatical

year in the Netherlands and he attended kindergarten again. Karl's social skills needed more time to develop, we thought. He learned the Dutch language quickly. We lived in close quarters in a crowded society which valued privacy and decorum. Karl threw rocks at a car and we dealt with irate neighbors. He pried up a man-hole cover and dropped it on his three year old sister's toe causing much pain and loss of a toenail.

Upon our return, Karl entered first grade in the neighborhood Christian school with a new group of children. In second grade there were more children than could be accommodated in our neighborhood school and some children were selected to be bussed. Karl was one of them. Many parents strongly objected to this arrangement since they would have children in two schools. Karl was, however, an uncomplicated choice for the school since he was the only child attending from our family. At the new school he had to adapt to a new environment and reference group. At first it was difficult for him. He stayed for two years. He had the same teacher both years. She liked him and set firm but friendly boundaries. Then he was selected to return to the school close to home for fourth grade. That fall he looked forlorn. While driving home from a piano lesson he told me he felt like standing in the middle of the street and letting a car run him over. He could not elaborate on the misery he was feeling. At bedtime we talked again. He said solemnly, "I peed on the bathroom floor at school today and the teacher made me clean it up." I asked why. He cried and said, "Mom, if I don't do dumb things nobody pays any attention to me. No one wants to play with me or be my friend." The next morning, with a heavy heart, I called the teacher. She dismissed his feelings and my concerns: "Children work these things out best by themselves." Later, the principal judged that I was guilty of over-protecting my son. In his opinion it was a common fault among adoptive parents. There would be no help in the school system.

Karl's investment in the family had decreased markedly by the time he was eleven. He was using marijuana, though we were unaware of it at the time. The fall runaways began. At first he simply disappeared when it was time to cut the birthday cake and serve it to friends and neighbors, returning later in the evening. By the time he was fifteen he was gone for two weeks at a time. Then he began to run whenever there was a major conflict. We called the police, who never found him. I gave him the phone number and address of the local shelter for runaways and picked him up when he was ready to return. We talked,

cajoled and set limits. But Karl preferred to be outside the limits, wherever they were set. Gradually fall became a fearful and chaotic time for all of us. Karl's behavior was disruptive. He was destructive. He slashed the orange chairs in the family room and sold his dad's gold class ring for the cash. We virtually stopped entertaining. Karl's unpredictability made our other children reluctant to have friends in to play or spend the night. In our isolation we felt like failures and freaks. Only other families had the luxury of normalcy. No other Christian family could possibly be like ours, we thought.

I began to read everything I could get my hands on about adoption. I became a sleuth. I became a pest at the adoption agency which maintained a stonewalling posture. I discovered much that surprised me. I learned that adoptive children were over-represented in the mental health system and first came across the term "restless wanderer" in reference to adopted persons (Sorosky, Baran & Pannor, 1975). I read about studies being done in Scandinavia that followed adopted-away offspring of persons with mental illness. A genetic link to personality and behavior, particularly alcohol abuse and mental illness, was postulated. From John Bowlby (1969) I learned about loss, grief and attachment in the very young. From Rene Spitz (1965) I learned about infant-maternal bonding and the helpful effects of maternal regression in the service of forming a secure bond. From Thomas Verny (1981)I learned about the perils and importance of the intrauterine environment and prenatal period in human development. Verny states that an "emotional set-point," established at this time, is difficult to alter later. A sympathetic physician searched Karl's maternity home and hospital records and confirmed my suspicion that fetal distress had been a factor in the Cesarean decision. From Erik Erikson (1968), himself an adopted person, I learned how identity is shaped and how crucial it is to healthy development. I concluded that adoption policy and practice were based on politics and tradition and not on scientifically grounded principles. Slowly I began to trade isolation for openness. I discovered that ours was not the only adoptive family, Christian or otherwise, in distress. We organized a support group for adoptive families, many of which remain friends to this day. We tried to educate ourselves about what was happening to us and our children since we found little knowledgeable help in the professional community. I applied to graduate school in social work.

That fall I entered my graduate program; Karl turned fifteen. He continued to be moody and morose after running away in November. We called the adoption agency, but they had no help or insight to offer. On New Year's Eve Karl overdosed. We brought in the new year at the local emergency room. Karl was embarrassed and remorseful. He wanted to come home. We removed his bedroom door from its hinges and kept a suicide watch while, during the next two days, Karl descended into the depths again. We had to commit him. At the Christian psychiatric hospital family therapy was mandated. Our daughter cried, "How can I face my friends? They'll think I have a crazy brother and that I'm crazy too."   Assumptions about the state of our marriage and family structure guided treatment. Our pathologies were labeled. We heard that Karl was the "identified patient," the "symptom bearer" in our family. When I suggested that Karl's adoption played a role, that he might have a biochemical disorder, my thinking was dismissed as inconsequential to the treatment plan. After a month, he was discharged home, no longer suicidal but singularly disinterested in continued treatment, which soon stopped. At home he kept to himself and to friends we did not know. We coped but with difficulty. Several years later we learned that long-term hospitalization of Karl was considered but rejected by the professional staff of the psychiatric hospital. They supported this decision by citing the possible iatrogenic effects of hospitalization on Karl and our own coping strength. Their thoughts and opinions were not shared with us. Neither were our ideas, opinions and preferences solicited.

When I applied for my first M.S.W. field practicum, the coordinator recommended that I not divulge the ongoing family crisis. It would, he believed, be looked upon with disfavor by social service agencies. I would be considered "sick." It was still the era of the "schizophrenegenic mother." Unable to compartmentalize my life so neatly or with integrity I gave voice to the stressors and found a warm welcome first in a gerontology program and later in a program for the persistently mentally ill and their families. Here I discovered, and came to fully appreciate, that cornerstone of social work thinking, the "person-in-environment." My clients, their families and the mental health system were powerful teachers. I was touched by the courage and strength of many clients and families.

Karl began high school the next fall. He played soccer with vigor. We went to his games and cheered along with the other spectators. As soccer season ended and November approached, the familiar pattern began again. Karl's drug use increased, and he carried a knife. He avoided questions. He came and went from home at will. He was involved in incidents of petty vandalism and harassment of younger neighborhood children. He refused to participate in activities with the family. He took the car for a drive though he had no license. Karl discovered he was physically stronger than his dad and became verbally threatening. He fantasized about our deaths. We were afraid that he would harm us. We slept behind locked doors. We visited a counselor at the juvenile court where we learned that to get help we would need to obtain release from our legal, parental responsibility for his behavior, supervision, and care. Essentially this legal process would declare us unfit parents and Karl, a Ward of the Court. Somehow we couldn't take that step. We were not bad parents and we would not abandon our son. Beyond a legal contract we had entered into a covenant, committing ourselves to be parents to him. We would seek help where we could find it and depend on available supports to ride out the storm.

On a 1979 November afternoon, after school and before either of us were home from work, Karl ripped the telephone from the wall, put his knife through a door, and verbally threatened his siblings. When he ran away it was a relief. All of us were completely exhausted. We rejected committing Karl because of the stigma and ineffectiveness of treatment. From some fellow adoptive parents we heard of a boarding school, run by a group of American Christians, for behaviorally disordered youngsters in the mountains of the Dominican Republic. We spoke to its representatives; we agonized. We found some aspects of the program not to our liking, but after considering the available options, made arrangements to enroll him. There were theological differences. The quality of the educational program was inferior to that of the local high school. It was costly and we couldn't really afford it. But the cost in suffering for the family as a whole from having him at home we judged to be greater. Karl wanted out of our family and was intrigued by the adventure of the "D.R." He left in January, 1980 for what would be a year and a half stay and completion of a high school course of study. In spite of the criticism of some social workers and Karl's school, who thought we had "overreacted" and decided "prematurely," we were at peace. We knew our son was safe, and we felt safe too. We shed our tears and got on with our lives.

The program in the Dominican Republic was strictly behavioral. Karl earned privileges when he met the behavioral stan-

dards and lost them when he didn't. He ran once. But he knew neither the language nor the geography and quickly learned that conformity was his only ticket out. The rest of the family visited Karl there during his first summer. It was exciting to see him doing so well. He expressed some ambivalence about being in the program but pleasure with the progress he was making in school. By this time he had earned the right to be in a leadership role in his house and was rightly proud of this accomplishment. In the fall he wrote, describing the sadness he felt: "When my birthday comes I think about my birth parents. I wonder who they were and who I am. I feel like a variable that has no end. I could be anything or I could be nothing." One year later he returned for good.

We looked forward to Karl's return. But within twenty-four hours of his arrival large motorcycles and strange friends appeared in the driveway. Once again he was testing boundaries. He did not ask for advice or permission. He expressed no hostility. He simply pursued his own agenda in his own way. We were terribly disappointed but felt helpless to counter his personal choices. That fall he became eighteen. He commented, "I'm free at last." I replied, "Your dad and I are free too." That he was on his own, legally an adult, was understood by all of us. He entered college that fall and stayed for two years, finishing only a fraction of his courses and poorly at that. Typically he began a semester with enthusiasm that waned halfway through and finally evaporated altogether. His friends were not serious students. He was finally not allowed to return.

Karl lived at home infrequently after that, preferring the company of those with very different values from our own. He rapidly became a poly-drug abuser. His primary drug of choice was alcohol. He moved frequently, often leaving things behind that had once been precious to him. I had given the children christmas tree ornaments each year, commemorating a trip or a special memory. Dated, these marked the history of their early years. Karl's collection was lost or stolen or perhaps disposed of during this period.

During his twenties Karl existed marginally. He worked sporadically at several low paying jobs where his attendance was often spotty. He married and divorced three times. He fathered a male child who was placed in an adoptive home. He dismissed his antisocial, self-destructive behavior, stating he would be dead before he was thirty anyway, so what difference did it make. Karl's nihilistic spirit was painful for us. We had tried to instill a

love of life and of faith in him. But now we considered the possibility that he might destroy himself and perhaps others as well. Death seemed a distinct possibility and we thought about where we might bury him. We prayed that God would heal him or take his life and committed him to God's care. I wished that he could die while wanting for him the best that life can give. At times I wished that I could die too.

In the fall of 1994 as his third marriage disintegrated, Karl was jailed after his first DUI (Driving Under the Influence) arrest. This resulted in a stiff fine and loss of his driver's license. Shortly thereafter he elected to see a psychiatrist who listened carefully and told him he had likely been anxious and depressed throughout his life; his substance use/abuse was his attempt to self-medicate his fluctuating moods. The drug Paxil was prescribed. We could see how different Karl was within a week. He was initially ambivalent about this change. He did not know himself apart from the depressed state and had to learn to accept unfamiliar feelings and a more positive relational style. Gradually the clouds lifted and a different future seemed possible. After twenty years of substance abuse he was sober and could begin the process of rebuilding his life. He became both a successful full-time employee and college student, earning excellent grades while working full time. He moved in with a woman and her eight-year-old daughter. They enjoyed fixing up their house and planting flowers in the yard. We enjoyed an occasional picnic with them in their back yard around the umbrella table he gave her for Mother's Day last year. We gave thanks for these miracles in Karl's life and prayed for stability and future well-being.

But concerns about adoption policy and practice remain for me. I am repelled by the persistent romantic version of the adoption story. A bumper sticker, "Adoption not Abortion," in my opinion, typifies a simplistic approach to the complex realities of adoption. Open adoption is a move in the right direction since it recognizes the importance of both birth and adoptive parents to the adoptee. However, I remain concerned about the earlier generation of adoption triad members who must live under the onus of the closed system. Many remain in need and in pain, confined by earlier policy which, supported by the likes of Ann Landers, limits their well-being by denying them crucial information. In Michigan it is now legal for members of the adoption triad to engage an intermediary to search for another triad member with whom they desire contact while maintaining confiden-

tiality. When Karl's birth-mother was contacted by the agency intermediary, she was indignant. Under no circumstances, distant or close, did she want anything to do with him. He would have been satisfied with so little from the woman whose abdomen bears the C-Section scar.

I am also concerned about current adoption practice. Somewhere there is a young child in an adoptive family. He is Karl's son. How much do they know about his genetic heritage and vulnerabilities? Do they know he is at-risk for depression and alcohol abuse? Are they teaching moderation or abstinence? Recent research suggests that co-occurring mental disorders and addictive disorders typically show up in genetically predisposed persons around the age of eleven (Kessler, Nelson, McGonagle, Edlund & Frank, 1996), Grafting a child to a family tree of strangers is a worthy endeavor. But it cannot be done without sufficient, reliable information. Whose responsibility is it to know and convey such information?

It is, furthermore, not ethically correct social work practice to place a child and leave the family to fend for itself. In this era of shrinking infant adoption and burgeoning international and "special needs" adoption, the practice of "place and run" is unconscionable. "Special needs" is often a euphemism for damaged, neglected, multiply-abandoned children who have often seen, heard and otherwise experienced what no child ever should. Of course these children need and deserve homes. However, the agency and the adoptive family must commit to collaboration with each other for the sake of the child for as long as it takes. And it may take a lifetime! In my opinion, the needs of the adoptee take ethical precedence over the claims of the birthmother, the adoptive family or the agency. Adopted persons are precisely those with the most to lose and the least power. The state must also share the responsibility. The availability of postadoption services in agencies, mandated in social policy is absolutely essential. In my experience, these are often considered an expendable luxury by administrators and politicians. In Michigan it is becoming very difficult to get Adoption Subsidy for special needs kids. It has always been nearly impossible in infant adoptions. This is short-sighted and cruel to all those whose lives are irrevocably affected. Social work advocacy is required here. Who will advocate for this marginalized group if not social workers? Who will demand that policy serve adopted persons in such a way that they can reach their full human potential? Professional helping that ignores environmental issues, including the policy and practice link, cannot rightly be called social work practice.

Diversity sensitive social work practice demands that the particular concerns of adoption triad members be heard and attended to by professionals tirelessly pledged to sort out situational complexities and act in the best interests of the members in creative ways. Much can be done when workers are willing to take risks rather than opt for "what we have always done." This also means rejecting traditional practices not supported by current knowledge. Perhaps we did not understand the interplay between nature and nurture correctly in 1964. But we now know that it is not an either/or question. We know that genetics plays a far greater role than we thought possible (Cadoret, Yates, Troughton, Woodworth & Stewart, 1995). We also know that a rupture of the first maternal-infant relationship often leaves a scar, remnant of a wound without conscious memory or words. Practice has not fully taken into account the effects of this rupture which every adopted person has experienced. Although rebellious youngsters appear similar, I would argue, with Cline (1979), that the underlying issue for adoptees is more often their failure to attach rather than their having been inadequately parented.

Professionals should be willing, and would do well, to accept knowledge from those closest to the issue: members of the adoption triad itself. We know and arrive at truth in different ways. One of these ways is through experience. Yet social work has been reluctant to take seriously the experientially acquired knowledge of persons closest to adoption. I passionately wish I could say that all the professionals we worked with over time listened carefully and demonstrated a spirit of consistent, supportive helpfulness. Some have done so and we are grateful for them. But in fact, the most helpful people have been the fellow strugglers, the adoptive families, who have lived out their innocently made commitments to parent children who are a mystery to them. These are the people who, more than anyone else, heard our grief and graced us with their presence and care. They gave us what we needed most—a shoulder to cry on and the hope that we would survive.

And we have survived. This story is one of hope even as it is one of pain. Our marriage is still intact and we are reasonably healthy. Karl's life is more stable. His siblings are also grown. Each is married and has children. It is, they say, unlikely that they could or would adopt. They have memories and some of

them are painful. Because they experienced hurt in their relationship with Karl, they believe they could not bring needed objectivity to an adopted child. Each of us has coped in various ways. Some have opted for therapy while others have not. Our younger children maintain some distance from their brother. We have accepted the reality that they may never be warm friends.

Perhaps you are wondering why I would want to tell this story publicly. Simply said, it has long been a goal. Throughout this experience I often said, "Someday I'm going to write a book!" Perhaps this effort is the beginning of that project. But there are more compelling reasons. I am convinced that this is a story that must be told. Alcoholics Anonymous has a saying: secrets make you sick. In our family this document has provided opportunity for unpacking the past, a past not easily raised. This has been healing for each of us. I was fearful about giving it to Karl. He was doing so well. Would it set him back? Would he respond angrily or defensively? On the contrary, he was appreciative. He had no memory of some of the incidents described. We talked about hurts and gave and received apologies. We discussed parenting since he is now in a position to occupy the parenting role with his partner. He showed it to a co-worker, an adoptive parent struggling with a teen, as a means of encouragement and support. It cemented a friendship between them. It is my hope that parents with difficult children will understand that they are not alone, that things change, that they and their children can have relatively healthy relationships after the storms have passed.

Living this story has, furthermore, profoundly shaped the way I view the practice of social work. I am skeptical about claims of professional expertise. Although the social worker has acquired certain skills and understandings about people and the social environment, the worker doesn't know everything. The client is the expert in matters pertaining to their lived experience. When I wanted attention paid to adoption issues, genetics and biochemistry, I was not, I believe, trying to usurp the prerogatives of the worker or call into question the worker's competence. Nor was I attempting to deny any family problems. As a primary stakeholder and a thoughtful human being, I considered my perspective important to the goals we were working on together. I expected to be a participant on the team; the deficits-driven, worker-as-expert model didn't promote that. More than any hired helper, I longed for my son to be well and

for the pain to end. Being a professional helper requires humility in balance with knowledge. It is my hope that clients and professionals alike will be encouraged to value and respect each other in the important relationships they forge together and do all they can to make these relationships humane.

Just as social work does not have all the answers to adoption's challenges, neither does the faith community. Many churches and Christians find emotional problems disturbing and difficult to respond to, while physical problems are more readily accepted. As a result they find it hard to faithfully walk beside families in which there is an acting out youngster. Doesn't scripture, after all, instruct parents to train up children in the right way and infer the promise that children will then do the right thing? And isn't an acting out child evidence that the parents have failed in some fundamental way? Christians speak generally about "family values," but what does this buzz phrase have to say to families with difficult children? I support efforts to make and keep families strong and safe for all members. But I also feel for families that don't measure up to the model Christian family. We often carry shame, experience loneliness and grieve in isolation, while continuing to rub elbows with fellow church members either unable or unwilling to care sensitively or inured to our pain. Our grief is not only for ourselves but for our children who suffer, whose suffering we are powerless to end. We grieve because we long for wholeness, for God's shalom, for them, for us, for our families. We grieve because our prayers go unanswered and because we feel alienated from other Christians and from God.

It would probably be fair to say that most Christians oppose abortion and support adoption. I agree with them in general. Yet I often find this stance naive and superficial. While Christians rally to causes which support the right of the fetus to continued life, as a group they are far less concerned about how the child fares after it is born. How often have Christians rallied to demand that justice be done with regard to Adoption Subsidy funds or the right of adoptees to all of the available information about themselves held by various agencies? It seems to me that a consistent pro-life stance demands that the Christian community be at least as vigorous in advocating for measures to assure that adoptees have opportunities to become all that God desires and intends them to be.

There is little awareness, in my experience in the faith community, of the particular issues confronting adopted persons and their families. For example, those who are not adopted have

difficulty putting themselves in the adoptee's experience of having very limited knowledge of their own history, or knowing a painful history. Most of us know what kind of people we came from, we have pregnancy and birth stories that are ours alone, we know how the pieces of our family tree fit together. Most of us know that our parents, siblings, grandparents and other extended family are part of who we are. We know ourselves by particular, sometimes peculiar ancestors, historical events and geographical locations. But none of this is true for the adopted person. The longings of the adoptee to know him/herself fully are both appropriate and normal, and do not imply rejection of the family by which the adoptee was "chosen." That Christians have all been chosen or adopted by God in Christ (Romans 8, 9; Ephesians 1) is sometimes used to normalize adoption, and to some extent the comparison works. However God's adoption is not the same as human adoption conducted according to the rules established by society. God adopts us, the human creatures he knows with the creator's perfect knowledge, out of pure grace. We continually turn away from him. He remains faithful to us. And He supplies us with a multitude of stories, recorded in the Old and New Testaments, designed to teach us who we are in relation to him. In human adoption neither are our motives so pure nor are our available resources so well designed. Still each of us—families, professionals, the Christian community—commits to diligently do the best we can with the limited information and finite resources we have at the time, trusting that God, who knows the whole, will bless our faithfulness. ❖

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Mary Vanden Bosch Zwaanstra is Associate Professor of Social Work, Calvin College, 3201 Burton St., SE, Grand Rapids, MI 49546. Email: mzwaanstra@calvin.edu.

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Alice Allein Jackson, DSW, BCD, LMSW-ACP, clinical social worker with the Samaritan Center for Counseling and Education and NACSW Board Member, is the Book Review Editor for Social Work and Christianity. If you are interested in receiving books to review or if you have book reviews you would like to submit for consideration for publication, please write her at 3742 Laura Leigh, Friendswood, TX 77058 or call at 713-992-5194 (H), 7l3-480-7554 (O).