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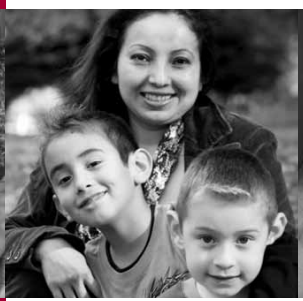

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Social Work & Christianity (SWC) is a refereed journal published quarterly in March, June, September, and December by the North American Association of Christians in Social Work (NACSW) to support and encourage the growth of social workers in the ethical integration of Christian faith and professional practice. *SWC* welcomes articles, shorter contributions, book reviews, and letters which deal with issues related to the integration of faith and professional social work practice and other professional concerns which have relevance to Christianity.

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In Memoriam: Diana R. Garland (1950–2015)

David A. Sherwood

Within months of my becoming editor of *Social Work & Christianity* in 1982, I received a manuscript from a young(er) assistant professor of social work at the Carver School of Church Social Work at the Southern Baptist Theological Seminary in Louisville, Kentucky. Her name was Diana Garland and the title of the manuscript was "The Social Worker and the Pastoral Counselor: Strangers or Collaborators?" and I published it in the fall 1983 issue. So began my friendship with the indomitable Diana Garland.

It wasn't long until I received another manuscript, and then another, and then another—some as single author, some as co-author with colleagues and students. All of them dealing one way or another with the ethical integration of Christian faith and competent professional social work practice, usually in the context of congregations specifically and the church at large. This was groundbreaking work in social work and family and community ministry.

By 1989 I had gotten to know Diana much better on a personal level through our mutual involvement with the Board of Directors of the North American Association of Christians in Social Work. In the meantime, Diana had been busy, leading the MSW program at Carver to be the first and only CSWE-accredited program in a seminary and becoming Dean. In the

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summer of 1990 Diana invited me to teach a summer course at the Carver School and in 1995 she invited me to join the faculty.

That's when things hit the fan. My fifteen minutes of fame in the Southern Baptist Church and the demise of the Carver School. Who knew that I had such power? Diana's response to President Mohler's rejection of my contract (I allowed that God might choose to call women into pastoral ministry) was, "If I can't hire *him*, who can I hire?" Hey, I'm a mild-mannered seeker of middle ground, even in areas of strong disagreement. Of course, I was just the proverbial straw that broke the camel's back.

It was a surreal experience, as though I was at the eye of a hurricane (relatively unscathed personally) while all around me things were being blown away. Diana lost her job; the school was closed; students were scattered to complete their degrees elsewhere. You can get part of the story from her article published in in 1999, When Professional Ethics and Religious Politics Conflict: A Case Study.

But if you knew Diana, you know that was not the end of the story.

As Christians, we believe in resurrection and that God is able to bring real good out of real evil. As it turned out, the demise of the Carver School fed into the flowering of several MSW programs with distinctively Christian identities, as former Carver faculty became founding faculty members of MSW programs across the country, including Roberts Wesleyan College, Union University, and Baylor University. When Diana went to Baylor to establish the MSW program, she was very careful to honor the heritage of the Carver School, arranging Carver alumni events and making the Baylor School of Social Work a home-away-from-home for Carver graduates.

It was full-circle for me when I joined the faculty of the Baylor School of Social Work to help start the MSW program in 2000. My office was down the hall from Diana's and I experienced first-hand the high-demand, high quality environment she inhabited. It was quite a ride and I left only to answer the call of grandchildren and retirement. I'm still catching my breath.

This spring I was as stunned as anyone to learn of Diana's sudden discovery of stage four pancreatic cancer and immediately made plans to join NACSW Executive Director Rick Chamiec-Case to present Diana with the Award for Distinguished Service to NACSW at the Baylor School of Social Work annual "Family Dinner" in Waco, April 24, 2015. The annual event was transformed into an opportunity to honor Diana and her contributions while she was able to be there and hear the kind words. The President of Baylor University capped the evening by announcing that the university Board of Regents had voted unanimously to re-name the school the Diana R. Garland School of Social Work.

While it is difficult to capture the full extent of Diana Garland's contributions to the North American Association of Christians in Social Work and to *Social Work & Christianity* (see her award citation for a glimpse;

http://www.nacsw.org/GarlandAward2015.pdf), I am adding a (relatively) complete bibliography of her publications by NACSW and in this journal to the end of this tribute. These writings are only a hint of the profound legacy of Diana Garland to social work, congregational social ministry, and the integration of Christian faith and professional social work practice. We grieve her loss.

Growth, transition, resurrection—the Christian story is Diana's story and it is our story. Only God knows what is next. Hang on. ❖

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David A. Sherwood, *Ph.D., Editor-in-Chief, Social Work & Christianity. 610 S. Meridian Street, Newberg, OR 97132. Phone: (503) 537-0675. Email: david@sherwoodstreet.com.*

Much to Do About Protest: The Keith-Lucas Theory for Mourning

Helen Wilson Harris

There is an abundance of theoretical models of loss and grief beginning with Sigmund Freud's theory of melancholia and mourning to more recent theory about anticipated grief and disenfranchised grief. This article presents a theoretical model created by Alan Keith-Lucas more than 20 years ago and compares and contrasts the model with the Kübler-Ross stages of grief model, Worden's tasks of mourning, and Stroebe and Schut's dual process model. The author addresses additional models including Corr's dimensions of grief, Parkes' stages of bereavement, and Rando's six "Rs" of grief. The Keith-Lucas model provides a significant addition to the literature with a focus on the role of protest, i.e., the expression of negative emotion, in achieving mastery and avoiding detachment and despair. The model provides readers with specific methods for assisting the bereaved in developing skills and resilience for healing and for helping others in the future.

BOOKS AND THEORIES ABOUT LOSS AND GRIEF ABOUND. FROM ACADEMICS and practitioners who write about frameworks to bereaved persons who write about their own experiences, the literature on loss and grief is replete with information about the phenomenon. So, why examine yet one more theoretical explanation? Is there anything left to be said about this common yet unique human experience?

This conceptual article examines a theoretical perspective on loss and grief with direction about mourning practices from a scholar/practitioner who has been dead for 20 years. It goes beyond an explanation of the theory to answer the question: So what? The salient point about grief theory is the meaning it has for people who are bereaved and how that guides the

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work of mourning. The work of Alan Keith-Lucas includes a provocative theory of grief that I have taught for almost three decades. Students and graduates through the years have embraced the framework and used it in their practices with clients, coming back repeatedly with anecdotal stories of successful application results. This has particularly been true for students who are interested in the integration of their faith and social work practice. Dr Keith-Lucas' grief theory is based in his theological premise that effective helping depends on three factors: reality, empathy, and support (Keith-Lucas, 1987). Exploring helping in grief from the perspective of God the Father (reality), God the Son (empathy), and God the Holy Spirit (support) has been thought-provoking for students. Perhaps the reader will find it as intriguing and useful as well.

Grief is at once a common human experience that everyone can relate to and a unique human experience that can change the trajectory of a life. The experience of loss is woven into human history from the beginning of time. The books of the major religious traditions speak to the reality of death and loss and to the response of human beings to those events. The Quran states: "Be sure we shall test you with something of fear and hunger, some loss in good or life or the fruits (of your toil), but give glad tidings to those who patiently persevere (2:155). The Torah provides numerous stories of leaders like Moses and Aaron and David responding to the death of others and the nation of Israel mourning for 30 days the death of Moses. The Christian New Testament reminds us: "Blessed are those who mourn for they shall be comforted" (Matthew 5:4). This connection of the experience of loss and grief to religious text and tradition is consistent with the work of Keith-Lucas, who came to Christian faith as an adult, following years of work with children experiencing loss. The integration of those experiences informs his theoretical framework.

Grief Theory Overview

The modern study of grief, i.e., response to loss, began with the work of Sigmund Freud, who identified mourning as a longing for the relationship that ended. Lindemann (1963) studied survivors of a fire for their reactions to traumatic loss. Elisabeth Kübler-Ross (1969) began the international conversation about staged or normative grief responses, work that provided the foundation for a number of salient theories including Corr's (2007) dimensions of grief, Worden's (2002, 2009) tasks of grief, and Parkes' (2001) phases of bereavement.

This article explores a conceptual framework for understanding loss and grief that was developed by Alan Keith-Lucas, a social worker, professor, scholar, and consultant to more than 80 children's homes between 1950 and 1980. Much of his work as a consultant focused specifically on church children's homes and the integration of faith and helping. Keith

(as he preferred to be called) thought particularly about loss as children experienced it, beginning with his own history of being sent out of London to the countryside to avoid the bombing of London by Nazi Germany. Later, his work as a headmaster of a boarding school included examining the experience of children living away from their families in order to secure an education. Keith moved to the United States in the 1950s, where his experience as a worker and administrator in the child welfare system included consultation with hundreds of children displaced from their own homes and parents. His deep thinking about the nature of effective helping brought him to an understanding of God's interaction with persons and a faith relationship that influenced his work and writing for years. As a professor at the University of North Carolina, Chapel Hill, Dr. Keith-Lucas studied the phenomenon of loss and grief. After his retirement, he consulted with numerous children's home and child welfare agencies, particularly church children's homes

Keith-Lucas believed that grief was the product and process involved in losses of all kinds, not just death. He reflected on his responses to losses beginning in WWII and saw that same experience of loss in children in boarding schools and foster homes across the years. Grief, then, is defined by Keith-Lucas as the response and adaptation to losses of all kinds throughout life.

I was a young caseworker at one of those church children's homes in the late 1970s where Keith presented his contributory, relevant, and perhaps prescient theory about loss and grief. In 1994, he wrote the book, *Giving and Taking Help,* in which he described this theory and applied Biblical insights to the helping process. The Keith-Lucas helping model recognized that there are negative feelings in persons seeking help that must be acknowledged and expression facilitated for true helping to occur. That model of helping is applicable to grief and mourning intervention and Keith's specific focus on helping with grief is presented here.

The Keith-Lucas Model

This excerpt from *Giving and Taking Help* is provided with permission of the publisher, the North American Association of Christians in Social Work.

> The importance of working with negative feelings is illustrated by what happens when someone faces a disaster, such as the loss of a spouse or a child, or one's savings, health, or joy. The first reaction is usually shock, which may last for as long as a month. One wise doctor I know, when he has to tell someone that he has a terminal illness, asks the patient to return in a month to discuss the situation. By that time the most common reaction is protest and anger against the people involved and against providence itself. "This isn't

fair. What have I done to deserve this?" "This wouldn't have happened if my husband had listened to me." "What didn't you spot my condition earlier?" A friend of mine, a clergyman, told me once that when his beloved wife died after a long bout with cancer, to his amazement, his first reaction was to be angry with her. "She has no right to leave me."

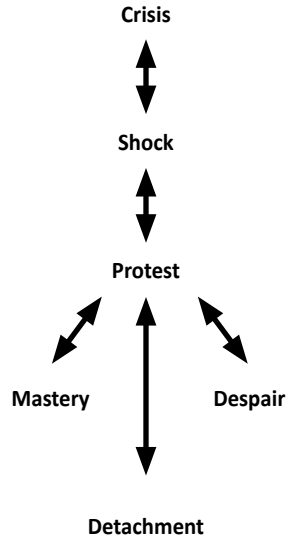
The protest is followed, in many cases, by despair, which may last indefinitely or be partially solved by detachment, denying that one cares. "I can manage." "I'll be all right." People then go on, as it were, on two cylinders, "making do," having insulated themselves from their pain and grief. Although they may not recognize it, they are emotionally handicapped.

But with some others something very different happens. They seem not only to survive the disaster but actually to gain from the experience. While we would never wish suffering on another person, and would indeed try to relieve it as much as we could, we do have to admit that sometimes suffering does ennoble some people. We probably know someone to whom this seems to have happened.

The big question is, of course, what is the difference between those people who turn disaster into victory and those who succumb to disaster? There are, of course, many possible answers—temperament, heredity, a person's past experience, all of which may make a difference and probably do. But in a study (which to my regret, I can no longer identify) of two groups—four-year-olds who suddenly found themselves in the hospital without their parents, and young women in their twenties who were widowed—the factor that correlated closest with mastery of the situation was the extent to which the persons were allowed to express their protest. Those would-be helpers who told them to cheer up or accept what had happened actually made it less likely that they would gain from the experience. Several young widows have told me that this was true of their experience.

If, too, we diagram the process, we may find that one cannot go directly from despair or detachment to mastery without going back through protest. Often, in fact, one has to reactivate a protest that has been repressed, which may further disturb the person a while.

Figure 1: Keith-Lucas Grief Theory



(Keith-Lucas, 1994, p. 64)

> There is a popular fear that to discuss negatives will in some way encourage them, that if left alone they will somehow shrivel and die. Negatives would be encouraged if by discussing them we meant sympathizing with them, sharing them to some extent, or being sorry for someone on account of them. But, as will become more apparent later when we discuss empathy and sympathy, to discuss something with someone is not to encourage it. It is rather to see it for what it is and to cut it down to size (Keith-Lucas, 1994, pp. 62-64).

Contrasting Grief Models and the Keith-Lucas Model

This article delves into Dr. Keith-Lucas' theory by considering it against several well-known grief theories, including the seminal work of Kübler-Ross' five stages of grief, Worden's tasks of mourning and Stroebe and Schut's dual process model. These models were chosen as illustrations of the evolution of modern grief theory. The work of Kübler-Ross in 1969 began real discussion in the United States about the grief experience. Worden's work in 2001 and since was pivotal in providing functional application of grief theory to helping. Stroebe and Shut's work is currently examined in the grief literature for its applicability. There are a number of additional theories of grief in the literature that add nuanced understand-

ing of the evolution of grief theory and intervention but are beyond the scope of this article. While grief literature from Freud to Corr and Rando and Balk provides additional considerations of attachment, dimensions of grief, and complications of grief, these models are similar in scope to the three examined here.

Notably, there is little empirical evidence for any of the models, though the other models have significantly more coverage in the literature. This initial discussion of Keith's model juxtaposed against other models may provide a launching point for research examining the validity of the model and the effectiveness of responses based on the model. The discussion explores each step of the Keith-Lucas model with a comparison of the process or similar experience in the Kübler-Ross, Worden, and Stroebe and Shut models.

Shock and Denial

The Keith-Lucas model begins with the premise that individuals who encounter loss experience shock and denial. This shock and denial includes a sense that the situation is not real, that somehow they will wake up and find that it has been a nightmare and their sense of normalcy is restored. Keith believed that this inability to fully realize the reality of the loss can commonly last a month or longer in normative grief. Extended denial of the reality of loss can become pathology and block the experience of protest and subsequently healing and mastery.

Kübler-Ross. Shock and denial is not unique to the Keith-Lucas model. In fact, the language and concept is consistent and congruent with the Kübler-Ross model (1969). Kübler-Ross, a Swiss psychiatrist who immigrated to the United States, gathered and studied the stories of persons with terminal illness as they were dying and later the stories of persons grieving loss through death. Kübler-Ross (1969) and her students found that terminally ill patients needed some time to accept and reconcile the facts of diagnosis and prognosis. This response, which they called denial, was less about refusing the truth and more about a need to explore other opinions and employ at least a partial defense that lead to a growing recognition and acceptance over time. Later Kübler-Ross identified this same response in grieving persons for whom it sometimes took months before the reality of the death was internalized for response (Kübler-Ross & Kessler, 2005, 2014).

Worden. In *Tasks of Mourning* (1983, 2009), Worden addressed the mourning process, which "occurs after a loss, while grief refers to the personal experience of the loss" (p. 37). Worden differentiated the stages of the Kübler-Ross model with Parkes' (2001) bereavement phases beginning with *numbness* in Phase 1. The Worden model is one of tasks, i.e., grief work that mourners engage in. Worden's first task, acknowledge the

reality of the loss, provides response to Keith's *shock and denial* and Parkes' Phase 1 *numbness*. The author identified a number of ways that mourners deny loss by avoiding the facts of the loss, the meaning of the loss, or the irreversibility of the loss. The task then is to take the first step toward acceptance by acknowledging the reality of what has happened.

Stroebe and Schut. In their 1999 and 2001 work, Stroebe and Schut found the standard models, including the task model of grief, inadequate and without empirical evidence. The authors found that most theories about bereavement failed to comprehensively consider both the need to avoid the work for healing and engage the work at other times with the same purpose. This avoidance looks a great deal like denial but is not couched in stage or phase language.

In their review of bereavement models (2001), Stroebe, Hannson, Stroebe, and Schut identified the essential bereavement question as "What is adaptive coping?" (p. 394). The authors developed an integrative model that maximizes the concepts in prevailing grief theory to identify a "dynamic coping process" (p. 395), recognizing the work of bereavement to confront both loss-orientation and restoration orientation. Stroebe and Schut believed that grief adaption includes both attention on and work to process the loss itself while also dealing with the multiplicity of new change/stressors that come with grief. Adaptive coping is a dual process of confrontation and avoidance between these two distinct areas of stressors. The authors draw on the work of Bonanno and Keltner (1997) and Folkman (1997) that point out the juxtaposition of positive and negative psychological states and the need for both. This is the work of feeling pain and confronting it with the refuge of avoidance and forward-looking hope. The dance between the two is the dual process model (DPM). One strength of this model is the "between and within culture applicability" (p. 396) which increases the universality of the theory.

This dual process of responding to the stressors of loss and the need to work toward restoration bridges the distance between many of the models. The outcomes in grieving persons who cope adaptively with loss and grief occur across multiple domains of human experience. Corr (2007, 2001) described those as including physical, social, emotional, and spiritual domains. For example, the bereaved feel cold (Corr, 2007), may struggle with concentration and attention (Harris & Zipperlen, 2011), and may experience a crisis in faith (Corr, 2007). These domains span the variables of shock, sadness, anger, and others found in the Kübler-Ross, Parkes, and other models. Stroebe and Schut acknowledge the "dynamic process that reflects the realization of loss, on the one hand, and the fight against the reality of loss, on the other hand" (p. 202).

These are consistent with Keith's description of shock and denial, the challenge of recognizing the reality of the loss, and the hope that it is not true. Keith's model of helping begins with the importance of reality to

the helping process, i.e., that helping cannot be effective without "facing the facts squarely" (Keith-Lucas, 1965, p. 25. He illustrates this point in a story of a child who responded to houseparent protection for pain with the words: "What you don't understand is that this is something I need to be disturbed about" (Keith-Lucas, 1991, p. 24).

Protest

Protest is the distinctive of the Keith-Lucas model and the central component to successful grief. Keith-Lucas asserted that the key to facilitating effective mourning that integrates grief into life experiences is the space and permission to protest. My studies of loss through separation and through death all included reports of a sense of outrage at something important being taken away. This is consistent with the understanding of bereavement as "having been robbed" (http://www.merriam-webster.com/dictionary/bereave, 2015).

Keith-Lucas believed that one problem with some counseling and paraprofessional responses to grief involves attempts to smooth over or placate emotional responses of anger and protest. Keith recognized that good helping does not avoid negative feelings. "Often all one can do is to be there when a child is grieving for his or her parents. Explanations, excuses for the parent's behavior, false reassurance do more harm than good" (Keith-Lucas, 1991, p. 27). Keith encouraged healthy recognition of and expression of protest in ways that did not hurt the bereaved or others. Future research can tell us more about protest that produces resolution rather than escalation. Keith's work focused on contextual trust in reality, empathy, and support.

It is interesting to think about twenty-first century usage of the word protest. The expression of social movements for change in law, policy, and human behavior is seen in the civil rights marches and gay rights litigation and advocacy. Protest in these venues is the corporate expression of opposition to injustice and demand for recognition of the need for both support and change. Keith-Lucas might well have endorsed just such a definition of protest. He believed that those who are bereaved need to be able to express negative emotions about their loss and whatever they understand to have caused their loss. Keith would encourage a grieving adolescent to find ways to protest (i.e. rebel against and express anger about) placement in a children's home or foster home without causing self-harm or placement disruption. One contribution of Keith's model is understanding protest. Practice models then make application. An example is the concept of "alternate rebellion" in Dialectical Behavior Therapy. This therapeutic approach allows the client to focus protest and anger in a related area. Another example is externalizing and creating a new story outcome in Narrative Therapy.

Kübler-Ross. The second stage of the Kübler-Ross (1969) model is anger. Kübler-Ross found in interviews of dying patients and later of griev-

ing persons that the first stage of "it is not me" gives way to realization that the loss is real and the question: "Why me?" (p. 50). The anger may look like frustration, irritability, or rage. Grieving persons may be difficult to communicate with and express negative emotions, very much like the Keith-Lucas' description of protest. The third identified set of emotion responses in the Kübler-Ross model is bargaining. In many ways, it fits the Keith-Lucas concept of protest as well. Bargaining is the attempt of the mourner to change the loss, to make the circumstances and outcomes different. While some may identify this as a continuation of denial, bargaining includes awareness that the loss has occurred and an experiencing of the pain of grief. Bargaining is an attempt to regain control over the uncontrollable by determining how the circumstance that creates the pain may be altered or reversed. It is in many ways the ultimate form of protest, i.e., a commitment and attempt to fly in the face of the loss and change it.

Worden. The second task in Worden's (2009) grief model is to "process the pain of grief" (p. 43). Worden describes this as response to physical, emotional, and behavioral pain, which includes negative emotions that society may be uncomfortable with. While the pain may look a lot like sadness, much of grief pain as described by Worden includes anxiety and anger. Further, Worden's third task of adjusting to a world without the deceased (p. 46) can include resentment toward the person who died for leaving and anger at the rest of the world for not having the same painful circumstances.

Stroebe and Schut. In Stroebe and Schut's (1999) dual process model of grief, the mourner experiences movement back and forth between confronting the loss and all of the changes that come with it and compartmentalizing the loss so that the mourner can engage in the rest of life. In this contemporary model, the emphasis is on a continual rather than linear process. While this is different than the historical stage models, including Keith's, the concept of protest is still there. Stroebe and Schut found that "adaptive grieving not only involves grief work but also confrontation-avoidance of positive and negative emotions and cognitions associated with loss itself and its consequences for ongoing life" (p. 222). Negative emotions can include both anger over being left and frustration at having to learn and assume new tasks previously done by the deceased. This sounds a great deal like the protest Keith-Lucas described.

There are similarities with other grief models as well. Corr's dimensions of grief model includes the impact of loss and grief on social relationships when the bereaved experience isolation and on spiritual experience when those who are grieving question God's goodness in the face of their pain. Corr and Corr (2013) reported on Rando's work in 1993 in which they found that mourning includes "experiencing the pain….and giving expression to all of the psychological responses to the loss" (p. 138). Once again, there are similarities to Keith-Lucas' concept of protest.

Despair/Mastery

While there is significant congruence between the theoretical model of Keith-Lucas and other grief theorists with respect to shock and denial and protest, that is not the case with the next section of Keith's theoretical framework. Keith found that despair and mastery were distinctly different outcomes in mourners; they are not sequential steps on the same path toward resolution. Persons who experienced loss but who did not adequately protest the loss, often because their protest was stifled began to despair. Keith equated this despair with detaching. This was not just a distancing from the person who had died, but rather a distancing from everyone and intentionally not attaching again in order to avoid the pain of loss in the future. Keith-Lucas believed that this aversion to the pain of loss created emotional insulation and isolation that resulted in survivors who were unable to sustain relationships or keep jobs or otherwise make and keep commitments in life. In discussing residents of children's homes, Keith-Lucas found that these children, while appearing well adjusted on the surface, spent lives of detachment resulting in multiple job changes, multiple failed marriages, and few or no long-term meaningful relationships.

Juxtaposed against that experience of despair and detachment, the author found that some mourners emerged from active protest of loss with improved life and coping skills. In fact, Keith-Lucas believed that some persons, at the end of acute grief, had better coping skills for life than they had prior to the loss. Keith-Lucas labeled this as *mastery.* In other theoretical frameworks, it is identified as acceptance or as completion of the work of grief. A significant difference of the Keith-Lucas model is the juxtaposition of the two ending points without a pathway from one to the other. Keith-Lucas asserted that there is no path from despair and detachment to mastery except back through the painful route of protest. This mirrors in some ways Worden's assertion that experiencing the pain of loss is part of the path to resolution. Keith-Lucas goes beyond resolution to propose that mastery is possible. The Kübler-Ross and other models do not differentiate despair and mastery/acceptance. This is a clear distinction that may be a focus of grief theory research in the future.

Kübler-Ross. In the Kübler-Ross model, persons who are grieving experience bargaining which, when unsuccessful, results in or leads to depression; it is the result of failed bargaining, i.e., their unsuccessful attempts to change the situation. Depression is defined in Keith's model as detachment that looks very similar to despair. It is sometimes misunderstood as giving up. Instead, Kübler-Ross saw it as a conserving of energy, a turning of attention inside rather than outside oneself. For those who are dying, Kübler-Ross saw it as preparation for acceptance. For those who are grieving, it has components of the same internal gathering of insight and strength to move toward acceptance. The term depression has sometimes

been misunderstood to indicate clinical depression that requires treatment. That can be the case for some mourners, particularly when the grief is complicated. However, for most of the bereaved, it is the point of recognition of reality that precedes movement forward. This is very different from the Keith-Lucas representation of despair that suggests being stuck in detachment and withdrawal that prevents mastery.

In the Kübler-Ross model, depression is followed by acceptance, or the realization that the loss has occurred and what is left to do is decide how to manage it. Kubler-Ross (1969) described acceptance as "contemplation of what is coming and a certain degree of quiet expectation" (p. 112). She clarified that it is neither avoidance nor a happy stage. It is an acknowledgement of the new reality and a turning toward whatever lies ahead.

Worden. The final two tasks in Worden's (2009) model are "adjusting to a world without the deceased" (p. 48) and "finding an enduring connection with the deceased in the midst of embarking on a new life" (p. 50). These tasks operationalize response to depression and acceptance. Worden clarified the need to adjust to the impact of loss on everyday life and responsibilities, to an altered sense of self, and to the beliefs, values, and assumptions that guide the mourner's responses to life. Making those adjustments requires a level of acknowledgement that the death has occurred and that the changes that come with loss require accommodation. In some ways this task is congruent with the mastery expressed in the Keith-Lucas model, i.e. the development of skills needed to cope versus despair, which Worden described as a failure to make the changes necessary to adjust. This failure suspends growth, similar to the Keith-Lucas model's assessment of depression as juxtaposed against mastery.

Worden's model goes one step further in the adjustment to the loss by focusing on the dual responsibility of adapting the nature of the connection to the deceased to one of memory while relocating relational energy to new relationships. Keith-Lucas saw this as mastery, i.e. the development of coping skills stronger than before the loss occurred, with the capacity to remember without reliving the loss, and the energy and skill to enter into new meaningful relationships.

Stroebe and Schut. The dual-process model of grieving espoused by Stroebe and Schut (1999) and Stroebe, Schut and Stroebe (2005) identified stressors in grief that fall into two different categories: 1) those that are specific to the loss and 2) those that are specific to recovery. Loss-oriented stressors require the emotional work of denial, anger, and even despair while restoration-oriented stressors are those connected to the development of new skills toward mastery. Rather than a linear stage or task model, the Stroebe and Schut model describes the movement of the mourner between the two positions and adjustments, calling it oscillation. As the bereaved go back and forth between the two very different stressors, they are able to titrate the amount of pain they are able to tolerate and the

amount of skill development they are up to at any given time. The result of restoration is similar in scope and import to the mastery position in the Keith-Lucas model.

Other models. The plethora of grief models in modern literature begins with the work of Sigmund Freud's discussion of mourning and melancholia. Freud's work suggested that successful detachment from the lost object or person is the goal of mourning (Corr & Corr, 2013). Parkes (1972) work described phases of bereavement that include yearning for the lost relationship and sometimes anger, protest and searching. Rando's (1993) theory included six R's: Recognize the loss; React to the separation; Recollect and re-experience the relationship; Relinquish old attachments; Readjust without forgetting; and Reinvest. Reacting to the separation includes "giving expression to all of the psychological reactions to the loss" (Corr & Corr, 2013, p. 138). All of these models include the concepts of response to loss toward adaptation in relationships. Only Keith-Lucas differentiates between detachment and mastery and attributes that to the grief work called protest.

Application Discussion

The "So What?" Question

A criticism of grief theory might be that it seeks to explain what the bereaved experience and even feel, but does not tell the bereaved or those who support them what to do. A common metaphor for the wounding and healing in grief is explained with a physical injury or wound analogy. Fundamentally, healing is a process that happens naturally; the body knows what to do for healing, including blood clotting and scar tissue formation and adaptation to function. Most loss and grief is managed by the natural healing processes of the psychological self as well. There are times, however, when the natural healing process is strained. Physically in those cases, stitches and casts and crutches and slings are in order. What we know about those mechanisms, however, is that they do not provide healing. They merely provide support while the healing that is built into the human body happens.

The "So what?" of grief theory is the same. Grief support, counseling, and therapy are the stitches and casts and crutches and slings of support. Understanding how to provide support, i.e., how to hold things steady and in place while the healing happens, does make a difference. The Keith-Lucas model suggests that holding things steady means creating and providing a safe place where the bereaved can protest without being judged, marginalized, or shut down.

Keith's unique contribution to the grief literature is to contextualize, normalize and validate protest. This approach to non-judgmental helping

is wholly consistent with Keith's broader helping theory of reality, empathy, and support. Protest follows the recognition of the reality of the loss; allowing protest requires the empathy of feeling with the survivor the pain and feeling bereft; support in protest means allowing the expression of negative emotion, trusting that the relationship can tolerate it. "We do not like people to express anger to us, particularly if this anger is directed toward ourselves. It takes real courage…." (Keith-Lucas, 1991, p. 31). More broadly, Keith connected this trinity of helping to the Trinity (Keith-Lucas, 1994) of God the Father (reality), God the Son (empathy), and God the Holy Spirit (support).

So what difference does it make to introduce one more model of grief process and work to the professional literature, particularly one that was written 20 years ago? Balk reported that much work had been done comparing, contrasting, and synthesizing grief and bereavement models through the years (Balk, 2013; Meagher & Balk, 2013; Stroebe, Hansson, Stroebe & Schut, 2001). These publications do not mention the work of Alan Keith-Lucas. Keith-Lucas spoke extensively about the model in consultations with children's home staff, but only wrote directly about it in the three pages of *Giving and Taking Help* provided in this article. The application and the implications for support of the bereaved are in each part of the theory. Keith's theory gives helpers direction in effective helping that can be empirically tested in their evaluation of practice.

When people experience loss and then respond with difficulty believing that it is true, they need time and support to acknowledge the reality of the loss. Keith-Lucas and others name that experience shock and denial. The phenomenon is similar to an airbag in an automobile that deploys at the time of a crash; the cushion deploys to defuse the intensity of the impact. There is still clearly an abrupt event, but not one that results in crashing into the steering wheel or going through the windshield. Similarly, shock and denial provide for the bereaved some time to gradually realize the truth and enormity of what has changed. The need to find homeostasis, to retain the norm, is a healthy defense. It becomes unhealthy when prolonged and unresponsive to change over time.

The therapeutic response, then, to shock and denial is to gently, over time, assist the bereaved to acknowledge the reality of the loss (Worden, 2009). This occurs in the individual and group counseling when social workers and other supportive helpers provide context for speaking the truth of the loss and recounting the details of the experience. This may include many retellings; it may take re-telling and recounting through the various senses. It does not mean an abrupt acceptance of reality that deflates an otherwise functional, useful airbag (protection). Keith-Lucas (1994) normalized and facilitated the shock and denial of loss and encouraged the realization of reality tempered with empathy and support (p. 71). This fundamental approach to the helping process is foundational to under-

standing Keith's grief model. Realizing the reality of the loss is facilitated by providing empathy for the feelings of anger and protest and support for the expression of protest leading to mastery. Keith found that helpers in these circumstances bring the presence of God the Father (reality), God the Son (empathy) and God the Holy Spirit (support) into the process, a tangible example of the integration of faith and practice.

As the bereaved begin to acknowledge the reality of the loss and experience the pain that that produces (Worden, 2009), Keith-Lucas described that as the normative response of protest. These expressions of anger and complaint, i.e., negative emotions, can be uncomfortable for those supporting the bereaved and can be cast as self-pity and even lack of faith. It is not unusual, according to Keith-Lucas, for others to encourage mourners to focus on the positive and to deny or repress feelings of anger toward the person who died or the doctors who were unsuccessful in treatment, or themselves for not being able to change the circumstance, and even with God for failing to answer their prayers. Instead of repressing these feelings, Keith-Lucas found that these responses are completely consistent with the term *bereaved* which comes from an Old English word meaning "to rob". It is natural and normative to be outraged when the victim of a robbery. Keith-Lucas described protest as a necessary expression of anger and frustration which, when repressed, can become long term irritability and anger turned inward resulting in depression or despair. The application, therefore, is to normalize and facilitate protest with support that prevents the bereaved from hurting themselves or others in ways that cannot be mended.

According to Keith-Lucas, when protest is thwarted or found to be not legitimate or not Christian or not civilized, the mourner may insulate the feelings and compartmentalize the anger. In this case, protest may be followed by despair. Keith described despair as being detachment that protects against the possibility of further loss and pain. "People then go on, as it were, on two cylinders, 'making do,' having insulated themselves from their pain and grief. Although they may not recognize it, they are emotionally handicapped" (Keith-Lucas, 1994 p. 63). The application of this is significant.

When the social worker or counselor engages with bereaved persons who have detached, they may appear on the surface to be managing well. However, they have often struggled since the loss with maintaining relationships, jobs, and the successes of engagement. Keith-Lucas found that the only way out of the resulting despair is a return to protest. With the support of a caring and skilled professional, the mourners are able to re-engage their loss narrative, experience the emotions, express the protest, and discover again the capacity to attach.

Those who are able to successfully protest are able to move through their grief experience to a place of mastery. Keith-Lucas described that as a state in which mourner has developed coping skills superior to those they had prior to the loss. The development of emotional muscle and resilience

enables the bereaved person to draw on that strength and experience in subsequent losses and crises.

The physical metaphor of healing holds up here as well. Scar tissue is stronger than the tissue around it. The section of bone that was broken and is now healed with calcium deposits is stronger than the bone on either side of the original break. Worden described this work as adjusting to the changes and relocating the energy of relationship from the deceased to others. Kübler-Ross called it acceptance, not as though the loss had not occurred, but with awareness that since it has occurred, there are adjustments to be made.

Mastery does not suggest denial of the loss or its significance. Rather, mastery defines the reality of having been changed by the experience in ways that produced strength and resilience, leaving the bereaved scarred but whole. Those who achieve mastery have wisdom, insight, and skills that enable them to help others who are grieving. They become persons who provide support to others who are grieving, partly because they understand that shock and denial and protest are necessary to the process of healing and recovery.

The answer to the "So what?" question for those engaged in grief work with the bereaved is application. Social workers, ministers, grief counselors and therapists are looking for approaches that help their clients make sense out of their losses and develop skills to both manage the loss experience and maximize their quality of life. This is the path to making meaning out of experience, developing strength and resilience, and finding the way forward. It is also a significant opportunity for social workers who are Christian to integrate their faith in practice and demonstrate the reality, empathy, and support that emulate the Trinity.

Summary and Conclusions

Alan Keith-Lucas taught and wrote more than twenty years ago about a model for understanding loss and grief that provides application toward health and resilience. There are a number of areas of similarity and congruence between that model of shock/denial, protest, and detachment or mastery and the models of Kübler-Ross and the five stages, Worden and the four tasks, and Stroebe and Schut and the dual process approach. The Keith-Lucas model provides an important way of thinking about application practically and an explanation for what has happened when mourners seem to be stuck in their grief and unable to connect in new relationships. This normalizing of the experience includes also a path to recovery and resilience which Keith-Lucas calls mastery. The path to mastery is through the pain, not around it, and requires doing the work of protest despite cultural admonitions to avoid or repress negative emotions. Keith was not supportive of encouraging pretense, supporting rather the courageous companioning of persons on their journey. He found that to be the path to authentic demonstration of faith:

> Sometimes we feel we have to talk religion to children even when they are in no way able to understand it. We talk about a loving Father when the child's only picture of a father is someone who comes home drunk and beats her (Keith-Lucas, 1991, p. 3).

Keith-Lucas courageously provided mourners, and those who support them, a model that includes the reality of what has happened and what is felt and experienced in its aftermath with the empathy and support required to risk doing the hard work. The application of this model provides grief counselors and social workers specific direction for helping those who are bereaved to find their voice, heal their wounds, discover their strengths, and move from the margins of life to the center of helping others.

> It is logical that if the person asking for help is analogous to the recipient of grace, then the helping person must, as far as it is possible for a finite, fallible being to do so, model her helping on the actions of God…help becomes in a new sense, the expression of one's religion (Keith-Lucas, 1994, p. 178). ❖

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***Helen Wilson Harris**, Ed.D., LCSW, Associate Professor, Diana R. Garland School of Social Work, Baylor University, One Bear Place #97320, Waco, TX 76798. Phone: (254) 744-8695. Email: Helen_Harris@baylor.edu.*

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Black Men's Perspectives on the Role of the Black Church in Healthy Relationship Promotion and Family Stability

Wanda Lott Collins & Armon R. Perry

The purpose of this study was to examine African American men's perspectives on how religion shapes their attitudes toward marriage and family, how the men perceived the black church's role in facilitating healthy relationships and family stability, and how those perspectives may inform the black church's efforts to promote family stability. Thirty-three African American men were engaged in semi-structured, in-depth interviews, yielding rich qualitative data that were analyzed in the phenomenological tradition. The findings revealed that the men's religiosity led them to equate marriage with strong and stable families, drove their criteria for mate selection, and shaped their behavior within relationships and marriage. The findings also revealed that the participants felt that the black church was uniquely positioned to promote marriage and family stability through intense and targeted outreach, healthy relationship modeling and mentoring programs, and expanded access to pre-marital counseling. Recommendations for churches implementing family strengthening initiatives are included.

THE BLACK CHURCH HAS BEEN DEFINED AS A COMMUNITY OF CHURCHES that are diverse in origin, denomination, doctrine, spiritual expression, and size that share a special history and culture (Boyd, 2011). Historically, the black church has played a significant role in the lives of African Americans as it has served as the social and political center of the black community (Billingsley, 1992). In many places, prior to the civil rights movement, black churches were the only venues in which black people could exercise autonomy and have access to leadership roles denied to them in the larger, hostile mainstream culture. As a consequence of the structural barriers negatively shaping the African American community, the

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black church became a de facto social service agency meeting the financial, social justice, and mental health needs of its members (Billingsley, 1999).

Contemporarily, many African Americans still seek consultation with the black church when faced with major decisions and difficulties related to issues involving the family (Hardy, 2014). Thus, the church's current and future role as a vehicle for change is particularly salient given the concerns regarding the changing demographics of African American families. Concentrated poverty, largely brought on by high levels of black male unemployment (Wilson, 1987, 2003), has contributed to shifts away from the married, two parent family since the 1960s when 75% of black childbearing couples were married (Billingsley, 1992). Recent reports show that among black couples, marriage rates are lower than in other ethnic groups and that compared to white Americans, black couples are less likely to stay married (Burdette, Haynes, & Ellison, 2012; Dixon, 2009). Raley and Bumpass (2003) estimate that 70% of black women's first marriages will end in divorce, compared to 47% of white women's marriages. These researchers also report that while age, education, and income are major factors in the stability of all marriages, regardless of race or ethnicity, those factors affect black couples more than others (Raley & Bumpass, 2003). Examining the increasing stratification in marriage by race and education, Schneider (2011) investigated the influence of a lack of personal wealth on marriage patterns and concluded that because blacks and those with less education face disadvantages in the labor market, they tend to hold off marriage longer, thereby further increasing gaps in marriage rates. Taken together, the decreases in marriage rates and increases in non-marital childbirths have resulted in only 32% of African American adults being married (Chambers & Kravitz, 2011) and estimates that 80% of all black children will live away from their father at some point in their childhood (Aird, 2003), both of which are risk factors for family instability.

With regard to the church, the increasing secularization in black communities has reduced the influence of religion and has contributed to the decline in the central importance of black churches. Specifically, Taylor, Chatters, and Levin's (2004) examination of data from the National Study of Black Americans revealed that across three generations, black adults were less likely than their parents and grandparents to attend church, participate in a church activity outside of worship services, read religious books, pray, or ask others to pray for them. More recently, a Pew Research Center (2012) survey found that the number of black adults reporting being religiously unaffiliated increased from 2007 to 2012. Moreover, the movement of middle-income blacks out of the inner city, where most black churches are located, into residential areas of cities and suburbs has meant a growing physical separation of the black poor (Lincoln & Mamiya, 1990) and the black middle class who disproportionately represent mainstream values including marriage and childbearing in the context of marriage (Anderson, 1990, 2008).

In addition to data suggesting that some in the black community are moving away from it, the church has also been criticized for advancing a patriarchal agenda (Ward, 2005) in its preference for males over females. Much of this criticism is grounded in reports that although black women attend church more frequently than black men, men disproportionately hold leadership positions within the church (Boyd, 2011; Levin & Taylor, 1993). Male preference is also manifested in rigid interpretations of biblical teachings prescribing wife's submission and deference to their husbands (Riggs, 2003). Others, including Moore-Orbih and Davis (2010) and Collins and Moore (2006) report that in some cases, male preference and distortion of scriptures have contributed to church cultures that isolate female victims of domestic violence and saddle them with guilt and shame rather than provide them with assistance.

Despite the challenges facing the black family and church, there is evidence of an association between men reporting higher levels of religiosity and positive outcomes for families (Wilcox & Bartkowski, 2005). In fact, perhaps the largest beneficiaries of the black church and the salient role that it has played in black family life have been black men and fathers. In many ways, the black church has facilitated black men's development through its encouragement of male authority in the home and its promotion of male-headed households (Tinney, 1981). The results of other studies have yielded similar findings. Letiecq (2007) concluded that black fathers reporting high levels of religiosity were more likely to use positive, proactive parenting strategies and employ authoritative parenting styles than less religious fathers. Likewise, Perry (2013) found that more religious black men reported more favorable attitudes toward marriage than other, less religious black men. Despite the reported benefits that black families receive from being headed by religious men, the fact remains that both the black church and black family are facing some significant challenges.

The combination of the current challenges facing many black churches and families, the church's historical role in responding to these challenges, and the emphasis it has placed on male leadership suggests that the experiences of black men would have implications for the church and its ability to impact families. However, the dearth of qualitative research that features first-person accounts of black men represents a gap in the existing literature. To fill this gap, the purpose of this study was to examine black men's perspectives on how religion shapes their attitudes toward marriage and family, how black men perceive their church's role in facilitating healthy relationships and family stability, and how those perspectives may inform the church's efforts to promote family strengthening initiatives.

Methods

The data for this study were collected as part of a larger mixed methods study examining black men's attitudes toward marriage. In an attempt to secure a diverse group of adult black men, the research team followed the sampling procedure espoused by Waters and Biernacki (1989). In doing so, potential participants were recruited from African American student organizations at a local university, social service agencies, barbershops, and philanthropic organizations serving African American communities to complete a quantitative survey soliciting their attitudes towards marriage. The premise undergirding this sampling strategy was to increase the likelihood that African American men from a range of social, educational, and occupational backgrounds would be represented, including established professionals, emerging young adults in college, and working class or low income men. Survey participants were asked about their willingness to complete a follow up in-depth qualitative interview. Those who agreed were contacted by the research team to arrange meeting dates and times.

This strategy yielded a varied cross section of participants that included 162 survey participants who reported being heterosexual males and self-identified as either black or African American. From the full sample of survey participants, 33 men agreed to the follow up interviews that were all conducted by the second author, an African American male. On average, the interview participants were 41.00 (sd = 15.88) years old, had 1.96 (sd = .63) biological children, and had a reported annual income of $40,674 ($sd$ = 1000.04). At the time of data collection, 14 (42.42%) of the men were married to their first-and-only wife, 9 (27.27%) were single and had never married, 7 (21.21%) were single as a result of being divorced, and 3 (9.09%) were divorced and re-married. With regard to the men's families of origin, 14 (42.42%) reported that their parents were married to each other, 11 (33.33%) were never married, 6 (18.18%) were divorced from each other, and 2 (6.06%) were married to someone other than the participant's other parent. They also varied in their educational attainment, where 15 (45.45%) of the men held either a high school diploma or a GED, 13 (39.39%) held a college degree, 1 (3.03%) held neither a high school diploma nor GED, and 4 (12.12%) did not report their level of educational attainment.

The interviews followed a semi-structured format and were audio-recorded and transcribed verbatim to ensure accuracy (see Table 1 for interview script questions). The interviews were conducted at times and places that were convenient to the participants and lasted 42 minutes on average. All of the interviews were transcribed and coded using QSR International's NVIVO8. Consistent with our interest in the men's perspectives on marriage, relationships, and family stability, we utilized a phenomenological approach. According to Creswell (1998), utilizing this approach facilitated the research team's ability to give voice to the participants' rich

and descriptive narratives to better understand the meaning of their experiences. Subsequently, each member of the research team independently completed an initial reading of the transcripts to identify essential excerpts highlighting the participants' lived experiences in their romantic relationships. From there, the team engaged in an interactive process of coming to consensus on the identified collective themes that emerged across the interview transcripts. Finally, meaning units were developed from the collective themes to highlight not only what the participants experienced in their romantic relationships, but also how they perceived those experiences and the meanings ascribed to them.

Table 1: Semi-structured Interview Script
1. How do you feel about the institution of marriage?
2. To what do you attribute your perspective on marriage?
3. How many of your close male friends are married?
4. What type of women are attractive mates or potential mates?
5. In past or current relationships, what are your expectations for your partner?
6. In your past or current relationships, what expectations have your partners had for you?
7. In your past or current relationships, what have been your biggest complaints about your past and current partners?
8. In your past or current relationships, what have been your past or current partners' biggest complaints about you?
9. Research suggests that African Americans are less likely than their white counterparts to get married. Why do you think this is the case?
10. In your opinion, what could be done to increase the rates of marriage among African American couples?

Findings

The semi-structured, in-depth interviews were very rich, yielding a significant amount of data. However, there were a few predominant themes that emerged in association with the men's perspectives on the role of the black church in promoting and facilitating healthy relationships, marriage, and family stability. These themes were labeled *Facing Contemporary Challenges, Guiding Principles*, and *Leading from the Front*. Specifically, the findings illuminated men's discussions of the challenges facing black families, the ways in which the men's religiosity shaped their views on marriage and family and the men's beliefs that the black church is uniquely positioned to promote and implement family strengthening initiatives.

Facing Contemporary Challenges

In sharing their narratives and experiences, the men elaborated on beliefs about church taking an active role in promoting family stability when they discussed some of the current challenges confronting families. In doing so, the participants reflected upon their perceptions that many of the challenges contributing to family dissolution were related to the negative effects of media and misguided public policy. Most often, the media was implicated in discussions of casual sex outside of marriage or any type of committed relationship. As one participant stated, "with what kids see nowadays, sex is more about recreation instead of procreation." On the other hand, policy was most often mentioned in the context of public assistance eligibility criteria discouraging union formation and pooling resources. This was best expressed by a participant lamenting historical Aid to Families with Dependent Children (AFDC) policy prohibiting recipients from co-residing with fathers.

> Those types of systems don't work. There's no inspiration to go out and do the right thing [Get married]. And if you had a man living in the house then you got penalized for that. So there are a lot of societal problems that one person can't control.

According to the men in our study, the combination of increasing media images related to sex and public policy removing men from homes has contributed to demographic shifts towards more nontraditional family structures featuring cohabiting or "shacking up", non-marital childbirths, and absent or disengaged men and fathers. From many of our participants' perspectives, the increases in non-marital childbearing, cohabitation, and divorce among African Americans has become so prevalent that they expressed concerns that many view healthy relationships and marriages as unrealistic and unattainable ideals. In responding to a question about the influence of his marriage on his friends' attitudes toward union formation, one participant offered the following:

> They are turned off by it [participant's marriage]. I know they are. Even with me being married, they're astonished like I did something impossible. That's the way they treat it…It's so far from where they are presently. It's not something they plan on doing any time soon because none of their parents are married and they don't really respect the covenant. Plus, it's been normalized. Having children out of wedlock has been normalized, just multiple relationships with women is normalized. It's ok, women are accepting it and men are accepting it.

In this excerpt, the participant provides a commentary on the people in his social circles, as well as the larger society who have come to accept things that he views as unacceptable or undesirable. The following two emergent themes are also representative of the men's discussions as they relate to how they used their religiosity to guide their thinking and behavior regarding romantic relationships and marriage and their nomination of the black church as an ideal institution for family strengthening and marriage promotion initiatives.

Guiding Principles

In response to identifying the challenges facing black families that threaten their stability, more than 78 percent of the men clearly articulated the central role that religion played in influencing their favorable marriage attitudes. As stated by one interview participant, for some of these men, marriage was a way of "fulfilling what God has instructed us to do for the betterment of man and society." For others, marriage meant strong families and communities, which they viewed as synonymous with stability. The following excerpt illustrates and is representative of this sentiment.

> And it [marriage] is the foundation of our community. Most of my friends and family have similar views on marriage. I tell all my children, especially my son that growing up and getting married is what you're supposed to do if you want your relationship to be recognized or acknowledged by the community. It [being married] sends a message to the community that you are a serious responsible man because you are taking care of a family.

In addition to discussing the ways in which their religion shaped their attitudes toward marriage, the men also shared how their religion informed their meaning of marriage, guided their thinking about the qualities of a mate or potential mate, and provided them with a model for behavior within marriage or a committed romantic relationship. Specifically, the men used religious language such as "a covenant" or "two becoming one" to describe the meaning they ascribed to marriage. Through the lens of religion, the men positioned marriage to be more than a mere legal arrangement. Rather, for many of the interview participants, marriage involved deep familial, emotional, and spiritual commitments to both one's partner and his higher power. In this way, the men espoused a reverence and sense of admiration for couples whose marriages stood the test of time because they recognized not only the importance of marriage and what it represents to families and communities, but also the difficulty in achieving that level of success.

The men's discussions related to the ways religion shaped their attitudes toward marriage also led them to seek out or be attracted to women with whom they were *equally yoked*, which has been defined as being

mutually committed, trustworthy, and unified, especially with regard to common values including spirituality (Marks, Hopkins, Chaney, Monroe, Nesteruk, & Sasser, 2008). While some of the men reported being more spiritually mature or further along in their walk with Christ than others, they all discussed the importance of being on common spiritual ground with their partners. For those who were married, most often, the men described themselves and their partners as having developed into their current sense of spirituality and religiosity that served to facilitate their union formation. As explained by one study participant:

> It became increasingly important as we grew in our faith that she valued the same things in faith that I valued in our walk with the Lord. That has really been the glue that has held us together for 36 years.

Beyond informing the men's attitudes towards marriage and helping them identify some of the qualities of an attractive partner, the men also relied on their religious teachings to offer a guide to determine acceptable and desirable behavior within marriage and romantic relationships. This guidance espoused men's obligation to be husbands and fathers who are trustworthy and faithful leaders who are also benevolent and reflective. In sharing these narratives, the men simultaneously reflected on how this guidance served as a resource to their families while also acknowledging how they benefitted personally from being members of strong and healthy families. These notions are best expressed in the following interview excerpts from two of the married participants:

> I went to the men's meeting and heard the minister say that 95% of all problems in marriage and relationships are because of the man. Then I realized that I needed to make some changes and when I made the changes I needed to make, it was like she heard the message too.

In this excerpt, the participant described how listening to a sermon encouraged him to stop and re-assess his own culpability in his marital challenges. He ends by reporting that his self-awareness and reflection served as a catalyst for his wife to engage in a similar process. In the following quote from another man responding to a question about the qualities of an attractive mate, the participant credits his wife and her spiritual mentoring for the positive changes that he has made in his life.

> And also, when I think about my wife, she does so much… she does so much in helping me with my walk. She demands… and when I say she demands, I'm talking about how she does it by the way she walks, her lifestyle demands that I give her respect. I think if I can give an example from

> my first marriage, I didn't have that… you know, I grew up without a father. What I lacked was the guidance to know how to treat a woman so I made a lot of mistakes. Growing up in a large family, I was always one who enjoyed relationships and what they were about and having someone around so there was no doubt that once I was divorced, I knew I would get remarried. And so when I met my wife, she was that person who helped me be who I wanted to be just by her lifestyle and just her walk with Christ.

Leading from the Front

In addition to discussing the challenges facing black families and how religion shaped their attitudes and behavior, 54% of the men also identified the black church as an important resource in promoting marriage and family stability. Specifically, in response to a general question about their thoughts on what, if anything, could or should be done to address the disproportionately low marriage rates among African Americans, several of the interview participants mentioned that the church should take a leadership role in this area. These participants cited the church's history in addressing issues confronting black families as a rationale for identifying it as a resource that could contribute to family strengthening initiatives. Given that many churches have existing infrastructure to engage families, including family-related ministries, family life centers, or community development corporations, the men felt the church was an ideal institution to promote marriage and family stability.

However, many of the men were of the opinion that the black church would have to be willing to modify some of its traditional recruitment methods such as only embracing congregants who respond to calls to accept Christ as their Lord and Savior and engage in intense outreach targeting church-going, religiously inclined individuals, as well as individuals who had no existing relationship with the church. According to the participants, black churches demonstrating a willingness to meet people where they are by adopting a non-judgmental stance regarding outreach that reflects the lived experiences and demographic realities of the community can best serve black families. In doing so, they felt that church-initiated marriage and family strengthening efforts would likely garner increased buy-in and commitment from community residents.

Finally, the men repeatedly mentioned the importance and potential benefits that could be derived from church-administered and congregation-led mentoring and modeling programs. Many of the men believed they and the people around them were being socialized in familial contexts that did not facilitate the development of healthy relationships or marriages.

Therefore, many of them felt it appropriate that the church intervene by intentionally changing people's circle of influence through connecting them with mentors to model healthy marriages and relationships. One respondent had this to say:

> So if you approach married people or people that's thinking about getting married and give them the fundamentals about what being married is all about… You start within the Black church and give people education and training on what marriage is supposed to be about then maybe people that's genuine about getting married, then maybe they will take hold of those principles and think about what they gonna do before they get married. If we teach them to understand themselves and lay everything on the table about themselves and with their mate then they can know better about whether they really want to get married. But me, I would start in the Black church and then spill out into the community in the community centers and just get education out there about marriage.

Discussion

The purpose of this study was to examine how black men's use of religion shaped their attitudes toward marriage, romantic relationships, and family. Furthermore, this research examined how these men perceived the church's role in facilitating healthy relationships and family stability, and how those perspectives may inform the church's efforts to promote family stability. To examine these questions, we conducted in-depth, semi-structured interviews with 33 adult black men. The findings revealed that the participants perceived increases in non-traditional family formations such as cohabitation and non-marital childbearing as significant challenges to black family stability. Furthermore, 63% of the men saw marriage as synonymous with stability and strong families; their religious beliefs drove their criteria for mate selection, and shaped their behavior within their romantic relationships and marriages. The findings also revealed that the participants felt that the church was uniquely positioned to promote marriage and family stability through intense and targeted outreach, healthy relationships modeling and mentoring programs, and expanded access to pre-marital counseling.

The findings that many of the study participants expressed favorable attitudes toward marriage and used religion to shape those attitudes is a departure from previous research featuring urban African American men who expressed little to no interest in committing themselves to marriage (Anderson, 2008). In fact, the consensus of our study participants was that marriage served as the cornerstone of strong and stable families, as well as

strong, unified and productive communities. In assessing the state of the black families in their social spaces, the men lamented the lack of visible married couples that could mentor the next generation and shepherd them into positive marriages so that they could navigate marital challenges and have successful, sustained relationships. Some of the differences in receptivity toward marriage may be attributed to the heterogeneous nature of our sample. Unlike other studies of urban black men, our sample was more diverse with regard to age, education, socioeconomic status, and the extent to which marriage was modeled in their families of origin. These factors are important in that they have been linked to mainstream norms that are not always perceived as attainable for low-income minority men living in areas characterized by concentrated levels of poverty (Anderson, 1990, 2008; Wilson, 1987). However, the favorable marriage attitudes that were expressed across demographic differences highlight the need for researchers to shift away from deficit-focused sampling to more diverse data collection strategies to broaden the understanding of black men's lived experiences.

The other major finding from our analysis was that the men identified the black church as an appropriate and preferable institution to promote and implement marriage and family strengthening initiatives. Traditionally, the black church's practice has been to function as a default social service agency (Hardy, 2014). This custom might explain why many of the men in our study believed that the church is uniquely positioned to address concerns facing families. This type of endorsement is consistent with previous research suggesting that black families are more likely to seek help during personal or family crises from the black church rather than mainstream service providers (Allen, Davey, & Davey, 2010). The preference for faith-based services is due, in large part, to pastors' religious and ministerial training in providing comfort and support (Taylor, Ellison, Chatters, Levin, & Lincoln, 2000) and levels of longstanding cultural mistrust (Whaley, 2001) of mainstream social and mental health institutions. Research on barriers to social service access and utilization underline the historical roles that racism and discrimination play in impacting the attitudes and behaviors of African Americans in receiving quality mental health services that are perceived as culturally insensitive (Allen, Davey, & Davey, 2010; Taylor et al., 2000; Whaley, 2001).

Beyond simply nominating the church as a preferable institution for promoting and implementing healthy marriage, relationship, and family strengthening efforts, the study participants were also clear in their desire for mentoring programs and increased access to pre-marital counseling. This finding is similar to that of other examinations of black families. In a qualitative study of the meaning of marriage among 52 African American men, one of the emergent themes from the interviews "was the wish that mentoring (e.g., marriage models, husband mentors) had been available and that interacting with others who have gone through relationship development successfully may be beneficial" (Hurt, 2012, p. 878). It may be

that the interest in mentoring programs expressed in previous research, as well as our current study represent the start of increasing support for church-initiated healthy relationship and marriage education to increase couples' understanding of barriers to as well as the benefits of marriage (Silliman & Schumm, 2000; Waite & Lehrer, 2003).

These family-strengthening initiatives could have major implications since many marriage and family therapy scholars state that premarital interventions are effective in reducing potential relationship problems for couples (Larson, Kigin, & Holman, 2008; Duncan, Childs, & Larson, 2010). In light of the men in our study lamenting the growing number of single parent homes and the need to "create an environment for them [young adults], especially the singles where they can fellowship with each other without the pressure of dating," the need for family-strengthening initiatives may be particularly important for African Americans because the greatest risks for couples are in the areas of communication skills, emotional readiness for marriage, and family-of-origin experiences (Larson, et al., 2008). Moreover, Halford, O'Donnell, Lizzo, and Wilson (2006) concluded that high-risk couples are generally underrepresented as premarital education attendees and participants in premarital counseling, placing even more emphasis on developing and increasing access to efforts to assess barriers to family strengthening initiatives.

Limitations

This study has some limitations that should be taken into consideration. All of the study participants were self-identified heterosexual black men recruited into a non-probability sample. Therefore, our findings cannot be generalized to the population as the experiences and perspectives of homosexual black males are not accounted for here. Further, given that many marriages are grounded in religious and spiritual principles, the study topic may have led to selection bias and may have influenced the manner in which the participants expressed their opinions. In other words, it may have been that upon receiving the study materials, more religiously inclined men decided to complete the quantitative surveys and agreed to the qualitative follow up interviews while less religious or spiritually inclined men opted out of the study. Also, the second author, who conducted the interviews, is a black man and thus, it is quite possible that the participants responded to the interviewer in a manner they would not have if presented with another interviewer (e.g., one who was female and/or a different race).

Finally, we acknowledge that consistent with previous research, the perspectives and narratives shared by many of the participants, reflected patriarchal notions of marriage and family that emphasized men's roles, responsibilities, and rewards within families. However, it should be noted that the focus on black men's perspectives in this study represents an at-

tempt to fill a gap in the literature by featuring an understudied group. Moreover, the men that associated marriage with strong, stable families was not meant to problematize or pathologize single parent families or cohabiting families. Rather, it was their attempt to position married two parent families as an optimal family form.

Recommendations

Considering the limitations of this study, the findings should be viewed as preliminary and more research relying on larger, more representative samples is needed to make more definitive conclusions. However, given the literature attesting to the central role that the church plays in the lives of many in the black community, the church is likely to remain a powerful vehicle for social change.

A commitment to ministries that work with individuals, families, and couples can significantly impact the emotional, spiritual, and relational lives of black couples, especially those in congregational settings. Providing training, education, and mentoring can represent some of the ways that black faith-based organizations can assist couples in developing skills and attitudes that will strengthen and sometimes save troubled relationships (Brooks & Whitfield, 2010). Working with singles and couples during courtship, the pre-marital (pre-contemplation phase) and early marriage phase, is likely to help them learn to identify the positive traits of a healthy relationship. Evidence of the positive potential for these family strengthening programs is Beach, Hurt, Fincham, Franklin, McNair, and Stanley's (2011) examination of a marriage enrichment program that included a focus on prayer and faith that yielded positive results post-intervention and at the 12-month follow-up. Therefore, we offer the following recommendations to social workers, pastors, congregations, and faith-based organizations interested in developing and implementing family strengthening initiatives.

Provide Healthy Relationship and Marriage Enrichment Seminars, Workshops, or Retreats

Romantic relationships are complex. In the case of marriage, the love commitment involves two people becoming one (Genesis 2:24; Mark 10:8) and goes beyond romantic idealism. In other words, as stated by one participant, marriage involves entering into a "covenant" with not only one's spouse, but also God. As such, marriage presents challenges as well as opportunities, which takes work from both spouses. With the rise in divorce rates (Pew Research Center, 2010; Raley & Bumpass, 2003; Schneider, 2011), one recommendation to promote and support marriage longevity is marriage enrichment or preparation programs (Duncan, Childs,

& Larson, 2010). Marriage enrichment education in the form of seminars, workshops, or retreats would help couples learn skills that will help them to gain a better understanding of marital expectations (Rhoades, Stanley, & Markman, 2009), as well as the challenges that they are likely to face.

Churches could sponsor meeting space for professionals (e.g., social workers, marriage and family therapists, psychologists, clergy, mental health workers) to volunteer their expertise and facilitate culturally sensitive programming that includes instructional videos/DVDs, demonstrations, workbooks, role-plays, team-building exercises, and feedback on in-home marital assessments. Materials and educational enrichment could focus on conflict resolution, communication exercises, money management skills, blended family advice, or topics self-selected by the participants. Facilitators could offer different formats that would expose couples to partner reflections, small group assignments, Bible study modules, or weekend get-a-ways to increase bonding and awareness about areas of strengths and parts of the marriage that are difficult to navigate. The provision of such programming in the black church could play an essential role in the support of healthy marriages. Marriage enrichment programs would offer couples an avenue to be proactive in addressing issues before they reach a critical point or crisis.

Increase Awareness of and Access to Premarital Counseling

Premarital counseling involves a process to enhance and enrich premarital relationships leading to more satisfactory and stable marriages with the intended consequence being to prevent divorce (Stahmann, 2000). Premarital counseling also encourages couples to slow down to consider serious challenges or conflicts they might need to address prior to the marriage, especially since divorce causes psychological distress. Typical goals of premarital counseling may include easing the transition from single to married life and enhancing communications as well as problem solving skills (Stahmann, 2000).

In this light, black churches have the potential to play a pivotal role in organizing programs for singles that reduce hurdles for couples who are too enthralled to foresee or consider future problems, do not think premarital counseling is necessary, or simply gloss over glaring issues that beg attention before marriage (Johnson & Loscocco, 2015). Not only could black churches serve their own congregations with such ministries but there exists a greater opportunity to use a marriage ministry as a bridge into the community. Thus, given the low rate of participation among high-risk, never married individuals in premarital counseling education, it is worth noting that there exists a growing body of evidence that relationship education can enhance marital outcomes (Larson, Kigin, & Holman, 2008; Duncan, Childs, & Larson, 2010), especially since this group is at highest risk for marriage problems. Utilizing culturally sensitive and experienced licensed marriage and family

therapists or licensed clinical social workers, on or off the church site, could be the focal point for helping individuals, couples, and families to understand personal, cultural, and social complexities that may influence assumptions, attitudes, and behaviors concerning marital relationships.

Train Mature Married Couples to Serve as Mentors

The need for marriage mentors is acute. Healthy marriages are fundamental to healthy communities. Some young couples have not witnessed strong healthy long-term marriages. Matching newlyweds, couples experiencing marital difficulties, or those engaged, with mature married couples, could be an effective approach to provide support, modeling, and encouragement to couples needing a seasoned perspective. Such matches might also diminish potential barriers to marriage.

Black churches are ideal contexts in which to establish marriage mentor programs. Besides supporting younger and older couples, mentor couples might find that their marriages are strengthened as well. Couples that have not been exposed to sustainable relationships in their families or community may find having access to other more experienced couples especially beneficial. Marriage mentors could become important allies to help couples openly discuss difficulties before problems become deeply entrenched. They could also help couples to see their relationship through the prism of time and love and reduce the anxieties of mentees by normalizing their experiences and guiding them towards realistic expectations (National Healthy Marriage Resource Center, 2009).

Secure External Funding

To facilitate these marriage and family stability initiatives, it is recommended that churches seek to secure available grant funds. Lewis and Trulear (2008) concluded that black churches have been slow to respond to requests for proposals for local, state, and federal grants with only 101 of a possible 3,526 grants awarded to congregations between 2002-2004. Moreover, the results of a national survey of 750 black churches revealed that only 11% of them received funds from the government (Lewis & Trulear, 2008). Other researchers cite similar findings (Harris, 2007; Kvasny & Lee, 2010; & Sinha, 2013). Bypassing opportunities to secure external funds places additional stresses on internal resources that may already be limited.

While many have expressed legitimate concerns about the extent to which accepting public funds may be accompanied by an implicit expectation to comply with secular demands, leveraging additional funding streams would allow faith-based organizations to create innovative new programs or partner with social service professionals to expand the delivery of existing programs.

This challenge is particularly difficult for some smaller inner city and

rural churches that do not have the paid staff and other resources that can be focused exclusively on grant writing. Social workers within and outside of the congregation could volunteer to write grant proposals that would provide seed money for program development efforts in black churches. Such assistance could also be in the form of service learning projects and would be a proactive form of community engagement and advocacy for strong healthy black families. Therefore, black churches interested in developing or implementing these kinds of programs should engage practitioners and researchers to take advantage of opportunities to secure external funds from agencies with a track record for providing technical and financial support for family strengthening initiatives such as the White House Office on Faith-based and Neighborhood Partnerships, the U.S. Department of Health and Human Services' Administration for Children and Families and Office of Family Assistance, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Annie E. Casey Foundation.

Conclusion

The black church has a salient role in the black community. Regardless of a church's denomination, spiritual shepherds tend to the personal needs of their congregation. Given their community and congregational status, black clergy are consulted for reasons that range from individual's trust and comfort in asking for help, cultural compatibility, integration of spirituality and counseling, families' ease in accessing services (i.e., location in the community and reduced waiting time for an appointment), or low to no cost counseling. Congregants and community members feel emotionally safe and more comfortable revealing family and relationship issues due to accessibility, trustworthiness, and affordability of services provided by the black church. Furthermore, the ability to receive relationship or mental health counseling and not have to be concerned with referrals, co-pays, insurance, and fees for services are additional incentives (Allen, Davey, & Davey, 2010; Taylor et al, 2000).

In this regard, for some church members, black clergy have an advantage over community mental health centers (Taylor et al., 2000). Their elevated position of reverence within the church allows them to identify and advise at-risk couples for relationship issues. Using their prominent platform, senior pastors or their designees could preach relationship/marriage sermons from the pulpit, host educational seminars, distribute printed materials, or refer couples in-house or to outside professionals (e.g., licensed marriage family therapists or licensed clinical social workers) for counseling appointments as a way of teaching couples ways to model and practice healthy relationships. In turn, having access to trusting and high quality family and family strengthening services is likely to have positive and lasting effects for African American singles, couples, spouses, and communities. ❖

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***Wanda Lott Collins**, Ph.D., Professor, Kent School of Social Work, University of Louisville, Oppenheimer Hall, Louisville, KY 40292. Phone: (502) 852-0428. Email: wanda.collins@louisville.edu.*

***Armon R. Perry**, Ph.D., MSW, Associate Professor, Kent School of Social Work, University of Louisville, Oppenheimer Hall, Louisville, KY 40292. Phone: (502) 852-3234. Email: arperr01@louisville.edu.*

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A Wrinkle in the Fold: Inclusion of People with Autism Spectrum Disorders in Faith Communities

Katie Terry

Participation in worship and faith communities has long been shown to benefit church members and lead to a higher quality of life. However, many families of children with autism spectrum disorder (ASD) do not feel supported by their local faith communities, and the nature of ASD contributes substantially to the lack of support. For those with disabilities, inclusion in the community is increasingly seen as a right, and people with autism can easily be more included by adopting a welcoming and accepting atmosphere, using disability organizations as consultants, and training clergy and lay leaders alike to help individuals with autism integrate into the faith community. Inclusion of people with disabilities into the community is an example social justice, so social workers can play a key role in advocating and assisting faith communities towards adopting these simple and attainable solutions.

SINCE THE FIRST CASE REPORTS OF AUTISM WERE DESCRIBED IN THE 1940s, autism has changed from being seen as a rare, severe, lifelong disability to a common developmental disorder with variable degrees of severity (Leidel, 2008). Once considered to be a rare condition, autism is now recognized as a collection of disorders, which are broadening in scope and increasing in incidence regardless of the way it is defined. Hence, the current vernacular "autism spectrum disorder" is used to encompass a broad and deep definition of a developmental disability of unknown cause.

Autism is the fastest growing disability in the United States and the world. One study, sponsored by the Centers for Disease Control (CDC)

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and conducted by the Autism and Developmental Disabilities Monitoring Network (ADDM), found that approximately 1 in 110 children, including 1 in 70 boys, met the criteria for autism spectrum disorders (ASD) in 2006, which represents a 57% increase from identical data collected by the ADDM network in 2002 (CDC MMWR Surveillance Summary, 2008.) Overall, it is estimated that 1.5 million Americans may be affected with autism. Government statistics suggest the rate of autism is rising 10-17% annually. Unfortunately, the numbers appear to be continuing their upward climb. In fact, autism is the most prevalent developmental disorder to date. According to the Centers for Disease Control, of the approximately 4 million babies born every year in the United States alone, 24,000 of them will eventually be identified as having autism (MMWR Surveillance Summary, 2009).

Autism is a subject about which there are more questions than answers. At present, researchers are studying genetic, environmental, neurobiological, immunological, and a host of other avenues of causation, with no clear-cut etiological answers. Equally puzzling is the myriad of ways autism will manifest itself in the individual; hence, the birth of the term "autism *spectrum* disorder." Indeed, the *Diagnostic and Statistical Manual* (DSM) 5 of the American Psychiatric Association employs the term "autism spectrum disorder" as the new nomenclature. According to the DSM 5, autism spectrum disorder is characterized by behavioral irregularities (spinning, rocking, self-stimulatory behavior, insistence on sameness) and social-communication irregularities (echolalia, not understanding gestures, language delay, syntax errors, lack of eye contact, social difficulties) (American Psychiatric Association, 2013).

Included in the DSM 5 is a separate disorder, sensory integration disorder, characterized by hypo-arousal or hyper-arousal of sensory stimulation (American Psychiatric Association, 2013). Those with this condition do not perceive or make sense of sensory information (light, touch, sound, textures, smells, etc.) in the same way neuro-typical people do. Sensory integration is a separate disorder, and can be given to children or adults who do not have autism spectrum disorder. Those with autism can also have sensory issues or even a co-morbid sensory integration disorder that is exceptionally common among those on the spectrum, and can be the reason for behavioral difficulties.

Therefore, it is important for faith communities to understand the role that sensory integration difficulties play in the behaviors of the individual with autism. Not only can faith communities *prevent* problems for children or adults with autism by being attuned to their sensory preferences, but also, more importantly, knowledge of this issue can drastically change the interpretation of behavior from "willful, disruptive, strange, or aloof" to "struggling with overload, anxious, overstimulated." This distinction is vital to everyone involved.

Responses of Faith Communities

Section 504 of The Rehabilitation Act of 1973 made it illegal for institutions, businesses, and schools that receive federal funding to discriminate against persons with disabilities, thus allowing for academic accommodations for students in education (Rehabilitation Act of 1973, §794(a)). The Americans with Disabilities Act of 1990 was passed to further outline nondiscrimination on the basis of disability in employment, communications, and transportation. The primary goal of the ADA was to extend the protection of Section 504 of the Rehabilitation Act to a much broader segment of society, to include all forms of disability, and to provide protection from discrimination for this group (Americans with Disabilities Act of 1990). It has applied to private employers, state and local government agencies, and private providers of public accommodations that receive federal funding (Americans with Disabilities Act of 1990); Rothstein, 2004).

Because of the separation of church and state in the United States, religious institutions are not legally bound by the civil rights legislation pertaining to persons with disabilities. As a result, religious communities have often lagged behind in their intent and ability to include people with disabilities (Landes, 2001). Private religious schools do have to abide by the pertinent legislation and provide special education services to students because they receive federal funding, but most faith communities are legally exempt from adherence to such laws. Although most churches do have policies for disabled people, real implementation of meaningful accommodations for those with autism is woefully absent.

Faith communities vary in their understanding of ASD and intellectual disabilities, and in their willingness to include such individuals who are increasingly representing a larger and larger segment of society. This does not mean that churches are uncaring or purposefully excluding people with autism. The rising prevalence rate of autism coupled with a lack of knowledge about the disorder has made it difficult for society in general to deal with the disorder.

Accommodations, which once meant widening doorways and providing handicapped accessible bathrooms, have become more complex if one considers the needs of people with ASD. A more holistic approach has to be undertaken in many instances since accommodations have to be tailored across many setting and contexts in order for the person with autism to integrate into church life.

This paper analyzes three important questions. First, what are the benefits of inclusion for people with ASD for the individual, family, and congregation as a whole? Secondly, what are the most common barriers to inclusion in worship services and other church activities for those with ASD? Lastly, what are some inclusion strategies, model programs, and resources for churches looking to be more inclusive to the autism community?

Taking into consideration the prevalence of autism, the pervasive nature of the condition, and the effects of such a disability on individuals and families, it is incumbent upon faith communities to not only reduce the barriers for participation in their churches, but to give opportunities for individuals with autism to also contribute to ministry. Although this paper primarily pertains to Christian churches, program models from non-Christian faith communities are also considered with some practical ideas. Additionally, this paper will examine autism spectrum disorders across the whole life span, although most of the relevant literature pertains to children.

Benefits of Inclusion

My initial literature review focused on the benefits of church membership for those with ASD. Interestingly, with the exception of one small subsample in a wider study, not one study was found where the sample subjects were individuals with autism themselves. Rather, the parents and caregivers, or in one case entire churches comprised the sample. It would be difficult to say whether this may be due to practical reasons (non-verbal persons or those with communication differences are significantly more difficult as research participants), research design issues, or an inherent bias towards more abled individuals. It is plausible that even researchers underestimate the ability of persons with ASD to meaningfully participate in research, and that funding for research inquiry into faith is less available.

There is no research on the benefits of a faith community on people with autism themselves, although churches can provide an opportunity to experience valued social roles (usher, choir member, committee member) and reflect what Wolfensberger refers to as "social role valorization" (Wolfensberger, 1993, 1998). Social role valorization is "The application of empirical knowledge to the shaping of a current or potential social roles of a party (i.e., person, group or class) primarily by means of enhancement of the party's competencies and image so that these are, as much as possible, positively valued in the eyes of the perceivers" (Wolfensberger, 1998, p. 235). Simply put, the goal of social role valorization is to create or support valued social roles for people in our society so that those who are socially devalued can experience dignity, respect, acceptance, a sense of belonging and a voice in the affairs in the community (Osburn, 1996).

Benefits for the Individual

As noted above, since there is no specific research on how participation in faith communities may benefit the individual with autism, the literature review was expanded to individuals with disabilities in general. There are some benefits of participation in faith communities worth noting for this population that one may surmise could generalize to a population of ASD.

Hypothetically, self-concept can be increased for an individual with disabilities. In their work on women with disabilities, for example, Nosek & Hughes (2001) found that negative messages came from medical professionals, teachers, families, and friends and diminished their self-concept. However, many of these woman "found solace in prayer and involvement in religious activities," indicating a wide avenue of potential support for those women, (Nosek & Hughes, 2001, p. 9). Indeed, spirituality and religion can provide a means for conceptualization of oneself beyond the traditional medical construct (e.g., a person with a disability) and according to a broader, holistic view (Vogel, Polloway, & Smith, 2006). Here again, a more holistic view of oneself is consistent with a strength-based perspective found in social work practice.

Perhaps the best possible benefit of church participation for people with autism comes from the friendship and a sense of belonging they might enjoy. Because social and communication deficits are so much a part of autism, many suffer with isolation and loneliness. In the past, it was thought that those with ASD did not want friends, but this myth has been dispelled. Researchers have found that inclusion in worship services for adults with developmental disabilities allows them a level of acceptance and friendship that had a positive impact (Gleeson, 2002). Another researcher postulated that friendships within the faith community can serve as a sanctuary and corrective environment away from the competitive aspects of society (Swinton, 2001). Thus, faith communities offer not only friendship, but also a way for social skills correction, a vital consideration for those who need more practice with social skills.

Benefits for Families

Religion is a significant facet of American culture, and can benefit families that have children or adults with special needs. Previous studies have found that religiosity can buffer effects of stressors on the well-being for family members and those with autism or other disabilities (Friedrich, Cohen & Wilturner, 1988). In a study focusing on resiliency in families with a child with autism, high levels of social support in the communities in which they lived were found to alleviate the difficulties of having a chronic stressor, such as having an autistic child in the home, leading to more successful adaptation (Greef & van der Walt, 2010). Adaptation, resiliency, and lowering of stressors can be attained through the social support often found in faith communities.

In a qualitative study of parent perception of participation and supports for people with disabilities, parents reported their sons or daughters participated in regular activities with same age peers with or without support (72%), but of the 6.2% of individuals segregated into activities designed for individuals with disabilities, a large number were persons with ASD (43.8%)

(Ault, Collins, & Carter, 2013a). Depending on how autism manifests itself in each individual, different levels of support may be needed. Like educational institutions, this study found that inclusion was more successful with younger children, but as they reached adolescence, including those teens with autism and their peers in various community activities became much harder. Most parents wanted their sons or daughters with developmental disabilities to participate and find acceptance within their faith communities and same age peers without disabilities (Ault et al., 2013a). Unfortunately, of the parents surveyed, about one fifth (21%) of their sons and daughters were not participating in any activities in church (Ault et al., 2013a).

Another qualitative inquiry of parents of children with disabilities identified three components that contributed positively to a quality of life for the family: having faith, prayer, and attributing meaning to disability (Poston & Turnbull, 2004). For some of these parents, having a child with a disability was viewed as a blessing, particularly when their child was accepted into all facets of the religious community (Poston & Turnbull, 2004). The hope and strength gained from spirituality provided a resource that enabled some families to face the challenges they encountered in everyday life.

Religious coping, according to Pargament, can be either positive or negative coping behaviors, such as seeking support from clergy, seeking spiritual support, or discontentment with congregation and God, negative religious reframing and expressing religious discontent (Tarkeshwar & Pargament, 2001). Perceiving illness as the will of God or an opportunity for personal growth, use of collaborative religious coping in which both the individual and God are active partners in coping, and seeking spiritual support are tied with higher self-esteem and better psychological adjustment among those parents (Tarkeshwar & Pargament, 2001).

In a study of religious coping for parents of children with autism, a regression analysis revealed that positive religious coping was associated with better religious outcomes (e.g. changes in closeness with God/church or spiritual growth), while negative religious coping was associated with greater depressive affect and lower religious outcomes (Tarkeshwar & Pargament, 2001). From these results, the researchers hypothesized that the significant depression and anxiety found in parents of children with autism "mobilized their positive religious coping methods" (Tarkeshwar & Pargament, 2001, p. 255). Negative religious coping was predictive of poor religious outcome, depressive affect, and greater anxiety for those parents (Tarkeshwar & Pargament, 2001).

The qualitative results from this study suggested that the informal support garnered at church helps parents of children with autism as well as adults cope with the stressors of the disorder. Church rituals were reported to be a calming experience for their children with autism who tend to prefer repetitive auditory and visual stimulation (Tarkeshwar & Pargament, 2001). The authors speculated that parents who shared similar religious beliefs

viewed religious support as a source in coping with the various demands of raising an autistic child, and their shared faith decreased marital distress (Tarkeshwar & Pargament, 2001).

The review of literature makes it clear that churches can be a source of support and comfort for families, can help people make sense of autism through spiritual connectedness, and can provide the individual with autism with valued social roles, increased self-concept, practice in social skills, and important friendships and acceptance.

Benefits for the Church Community

What does this mean for faith communities, specifically churches, mosques, and synagogues? As noted above, the report card on faith communities is mixed. Very few studies have been done on what types of support churches provide for special needs families, but some indicate churches have a lack of awareness of the issues surrounding special needs families. No studies have been done on how ASD in particular challenges faith communities nor how churches can embrace and support these families (Webb, 2012; Griffin, Kane, Taylor, Francis, & Hodapp, 2012).

Faith communities can also benefit from including those with autism. A diagnosis of autism brings certain strengths to bear as well. Many people with autism have an attention to detail that is not found in neuro-typical people that faith communities might put to constructive use. For example, a person with autism might be able to devise schedules for sport teams, do data entry or fix computers, or perhaps straighten up the church after worship services ensuring the bibles, hymnals and other items are uniformly distributed.

Children and adults with autism can also make significant contributions to ministries by volunteering their time, singing, playing in the band or orchestra, as well as more mundane contributions like collecting offerings, assisting with bulletins, or office work. By the same token, including children and adults with autism opens an avenue for ministry for others in the church who might serve as mentors, personal aids, or hands-on helpers in Sunday school classes.

Many Christian churches argue that acceptance and inclusion are logical extensions of their teachings. From the New Testament, for example, Jesus sought out disabled individuals and ministered to them, often healing them as well. Some families "spoke about how they used their faith as a way to make some sense of having a child with a disability", and some saw the disability as "a gift from God" (Poston & Turnbull, 2004, p.102).

However, a recent national survey by the Kessler Foundation and the National Organization on Disability (2010) found that 57% of non-disabled Americans attend a church, synagogue, or other place of worship, compared to 50% of individuals with disabilities. The participation gap was even wider for persons with more severe disabilities, even up to 14% (Griffin, Kane, Tay-

lor, Francis, and Hodapp, 2012). In a prior survey conducted by the National Organization on Disability (2000), faith was considered important by 84% and 87% respectively for persons with and without disabilities, so the participation gap is not based on differences in perceived importance of religion. Like others, people with autism do want to participate in their local churches.

Barriers to Inclusion

Philosophical Barriers

Now that a clearer picture of the benefits of inclusion has been highlighted, it is important to examine the barriers for children and adults with autism spectrum disorder to fully integrate into a faith community. This means not only participating in worship services, but becoming actively involved in a ministry (within the church) or a mission (outside the church) as well.

Demand for inclusion of people with disabilities is becoming "more widespread as society expectations for inclusion continue to rise" (McLesky J., Landers, F., Williamson, P., & Hoppey, D.) 2012, as cited in Ault, Collins, & Carter, 2013b, p. 185. Because autism is a pervasive disorder, inclusion is more difficult to tailor to individuals because it has to be modified throughout the life span. Researchers note that with the inclusion of persons with autism spectrum disorder, the burden is greater because "chronic support" is needed, rather than situational support (Ault, Collins & Carter, 2013b).

There seems to be a gap between policy and practice of churches in regards to inclusion in general. Many mainline denominations have position papers stating that all people should be welcomed, yet "individual congregations have been scandalously inhospitable to children with disabilities" (Webb-Mitchell, 1993, p. 5, as cited in Vogel, Polloway, & Smith, 2006). In its position paper, the American Association of Mental Retardation (Gaylord, Gaventa, Simon, Norman-McNamey, & Amado, 2002) goes further, stating "spirituality, spiritual growth and religious expressions of spirituality are rights that should be honored" (p. 1). It appears that de-facto segregation of children with disabilities is common, despite the lofty position papers and intention of church leaders and organizations.

Disability philosophy, or how churches view disability, according to Eisland, is another significant barrier to inclusion. In studies on how people with disabilities are treated, *a disabling theology* continues to be upheld by some who "interpret Scripture and spin theologies that reinforce negative stereotypes, support social and environmental segregation, and mask the lived realities of people with disabilities" (Eisland, 2005, p. 584). Old Testament scripture, for example, links physical disability with impurity, and New Testament scripture at times links sin and disability, and proposes "virtuous suffering" in which temporary affliction must be

endured to gain heavenly rewards" (Eisland, 2005, p. 586). Thus, at times faith communities may take overprotective and paternalistic stances, either drawing attention to those with disabilities as symbols of inspiration, or alternatively, seeking faith healings for them. Neither of these stances is helpful to the individual with disabilities.

A useful model of thinking about theological responses to diversity emerged in a qualitative study of diocesan leaders in Portland, Oregon. Five thematic views regarding disability theology emerged from the study. In the *close to God* disability philosophy, leaders reported participation with people with intellectual disabilities as volunteers or Eucharistic ministers, and tended to understand disability as a way for a close relationship with God, while recognizing the powerful presence of the disabled on the larger congregation (Patka, 2014).

In the *conformity* conceptualization of disability philosophy, clergy were frustrated with the child presumed to have a disability, and did not consider their needs a priority. Clergy were not interested in disability issues and consequently sought to teach one's family and community how to love the person with disabilities, but this still segregates those with disabilities (Patka, 2014).

The philosophy of *unfortunate innocent children* is another view of disability. In this philosophy, clergy are concerned about the protection and safety of the individual, yet are unwilling to make changes to the structure of the building, and feel people with disabilities do not need to participate in everything (Patka, 2014).

The most negative view, the *deficient* view of disability philosophy, proposes segregated settings for people with disabilities, and they tend to view them as defective, incomplete, needing to be fixed, or in need of religious healing (Patka, 2014). This view reinforces non-inclusiveness and at the extreme may even violate civil rights of individuals.

Of these findings, only the participants within the *human diversity* theme had a completely positive perception of people with disabilities and espoused value in creating a person-environment fit (Patka, 2014). In keeping with this view, adherents saw the need for large-scale accommodations, supported participation in both segregated and mainstreamed settings and viewed disability as a natural human difference, rather than a deficit (Patka, 2014). In her study, only one clergy had this particular view, and that participants had a family member with a disability. It is not surprising, given the analysis of disability theology that faith communities whose religious teachings were positive in the portrayal of people with disabilities were more inclusive (Griffin et al., 2012).

Attitudinal Barriers

As mentioned previously, the nature of autism spectrum disorders itself, including sensory issues and behavioral abnormalities, complicates

the problem. Researchers found, for example, that families of children with intellectual disabilities got more support at church than those with a child with autism (Ault et al., 2013b).

In other studies of churches as a source of support, the majority of parents with children with special needs did not feel supported by their faith communities (Speraw, 2006) and parents reported significantly more support from their own personal beliefs than from organized religion, which was rarely seen as a resource (Coulthard & Fitzgerald, 1999). Not surprisingly, families of children with autism are far less likely to attend religious services than the families of children who are developing typically or those with attention deficit hyperactivity disorder (Lee, Harrington, Louie, & Newschaffer, 2008). From this research, one can surmise the unique behavioral oddities in individuals with autism lead to more isolation for families trying to integrate into a church community. For some families, living with the day-to-day stressors leaves little room left over to try to manage their child in a worship setting.

Lack of Welcome

Among the barriers most frequently mentioned in the literature, a lack of a welcoming attitude from church members is paramount. Examples of this attitude are seen in explicit non-acceptance of the family with a child with disabilities, by asking them to leave, or preventing them from membership classes. Lack of welcome is frequently seen in inappropriate placements of children in Sunday school classes where they are placed with younger children simply out of convenience for the teacher or because their cognitive abilities are similar to younger children. Curricular materials of Sunday School or Vacation Bible School, for example, that are not adapted, and the expectation that parents or siblings are to exclusively provide the support for the child all contribute to a negative attitude regarding inclusion by some congregations (Ault et al., 2013b). Sadly, many parents reported they are just too fatigued to provide support for their son or daughter at church. In one parent survey, 91.5% of parents reported a welcoming attitude towards people with disabilities was the strongest factor predicting their participation in church, and 40.2% felt their church did support them with a welcoming attitude (Tarakeshwar & Pargament, 2001).

Ironically, it is the characteristics of autism spectrum disorders that make inclusion problematic. Recent neurological research into autism points to a functional under-connectivity in the neural pathways of their brains, which means sensory information and cognitive functions are operating in isolation, rather than a more integrated way (Just, Cherkassky, Keller, Kana & Minshew, 2007). This supports the related hypothesis that there is over-activity in the synapse; the point where neurons meet. Functional Magnetic Resonance Imaging (fMRI) shows there is an imbalance of

local versus long distance connections of the brain centers that are skewed in autism in favor of the local connections (Klin, Jones, Schultz, Volkmar, & Cohen, 2002). This theory of functional under connectivity is emerging as a viable neurological explanation of the behaviors, such as insistence on sameness, inflexibility, and perseverative behaviors often seen in people with autism. Frequently, odd behaviors, rocking, humming, being disruptive, shouting out at inappropriate times, or insisting on routines at church can be embarrassing for families. Loud music, incense, long sermons and crowded church pews make it challenging for the person with autism to participate in worship. Unfortunately, few congregants are aware of this neurological basis of autism spectrum disorders, which render the odd behaviors as nonvolitional. With such education, congregants could be more compassionate and understanding of these behaviors.

In the face of a hidden disability like autism, reactions of others in worship service, unkind comments, and embarrassment can make inclusion in services more difficult, yet all the more important. Other members may assume it is poor parenting causing the disruptive or odd behavior. In a study of 416 parents of children with disabilities, of which autism was one, a full third of the parents surveyed had changed their places of worship due to a lack of inclusive welcome, and 46% refrained from participating in any activity because their child was not included or welcomed (Ault, Collins, and Carter, 2013b). This research further found that parents of children with intellectual disabilities were much more likely to say their place of worship was supportive than the parents of children who have autism (Ault, Collins and Carter, 2013a). In the face of misunderstanding about autism spectrum disorders, families can respond by withdrawing from previous social support and activities, but such isolation decreases their quality of life.

Granted, families at times do not challenge non-inclusive attitudes in their own faith communities, and this allows seclusion and non-acceptance to continue. Parents need to advocate for their child for inclusion in the church. In one study, 22% of parents had not sought help from their church and only 5% of parents told their clergy about their child's disability (Coulthard & Fitzgerald 1999). While about 40% of parents looked to the clergy and church members for support, 30% of those interviewed felt abandoned by their church or were dissatisfied with the clergy (Tarakeshwar & Pargament, 2001). Because parents may be scared or embarrassed about what others would think of their child's behavior or appearance, some elect to attend services without their child or decide to stop participating themselves (Vogel et al., 2006).

Fear and Lack of Training

What drives these attitudinal barriers? Fear and resistance by church members for inclusion was evident throughout the research. At the extreme,

in 2008 a Catholic parish in Minnesota obtained a restraining order against a family with a 13-year-old autistic boy, to prevent them from attending mass. In his petition, the priest wrote that the boy (who is over 6 feet tall and weighs 225 pounds) is "extremely disruptive and dangerous" (Buglione, 2009). In another instance, members of another church in Wisconsin performed an exorcism on 8-year-old Terrance Cottrell, Jr., who had autism, which resulted in his death from asphyxiation (Buglione, 2009). While these are extreme examples, it is worth noting that misperceptions and fear at times can drive the behaviors of church communities.

Congregants are uncertain and fearful about including people with disabilities in their congregational life, sometimes believing that only people with formal training can form a relationship with a person with disabilities (Perkins, 2001/2002). In a comprehensive literature review on the participation of persons with disabilities in religious organizations, clergy either did not know of the existence of persons with disabilities in their congregations or they did not offer opportunities for families to be active participants in the faith community (Riordan & Vasa, 1991). It is not surprising that clergy are uncertain and fearful, given that 73% of them reported little or no formal training on disability-related information during their formal education (Griffin et al., 2012).

It is important for higher education and preparatory programs for ministers and clergy of all kinds to include up-to-date information on disabilities and practical experiences in the community with people with disabilities to increase both awareness and comfort for these ministers. As a rule, more inclusive churches have leaders that are more committed to inclusion (Griffin et al., 2012).

While some parents reported clergy and church leaders were very supportive, others reported ministers refused to visit a family because a teenager with ASD made him feel uncomfortable, and other leaders did not follow up with information requested by parents, or worse yet, ignored pleas by parents for assistance (Ault et al., 2013b). Sometimes a particular individual is responsible for maintaining programs for people with disabilities, and if they leave the church, often the support diminishes as well.

Another barrier is the lack of congregants who want to be involved with ministering to people and children with disabilities. There might be a belief that only professionals or those in the disability field are qualified to help. Such a belief might be greatly alleviated with some orientation, training, or consultation with professionals in the disability community. Disability organizations, which have expertise in inclusion for people with developmental disabilities on job sites and in secular settings, can be extremely helpful in the same role within faith communities. Congregants who want to work with younger children are consequently easier to find, but as the individual with autism ages, and their needs become more complex, fewer volunteers want to support them.

Liturgical Barriers

Liturgical barriers can also be a source of exclusion. Denominational guidelines concerning eligibility for certain religious rituals or observances, particularly in the Catholic faith where "use of reason" is required to participate in Holy Communion, can present a liturgical barrier (Martin, 2002). In one particular case, the "use of reason" was assessed through relatedness; a child with autism lacked the skills for social interactions and therefore was assumed to lack adequate understanding of the meaning of communion (Vogel et al., 2006). While it is up to the individual clergy to make the determination regarding such suitability, the requirement may be incompatible with the very theological or faith premise of the particular community of faith (e.g., premise that suggests that God would not require the use of reason in such an instance) (Vogel et al., 2006). In other words, it's quite possible that typically developing children and adults could not articulate the rather abstract miracle of Holy Communion, yet they are not barred from participating. Yet, a child or adult with autism, who has difficulty with language in general is assumed to not have the "use of reason."

Other practical considerations, such as lack of transportation on Sundays and paid human services workers on Sundays and holidays present another important barrier, particularly for adults with autism spectrum disorder.

Solutions

Attitudinal and Educational Changes

Given the barriers discussed, one might conclude it is impossible to be effectively inclusive for all people with disabilities, but especially those with autism. However, researchers have discovered quite the opposite. In a principal component factor analysis of inclusive outcomes in churches, 47% of the variance of inclusion related to welcoming activities and including people with disabilities and their families. These activities included helping them to become members, providing accommodations to fully include people with disabilities, supporting their families, and welcoming them (Griffin et al., 2012). Indeed, a welcoming attitude was noted to be the most important attribute (91.5%) of parents of children with disabilities in their congregational participation (Ault, Collins & Carver, 2013a). Allowing people with disabilities to take roles in the church and physical accessibility of various areas of the church were also cited as factors predicting inclusion (Griffin et al., 2012).

These factors go hand in hand with predictors of inclusive outcomes, the most important of which was commitment of a community's leaders to include people with disabilities (Griffin, et al., 2012). Where the pastor, elders, and church leadership are committed to inclusion of people with

disabilities, the congregants follow suit. Prior research on including people with disabilities in faith communities highlighted the need for faith leaders to receive disability-related training, which is woefully absent in most churches (Riordan and Vasa, 1991; Anderson, 2003).

In addition, more inclusive faith communities use educational resources to address disability-related issues, and thus have a close relationship with disability organizations (Griffin et al., 2012). The good news is that churches do not have to reinvent the wheel. Organizations such as Autism Speaks, Autism Research Institute, the National Autism Society and the local boards of developmental disabilities organizations provide abundant resources and suggestions for church and lay leaders. For example, accessing modified curricular materials, positive behavioral support, and use of visual schedules and communication strategies could be provided for volunteers in church, but they have to seek out those resources. Special education teachers or aids could be utilized for their expertise in faith settings.

According to Griffin and associates (2012), few results related to a faith community's demographic characteristics, size, location, or number of congregants with disabilities, which is good news for leaders. Perhaps some faith communities assumed because they were relatively small, inclusion would be more difficult for them. It is encouraging that the degree of inclusion had more to do with various disability-related characteristics than with the demographics of a particular church (Griffin et al., 2012). What this means, in essence, is that it is easier to incorporate inclusion strategies than one might expect, even for smaller or poorer churches.

Model Programs

Alternative approaches may be needed to teach persons with autism about faith. In her work on faith formation, Susan Swanson (2010) proposes an experiential process where children with autism *experience God* rather than *knowing about God*. Her conceptualization of faith formation returns to the biblical understanding of "knowing God" which calls for a "whole body way of knowing" (Swanson, 2010, p. 238) Knowing about God implies use of cognitive and metalinguistic processing, a learning process "that is difficult for children with autism, and instead offers knowing the fullness of oneself to know the Divine that resides within us" (Swanson, 2010, p. 253). In other words, for the child with autism, experiential learning coupled with interpersonal supports are needed to help the child attend to that experience. (Swanson, 2010).

Experiential learning, in which a child or adult experiences God through their bodily sensations and emotions is better suited to a child or adult with autism simply because it does not rely solely on cognitive processes. In fact, for a person with autism who is less concerned with social status, truly experiencing God is highly desirable and easier than learning about God.

Of course, learning opportunities must also use supports that are specifically designed to address the challenges of social communication and emotional regulation, such as subdued lighting, using visual supports such as a schedule of events, and having specific sensory items to help calm the person with autism (Swanson, 2010). Towards this end, parents can share their child's Individualized Education Plan used at school with teachers and helpers at church.

From a macro perspective, faith communities can overcome the barriers to inclusion through their programs. For instance, the Mennonite Church uses individual congregants to create a circle of support for individuals with disabilities, each with a different role. Some may serve as friends, monitor the work of the supportive care network, advocate for community programs, help with money management or be spiritual mentors. In this way, an individual congregation can extend its work into numerous aspects of a quality of life for those individuals (Vogel et al., 2006).

Another model program stems from the Council for Jews with Special Needs, which could be adapted to other faiths (see http://www.jesna.org/component/mtree/special-needs/council-for-jews-with-special-needs-cjsn). Children with developmental disabilities were seldom included in Bar or Bat Mitzvahs (Hornstein, 2001/2002), which requires a wide range of study, prayers, and recitations, which is particularly difficult for children with autism. Hornstein (2001/2002) offers creative responses that meet the needs of the individual child while still respecting the ritual. These accommodations to the Jewish faith which meet the needs of the individual child while still adhering to the rituals include writing the Hebrew script in phonetic English, using sign language or augmentative communication devices, using parent supports during prayers, and allowing children to move around during the service.

Utilizing the expertise of human service professionals, disability organizations, or special education teachers can promote inclusion in faith communities as well. The Inner Health Ministries is another model of integrating faith and treatment for children with autism spectrum disorder (see http://www.communitywestfoundation.org/grant-recipients/inner-health-ministries). In this model, designed to increase capacity in social skills, communication, self-help and self-control, children are given behavioral treatment depending on their particular needs (Marker, Weeks, & Kraegel, 2007). For the most severe behavioral problems (such as aggression, incontinence, etc.) a functional analysis is undertaken to understand the antecedents, function and consequences of behavior, while less severe behaviors can be taught using cognitive-behavioral techniques (Marker, Weeks, & Kraegel, 2007). Easy adaptations to the standard curriculum, in which religious tenets are presented in a straightforward, concrete factual manner, facilitate spiritual health, prayer, and knowledge.

Another program called "Pew Partners," in which an individual with a disability is paired with a person without a disability, can be a vital support for parents of children with autism (Ault et al., 2013b). Many parents are expected to provide care during corporate worship, and their attention has to be spent on caring for their child with autism rather than embracing worship.

In a similar way, Matthew's Ministry (United Methodist Church, see http://www.cor.org/ministries/care-and-support/special-needs-matthew-s/) was designed to provide support and empowerment to people with disabilities and their families to contribute their gifts and talents to the Christian community, and this ministry provides care so that parents can enjoy a night out or time with their other children (Poston & Turnbull, 2004).

Resources for Solutions

An important resource available for churches trying to be more inclusive to children with autism is Newman's *Autism and your Church* (2011a) (see Autism Speaks website: https://www.autismspeaks.org/family-services/your-religious-community) in which she outlines ten strategies: gathering information, sharing information, monitoring sensory input, thinking alongside the person with autism, making routines comfortable, using advance warning systems, closing the communication gap, using visuals to reinforce what we say, writing stories to help people with autism, and teaching instead of reacting. Each of these strategies is elaborated upon in her book, and is accompanied by reproducible resources.

Targeted more to children's ministries, Newman's *Helping Kids Include Kids with Disabilities* (2011b) describes how churches can use peers to help children with a variety of disabilities. This helpful resource includes lesson plans for middle and high school students.

Dimensions of Faith and Congregational Ministries with Persons with Developmental Disabilities and Their Families (Disabilities and Faith, 2009) is a 125 page bibliography and address listing of resources for clergy, laypersons, family and service providers that is valuable to churches and ministries trying to be more inclusive.

The American Association on Intellectual and Developmental Disabilities website has guidelines for certification for pastoral and lay ministers who support people with mental retardation in its Religion and Spirituality Division (see http://www.aaiddreligion.org/about) likewise has guidelines for certification for pastoral and lay ministers who support people with mental retardation. This is a helpful resource to fill in the gaps of knowledge that may have been absent in their formal pastoral training.

The Quality Mall (www.qualitymall.org/directory) is another resource for products that help explore and support spiritual development in individuals.

Limitations

This review is limited in some ways. The studies on people with autism participating in faith communities were sparse, and more study is warranted, particularly on model programs that have successfully been implemented in a variety of churches. Most of the literature addressed disabilities in general, and so one would have to extrapolate findings pertinent to people with autism. Even so, most of the strategies discussed and model programs apply to people with autism.

Another limitation is the lack of people with autism themselves in the sample of subjects in these studies. Research focusing on the unique perspective of individuals with autism and their perceived needs in the faith community would help to fine tune programs and policies currently being used by churches. Future research should focus on the quality of life issue for individuals with autism, and discover how their quality of life was impacted by more or less inclusive practices.

Finally, most of the data from these studies were limited in geographical area, so any generalization to a broader community would not necessarily be meaningful. Some studies were limited by denomination, and again, would not generalize to society.

Implication for Social Work Practice

The ecological perspective of the social work profession, in which the interaction between the individual and the larger social environment in which he or she operates, is the focus of attention and change, which is a helpful perspective on this issue. Social workers can help parents of children and adults with autism advocate with the faith communities for their particular sensory, social, and cognitive needs. Social workers can also work alongside the individual with autism to monitor the sensory environment and teach social skills necessary for different contexts, especially including the skill of self-advocacy. For example, behavior at a Vacation Bible School would be entirely different than behavior expected at a funeral. Social workers may play a role in educating the faith community about autism spectrum disorders, and indeed, provide a perspective on autism as a difference, not a disability.

It is important to note inclusion of people with autism (or other disabilities) is congruent with the social work value of social justice. Social justice, a founding principle of social work, seeks to promote rights to disenfranchised groups, and children and adults with autism have differential power, needs and abilities, but cannot always express their wishes. In her work on characteristics of inclusion in faith communities, more inclusive faith communities also showed a greater commitment to social justice (Griffin et al., 2012).

When a church adopts a social justice philosophy, it can be the agent of change. As this paper demonstrates, a welcoming attitude is by far the biggest factor in church participation for those with autism, a simple, attainable change. Of course, the church leadership, and the respective disability philosophy, plays a pivotal role in implementing accommodations for adults and children with autism. Adopting the human service philosophy, which sees disability as a human difference rather than an inherent deficit, is the first step towards creating a more inclusive environment.

Conclusion

Spirituality and religion play important roles in the lives of families of children and adults with disabilities. Religious practices often bring meaning, solace, and strength during difficult times, and can bring friendship and emotional and practical support at all times. Particularly in America where there is freedom of religion, churches and lay leaders should help fill the need for these supports so that meaningful participation is available for all people, regardless of their abilities.

Most of the strategies discussed are simple to implement. By attending to the sensory needs of the person with autism, having a pew partner to help during worship services, or providing social support across different settings, behavioral difficulties can be minimized. Often "removing barriers to one disability can dovetail with steps needed to welcome people with any disability" (Landes, 2001). Thus, widening the door to inclusion is easily attainable.

Churches can foster inclusion in worship services and Sunday School, but can and should go the extra mile to welcome the talents and abilities of people with autism to minister to others. Although it may take some extra consideration and accommodations for the person with autism to contribute to a ministry, it is well worth the effort for everyone involved.

Religious institutions have the potential to bring the greatest joy or the most hurtful experiences to families struggling to care for their loved one with autism. In most cases, strategies for inclusion can easily begin for congregations with a welcoming attitude, which goes a long way. Even when particular resources are utilized, most disability organizations are happy to provide information, resources, and tools free of charge, or at a minimal charge. Therefore, it is very important for churches to adopt a policy of inclusion, and to fully embrace individuals with autism spectrum disorders or other disabilities. To do less is shortchanging themselves of the inherent strengths of these individuals and depriving the church community of the rich blessings that can be gained by providing inclusive experiences for families who have children or adults with ASD. ❖

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Katie Terry*, LISW-S, Adjunct Professor, Youngstown State University, 9209 Brookledge Avenue N.W., North Canton, OH 44720. Phone: (330) 418-0021. Email: kterry437@hotmail.com.*

Keywords: faith, autism, inclusion, church, disability

Social Work and a Trauma-Informed Ministry and Pastoral Care: A Collaborative Agenda

Frederick Streets

What's going on? The depression that many people in the Black community suffer from also includes some of the characteristics of their having been traumatized. Their condition does not fit neatly the DSM-V clinical definition of depression or the diagnosis of PTSD, but they have some aspects of both while yet appearing to function reasonably well on a daily basis. More research is needed in order to further gain a deeper understanding of how stress, depression, and the effects of trauma and PTSD-like symptoms may manifest themselves in the everyday lives of African Americans. The social work profession and the African American religious community can collaborate addressing how African Americans are experiencing trauma. This article relies upon qualitative methodologies, such as participatory inquiry, interviews, and professional observations. It is the hope that these observations and theoretical propositions will further suggest developing a social work research and practice agenda in collaboration with African American religious leaders and churches.

Over the last few years I have had the opportunity to present workshops on the relationship between spirituality and coping with traumatic experiences. At religious conferences I have addressed the need for religious leaders and care givers to explore developing or enhancing a trauma-informed practice of ministry. I am not surprised, as a clinical social worker, to hear client narratives of traumatic experiences that motivated them to consult me for professional services. However, what I have noticed when providing pastoral counseling as a minister and among the religious audiences to whom I have spoken is an increase in the number of people who share with me their traumatic narratives. Sometimes their traumatic narrative is a part of the client-identified presenting problem, but often the person sitting in front of me is not aware of any connection

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between the trauma they have experienced and the quality of their current emotional and spiritual life. Some of them have never discussed their traumatic experience with anyone before. They report being stigmatized by their family, church community, or health care provider as having a "mental health" problem and/or are frightened to admit to themselves that they are affected by the traumatic experience. There seems to be a great number of people in emotional pain and this is particularly evident among the members of the African-American church and the larger Black community (Williams, 2008) with whom I interact. A new collaboration between the social work profession and the development of a trauma-informed ministry (TIM) among the clergy is needed. Social workers and the clergy should together form a new partnership to examine and reflect upon how those who are suffering emotionally from trauma feel supported by clergy and their involvement in the church.

Gloria, John, Ms. Mary, and Mrs. Smith are fictitious names of those mentioned below:

- Gloria is an African-American single woman in her early thirties. She made an appointment to see me as a clergyperson, but she is not a member of the congregation I serve. She was raped while in college more than ten years ago. She became pregnant and decided to deliver the child. Although Gloria gave the child up for adoption, she has remained in the child's life. After delivering the child, Gloria withdrew from college and met someone who became her boyfriend. They lived together for several years during which time he physically abused her. As a result of this abuse, Gloria suffered serious medical ailments for which she continues to be treated. She found the courage to leave her boyfriend, who is currently in prison on drug convictions. Gloria moved across the country to start a new life. During our initial meeting, Gloria discussed the difficulty she was having coping with the death of her father, who had died a few months earlier. She did not want to discuss other traumatic events in her life. Gloria is a strong and insightful person who has been in counseling and under the care of a physician. Based upon my clinical knowledge about trauma I assessed her as having been traumatized and suffering from severe anxiety attacks. She had difficulty sleeping, recurring memories of being emotionally abused, and was anxious, nervous, and afraid of what might happen to her next. This complicated her grieving the loss of her father, who had supported her and with whom she felt she could always talk. However, she made it clear that it was the loss of her father she primarily wanted to discuss and not the other unfortunate events in her life. Not all people who experience violence in their life will suffer a traumatic reaction to

those episodes of violence, but all trauma is the result of having experienced some form of violence.

- John's college-age granddaughter was recently killed in a car accident. He is having difficulty sleeping and getting on with his life. He openly shares with me and others how angry he is with God for allowing his granddaughter to die.
- I asked Ms. Mary, an elderly member of our congregation, if she was she going to see the movie, "Twelve Years A Slave?" she replied, "I am not sure." Then she told me that when she was a little girl of about five she tried to hug her grandfather around his waist and back but he recoiled. Her father told her never to touch her grandpa on his back. She later learned that her grandfather had been a slave and still suffered from the wounds that had been inflicted on his back from having been whipped by his slave master. Ms. Mary was not sure if she wanted to see a movie that depicted the life of a slave that might remind her of the stories her grandfather told her about his experiences as a slave. She told me this story with tears in her eyes. She loved her grandfather very much.
- Mrs. Smith called and asked that I "just pray for her" because she was having "marital problems." I encouraged her to meet with me so that we could explore her concerns. The stressors in her marriage, according to her, were causing her to have nightmares. In her dreams she recalled being awakened when she was very young by her mother in the middle of the night and running with her through the woods that was near the farmhouse where she grew up in the South. They were escaping from her father, whom she described as being abusive to her mother and was threatening to kill them both. She never saw her father again after she and her mother found refuge at their neighbor's house.

These are just a few of the narratives about African-American experiences of domestic violence, grief, and loss that African American pastors hear about the everyday life of parishioners on a regular basis.

The effects of violence and trauma can impact the health and emotional status of multiple generations. A traumatic event reconfigures the imagination, affecting our ability to tell stories about ourselves and our world that are life-giving and lead to human flourishing. A conversation between social workers and the clergy about these attributes of trauma and how the clergy see them being lived out in his or her congregation and community could lead to some creative plans of intervention for those needing help. Healing is found in the quality of relationship between the social worker or clergy and their client or parishioner (Streets, 2014).

Health concerns increase and the physical well-being among African-American members of congregations deteriorates as they age. What often appears to be the sudden appearance of symptoms, for example, strokes, diabetes, heart disease, and cancer among members of African-American congregations, is often exacerbated by stress and the effects of trauma many African-Americans live with every day (Williams & Mohammed, 2009; Woods-Giscombe, 2010). Members of the Black community live with these stressors and other forms of violence that occur in their community. Everyone experiences loss and grief. And many people are left traumatized by the heartaches of life such as disappointments, failures, illness, and death. The impact and legacy of the historical institutional slavery and ongoing expressions of racism continue to affect the quality of life of African-Americans. These factors compound the stress of African-Americans who are suffering from depression and trauma. The increasing poverty among some African-Americans and the prevalence of violence and death in some Black communities undermines and challenges the strength and resilience of members of the Black community. Many of them are members of or attend predominately African-American churches.

African-American Churches, the Variety of Religious Experiences, and the Meaning of Trauma

The rich and extremely important history of the development of African-American religions and spirituality, churches and denominations as a part of American history cannot be surveyed here. There is a variety of historically and predominately African-American Christian churches and denominations. Many of these churches and denominations were founded in the early and mid-nineteenth century. These institutions, across denominations such as Baptist, Methodist, and Pentecostal, historically have been a "rock in a weary land" for African-Americans who struggled to achieve and live the "American Dream" and a stabilizing force in African American communities. They have provided concrete supportive services such as food, shelter, housing, financial help, and guidance to people of their community in need since their creation as an institution (Lincoln & Mamiya, 1990; Warnock, 2014). Further, the cathartic and therapeutic value of Black worship has long been noted (Gilkes, 1980; Martin, 2002; Wimberly, 2006).

Pastoral ministers in African-American communities, who serve particularly in troubled, neglected inner-city neighborhoods, experience extreme stress dealing with the overwhelming number and types of crises, violence, abuse, and disruption that confront their congregants and communities. As the leader of the church, which is often the only "glue" holding a community together, they take on multiple leadership roles for which they may not have been prepared and which are not often recognized by their denominations. Stress can accrue from the overwhelming pressure

to "be there for others," often at the expense of the pastors themselves and their families, to excel at being a pastor, and to exhibit integrity at all times despite exceedingly difficult circumstances.

Pastoral care providers are encouraged to have a trauma-informed practice of care and ministry. Ordained and lay religious leaders are some of the people to whom people who have been traumatized turn to for help. In some situations, religious workers are the only persons or among the few persons who can provide some degree of care for those suffering the wounds from the trauma they have experienced. They must attend to their own wounds and needs, however, in order to be of help to others who are suffering. Many members of a congregation or a community and their families and friends have histories of a trauma-induced experience.

A religious helper may encounter persons who have been traumatized in any of the settings where they are doing their work. These experiences are inclusive of one or any number of the following in nature: physical abuse, emotional abuse, sexual violence, domestic violence, gun violence, war-related violence and loss, death of a loved one, bullying, and being a witness to any or all of these or other events that provoke trauma. A trauma-informed ministry is crucial for religious providers of social and pastoral care services to members of their community who have been impacted by such forms of violence. A trauma-informed ministry is one in which religious care providers have a basic understanding of the nature of trauma and how it may impact the overall quality of life of the person or persons who have been traumatized by a life event and the impact of that trauma on their relationships with other people.

It is also very important for those who provide services to others who have been traumatized to also engage in practices of self-care. Those who take up the dance of healing with those who have been traumatized in order to facilitate their healing must attend to their own wounds and needs in order to be of help to others.

The Meaning of Religion and Spirituality

The meaning of the terms *spirituality* and *religion* in the culture of the religious believer vary by individuals and their society. To begin defining religion and spirituality, I find Burton's three assumptions, (1992, p-14-15), a good starting point:

> First...spirituality is grounded in the midst of history where messy life events are being experienced and interpreted... The second assumption...is that human beings (a) seek interpersonal connection and (b) at the same time seek safety in/from connection. This is a way of saying that everyone is a self-in-relation. This "relation" may appear different to different people and finds its expression in different

> ways, including solitude. Further, whatever or whoever is construed as the Ultimate will be a part of this relation...A third assumption involves embodiment...spirituality is experienced and expressed in the context of physical structure, social class, ethnicity, gender, age, and sexual orientation. Each of these may be an important variable in spirituality in that each offers both possibility and limitation. Each is a potential source of creativity as well as a reminder of personal finitude...Religion binds together the ontological anxiety experienced in the threat of randomness and nonbeing, thus allowing some degree of confident, personal functioning. I understand religion to be secondary to spirituality...By "secondary" I mean that religion is an organized expression of spirituality, and therefore is more specific and defined in its structures.

Basically, spirituality is embedded within all religions. Spirituality is a positive and loftier side of the individual's experience that is identified with personal transcendence and supra-consciousness (Tuskin & Streets, 2009). Religion is an organized system of beliefs, practices and rituals designed to increase a sense of closeness to the sacred or transcendent (in other words, to help structure the individual's and community's spiritual journey), and to promote an understanding of one's relationship to and responsibility for others living in a community. Faith involves religious belief and commitment to those beliefs (Koenig, 2005). However, in many streams of discourse, the terms religion, spirituality, and faith are sometimes used interchangeably. For this reason, some researchers refer to the three as religiousness and have differentiated between extrinsic and intrinsic religiousness (Larson, Swyers, & McCullough, 1998). Extrinsic religiousness is defined as using religion for one's own needs, such as gaining social status or worldly goods and riches, while intrinsic religiousness is defined as using religion as a guiding point to purify one's soul, transcend the illusion of everyday awareness, comprehend a greater sense of meaning and purpose in life, and keep one's spiritual connection with a Supreme Power (Bergin, 1997).

Briefly, I define spirituality as those experiences, beliefs, and phenomena that pertain to the transcendent relationship between the person and a Higher Being that provides answers about the purpose and meaning of life, suffering, sorrow, and death (Bergin, 1997). I describe faith as an interpretive element in the religious experience (Hick, 1989) and a process of religious belief that allows one to see, feel, and act in terms of a transcendent dimension (Smith, 1979).

Every definition or description of religion and spirituality goes wanting. A person is religious, for the purpose of our discussion, when he or she believes in a deity and that belief is informed by a system of beliefs in and adherence to doctrines or dogmas. This is often accompanied by

their involvement with rituals and living according to a code of ethics and conduct, all of which influences the believers' view of reality, conceptions of the truth, perspectives on life and its meaning, human nature, and the cosmos. The meaning of these beliefs and actions are filtered through the cultural context, gender, and sexual orientation of the believer and may include ancestral and other cultural worship traditions. Religious beliefs shape the believer's way of life and personal and communal identity. A sense of spirituality is our awareness of being a part of the created order of things and of something much larger than ourselves or what we can create and conceive. It can inspire in us a sense of awe, wonder, meaning, and, simultaneously, a feeling of significance and irrelevance of one's life. Spirituality can be sensed and experienced either through or independent of our acts of religious devotion and life style. The term "religion" as I refer to it may also include notions and experiences of spirituality. As a flute captures and organizes the wind that passes through it in order for the musician playing it to make a sound, spirituality is like the wind and the flute is religion-spirituality as organized religion.

One of the important functions of Black churches has been to offer their congregants and members of the wider Black community an essential alternative worldview filtered through the lens of its interpretation of religious faith as a defense against racism and promote the flourishing of Black people as human beings. It has powerfully brought to African-Americans, through sermons and other forms of teaching, a message of hope while providing them a sense of community and social support. It has fought for social change and increased the self-esteem of Black people. Black churches have demonstrated how living a life of faith can be a skill for coping with injustice and adversity by articulating a set of values and ethics for daily living. Such matters of personal piety and how to challenge and reform a racist society have been, at times, a contested and conflicting agenda debated among Black religious and civic leaders (Warnock, 2014). The religions and conceptions of spirituality among African-Americans who are religious have fundamentally provided them with the positive attributes of a sense of belonging, self-agency, and meaning for living.

The Meaning of Trauma

We often associate the word "trauma" with those who have been impacted directly by some horrific event like war, natural disaster, or mass violence. We might assume the victims of such events or those who witness others being violated by these happenings are traumatized by these unfortunate violent occurrences. There are other situations by which people may be traumatized in addition to war and natural disasters. Mass violence and incidences of domestic violence and homicides in the United States are among those conditions that cause some people to suffer from trauma.

Every homicide among African-American men, for example, causes grief and added hardship upon their surviving relatives, many of whom are women and children. Trauma is the physical, psychological, emotional, and spiritual wounds inflicted upon us by some form of violence. Traumatic experiences are related to loss, death, and grief and pose a spiritual challenge to people who have been traumatized and may cause them to question their understanding of forgiveness, redemption, and hope.

A person is traumatized if they describe their experience as such. Sometimes the signs of emotional trauma are not as evident as are the external physical indications of having been harmed. A traumatic experience threatens our life; it can change our sense of self or identity and it can result in a variety of physical, psychological, and neuropsychological difficulties and emotional symptoms that can lead to other health problems. Not all persons who have experienced such a life threatening event or a series of them will have the same reactions or develop symptoms of trauma. People who do experience trauma will react and recover differently from the traumatic experience. Grief is a normal reaction to loss and people who undergo a traumatic experience will also need to address their sense of loss.

An excellent resource that will help clergy and lay people alike to further understand some of the causes and symptoms of trauma and ways of helping people who are suffering from trauma is the National Center for Trauma-Informed Care (NCTIC). NCTIC is a part of the Substance Abuse and Mental Health Services Administration (SAMHSA). The information on trauma they provide is easily accessible through the web: www.samsha.gov/nctic. Fundamentally, as noted by the Council on Social Work Education (2013, CSWE.org) in its Advance Social Work Practice in Trauma guidelines and standards:

> Trauma results from adverse life experiences that overwhelm an individual's capacity to cope and to adapt positively to whatever threat he or she faces…Trauma exposure's lasting impact represents a combination of the event and the subjective thoughts and feelings it engenders. An event becomes traumatic when its adverse effect produces feelings of helplessness and lack of control, and thoughts that one's survival may possibly be in danger.

Diagnosis of and treatment plans for those who have been evaluated as having Post Traumatic Stress Disorder (PTSD) remain controversial issues within the fields of mental health and primary care. We hear a great deal about PTSD in the popular media. Not everyone who experiences violence in whatever form and to whatever degree will develop PTSD and/or have a traumatic reaction to having been exposed to violence. Those who do suffer from PTSD know how debilitating suffering from PTSD can be for them. A person who has had a traumatic experience can develop signs of PTSD

(Jones, 2009). They can also show signs of depression, anger, a profound sense of vulnerability and loss of optimism and hope, minus some of the other features normally associated with the cluster of symptoms suggesting a diagnosis of PTSD. I am seeing people who are functioning and fulfilling the activities of daily living but whose traumatic experience or episodes have left them feeling depressed, angry, and with a chronic sense of vulnerability and lack of optimism about life. Sometimes they also express hopelessness. These conditions impact their long-term health outcomes and places stress upon their relationships with their family and others. The negative impact of trauma can become multigenerational when not identified and dealt with early.

It is important to also note that there are members of the Black church community who, as a result of a traumatic encounter, report that they found new resilience and grew in a positive way as a result of having gone through their negative experience. They found new strength for their journey. Their ability to do so was influenced by several factors, among which were their own personality structure, support from family and friends, and their spiritual orientation to life. How an individual copes and sometimes thrives after a traumatic experience while other people do not fare as well remains a topic of exploration for the helping professions.

Trauma-Informed Ministry

Characteristics

The following are several characteristics of trauma-informed ministry I have developed:

- A trauma-informed ministry is one by which religious care providers have a basic understanding of the nature of trauma and how it may impact the overall quality of life of the person or persons who have been traumatized by a life event and the impact of that trauma on their relationships with other people.
- A trauma-informed ministry seeks to sensitively use a basic understanding of trauma and reflect upon its implications for the various aspects of a religious ministry such as, preaching, bible study, prayer, and other religious rituals and spiritual practices.
- A trauma-informed ministry means that the religious care provider is aware of the impact of trauma upon persons depending upon where they are along the life-cycle, as well as their age, gender, social and marital status, and sexual orientation.
- A trauma-informed ministry brings to bear upon those suffering from trauma the wisdom, insights, and resources of the religious faith and tradition of those who have been traumatized and utilize

these cultural attributes for the sufferer's benefit.
- A trauma-informed ministry seeks to collaborate with other community members who can provide additional resources and to whom the religious helper can refer those needing assistance in coping with their traumatic experiences.
- A trauma-informed ministry aims to increase the skills of coping with or reducing the stress that can otherwise lead the sufferer to feel that they can no longer manage or prevent their traumatic and post traumatic experience from destroying them.

It is important to remember that a trauma-informed ministry understands the vulnerability of people and the tenuous nature of their sense of safety. Most importantly, those who have been traumatized need to be encouraged and supported in being hopeful about their own recovery.

One of the most significant impacts of suffering from trauma is the stigma associated with needing help to deal with the traumatic experience. The shame that some people feel as a result of having been traumatized prevents them from seeking help. Religious helpers can play a vital role in reducing this shame by reminding those suffering from trauma that there is no shame in getting help, that, in fact, doing so is a sign of their strengths.

Trauma and Pastoral Care

A traumatic experience for some religious people can cause them to profoundly question their understanding and practice of religion and their beliefs about God. Their traumatic experience can throw them into the whirlwinds of religious doubt, confusion, and existential angst and anger. On the other hand, the religious beliefs and spiritual orientation of some other people who have experienced a traumatic event can be for them a source of strength and guidance through the midnight of their trauma. We have to explore with those who are religious and have been traumatized how their religious beliefs are harmful or helpful to them as they cope with their trauma (Rambo, 2010, Jones, 2009, McGee, 2005).

In traditional pastoral care and counseling, often the values of confession, repentance, acceptance, and forgiveness of self and others are aspects explored between the one suffering from trauma and the religious helper. People seeking such help are hoping to receive, in some form, what a pastoral care relationship aims to provide the sufferer, namely healing, sustaining, guiding, and reconciliation. The overall liberation persons seek from the traumatic emotional, physical, psychological and spiritual traumatic consequences of the violence done to them (or in some cases they may have perpetrated upon others) requires a combination of individual support and congregation and community help, along with whatever medical attention the sufferer may need.

Some people who suffer from a traumatic event may associate themselves with the people and their experiences found in their sacred stories and religious texts, traditions and histories. The story of Job and Ruth in the Hebrew Bible and the life of Christ in the New Testament are, for example, narratives that some people find helpful while experiencing trauma, loss, and death. It is important to explore with the person suffering from trauma how they understand and identify with their religious faith in light of their traumatic experiences. Their trauma can affect their identity, their views and beliefs about God, and their ideas of fairness and justice (Hill, 2013; LaRue, 2011; Wimberly, 2000; Martin, 1995; Herman, 1992; Cone, 1969; Thurman, 1949).

Burnout and Self-Care

It is not uncommon for those who provide care for others to also suffer from "burnout", compassion fatigue, or vicarious trauma. We can easily identify so closely with those with whom we work that their pain also becomes our pain in addition to whatever burdens we may be carrying ourselves. Just as it is important for the traumatized person to know and be reassured that their total sense of self need not be the trauma they have experienced and to try to imagine having a larger life beyond the trauma, care givers must also have a network of support and engage in activities outside of their caring for those victimized by trauma. Some of the ways that caregivers can re-energize themselves include proper diet, exercise, rest, some form of meditation, nurturing relationships outside of the work environment, pursuing interests other than those related to trauma, and caring for others.

Many years ago, Jerry Edelwich and Archie Brodsky, in their *Burn-Out: Stages of Disillusionment in the Helping Professions* (1980), wrote about the nature of burn-out:

> …a progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work. These conditions range from insufficient training to client overload, from too many hours to too little pay, from inadequate funding to ungrateful clients, from bureaucratic or political constraints to the inherent gap between aspiration and accomplishment (p. 14).

They go on to describe the "stages of disillusionment" in the burnout process, each requiring appropriate interventions: enthusiasm stagnation, frustration, and apathy.

They remind us that these stages are "contagious" and their progression is not "linear or inevitable" (p. 30). Burnout is not in and of itself depression, but a normal reaction to the conditions that can lead to burnout as

described above. Being burned-out can exacerbate any underlying emotional challenges the caregiver brings to his or her work environment.

People who become burned-out can affect other people with whom they work and the environment in which they do their jobs. At each phase of the cycle of becoming disillusioned, helpers need to re-examine their expectations and replace the unrealistic expectations with those that are reasonably achievable. This does not mean that care providers have to give up their hopes, dreams, and ultimate goals of their work, but they are able to have a more pragmatic approach to doing the work that helps them to manage more effectively their emotions associated with the work and its outcomes. If a caregiver feels stuck, then taking any creative, responsible, and healthy action that will move him or her from that stagnated position would be helpful to employ. An intervention for feeling frustrated and or apathetic is to look for and remind oneself of the joys and accomplishments one has or can derive from one's work. Some interventions can also be rooted in the context of where the service is being provided. Social workers can assist members of the clergy with understanding and diminishing the potential effects of burnout.

We can imagine the complexity and intense nature that burnout can be in the context of helping those who have been traumatized, particularly if the setting is a war zone or one in which there are very limited human, natural, and institutional resources. These limitations only compound the suffering of those who have been traumatized and further frustrate the efforts of those trying to help them. I am amazed how resilient and creative people can be, particularly under dire circumstances. Healing resources, in addition to what the helper brings or is provided by the state or local institutions and governments, are sometimes found in the indigenous ways by which people live. Social workers would be wise to tap into the cultural knowledge and self-understanding of the people they are trying to help to mine the healing resources that are there.

Know Thyself

It is important that pastoral care givers be as informed as possible about the nature, causes, and some of the impact of traumatic events. War, civil strife, natural disasters, and domestic violence, for example, are different categories with different outcomes. Understanding the relationship the person has to these circumstances and how they became a victim of these conditions is crucial to helping them cope with their experiences. It is also essential that pastoral care givers examine their own attitudes, values, and behaviors, boundaries, and limitations when seeking to assist those affected by a tragedy. The pastoral caregiver may encounter a variety of perspectives and interpretations of what happened and the meaning of the experience given by those he or she is attempting to help. This may conflict with

the views and values of the pastoral caregiver and cause ambiguity and a discomfort between the pastoral caregiver and the one needing assistance. Being aware of this possibility and of oneself gives the pastoral care provider time to consider how she or he might resolve or reconcile such differences before being in the situation of offering help.

Meaning Making

Pastoral counseling, according to James Dittes (1999) in his classic, *Pastoral Counseling: The Basics*,

> …cannot change the facts of poverty or other injustice, abuse, oppression, alcoholism, psychosis, cancer, atheism or depression. But pastoral counseling is profoundly committed and effective in energizing people to address such facts, changing what they can and coping creatively as they must…Pastoral counseling aspires to enable people to take their place as responsible citizens of God's world, as agents of God's redemptive hope for that world…To reclaim commitment and clarity, to beget faith, hope, and love, to find life affirmed-this is the conversion of soul that sometimes happens in pastoral counseling (p. 161).

It cannot be stressed enough that the fundamental task for those who have been traumatized is to discern a new meaning for living as an aspect of transforming and healing from trauma. A trauma-informed ministry not only seeks to help heal the wounds of the survivors of trauma, but also to help entire communities that have been traumatized to flourish and be empowered by God's love and grace (Jones, 2009). Feeling loved again and being able to love oneself helps to restore the trauma sufferer's sense of being created in the image of God. This *Imago Dei,* once sullied or perhaps even destroyed by a traumatic event, can be redeemed in the healing relationship between the victims of trauma and the religious helper.

Many people who have been traumatized by various forms of violence, war, and natural disasters often feel stigmatized and alienated from others because of their encounters with these tragic events. They may also feel judged, punished, or abandoned by God as they understand God. A ministry of presence with those suffering from trauma is a shared grace by which the religious caregiver helps to bring hope to those who, because of their traumatic experience, feel further victimized, alone, and alienated by their emotional trouble caused by the trauma they experienced.

Violence of any kind can impact one's understanding of what it means to be made in the image of God (the *Imago Dei*), how they perceive themselves (self-esteem), and how others view them. Sometimes what people who have been victims of violence hear in sermons causes them to feel

further marginalized and less than a fully accepted member of the church.

The biblical and theological interpretation of faith offered by those who preach reflects their worldview. Clergy need be mindful that their parishioners who have been impacted by violence are influenced by the sermons they hear as a way of understanding how they are coping with their situation.

Recommendations for Collaboration between Social Workers and African-American Churches

There is the need for collaboration between the social work profession and African-American churches in promoting a trauma-informed ministry ((Bledsoe, Setterlund, Adams, Fok-Trela, & Connolly, 2013; Streets, 1994). The following are some of my observations and suggestions one needs to consider when undertaking this task.

1. Social workers and the clergy are given legal, social, and cultural authority to define the spiritual and mental health reality of the congregant or client.
2. The parishioner's or client's legal, social, and cultural self-understanding defines his or her physical, spiritual, and mental health reality. The congregants' or clients' definition of reality will sometimes conflict with the definition of that reality given by the social worker and clergy.
3. Social workers are encouraged to have a religious and spiritual-informed practice of care and to explore the influence that religion and spirituality can have on the individual and social behavior of people.
4. Social workers and religious care providers are also encouraged to explore the distinction between how religious beliefs function as political ideology from the wider domain and variety of ways people privately experience their religious and spiritual values.
5. Greater collaboration and exchange of ideas between religious leaders and social workers will mutually increase their knowledge and skills and enhance their mental health care of those whom they serve
6. There can be oppressive elements (Long, 1976) in any religious belief system or spiritual orientation and practice as defined and contested within a cultural, social, and historical context. It is helpful for social workers and pastoral care providers to identify the harmful impact of religion and spirituality, especially upon people who are also oppressed in other ways, and distinguish this from what might be the religious beliefs and spiritual practices of people who are emotionally oppressed.

Summary and Conclusion

The practice of a trauma-informed ministry must understand the context in which the trauma has occurred, the differential needs and impact of trauma on children, adults, families and communities, the need for everyone involved to feel safe, provide opportunities for people and communities to have a sense of empowerment and control over their lives, and to recognize and celebrate the various strengths that we have, even in the mist of our brokenness due to trauma.

Jones (2009) reminds us of what she describes as some of the "central features of trauma." Traumatic events are:

1. Distinguishable in their order and magnitude…they are events in which one experiences the threat of annihilation.
2. Become traumatic when it is subjectively experienced as such.
3. Grounded in a real event.
4. Can be traumatic for a nearby witness.
5. Violent events can happen to individuals and communities
6. Not necessarily limited to one-time occurrences
7. Overwhelming-experienced as inescapable and unmanageable. They override your powers of both action and imagination…[causing] a loss of a sense of self, a breakdown in normal knowing and feeling, and a paralyzing lack of agency in the threat of the harm suffered (p.15).

The social work profession and religious ministries share the value of helping human beings to overcome what may be oppressing them and to flourish. Local chapters of NASW need to reach out to members of the clergy in the African-American community to create a shared safe space to begin a dialogue about what each has to offer in partnership with one another in helping religious leaders and members of churches to be more informed about the symptoms of depression and trauma experienced by African Americans. Through a process of what Mollica (2014) describes as "deep listening, understanding and reflecting" (p. 36), social workers and Black pastoral counselors can engage members of the Black community as they go through a process that takes into account the cultural context and the spiritual and blues aesthetic of African American life that Martin and Martin (1995) describe as moanin', mournin', and morning in dealing with their emotional pain and finding hope for living.

Black churches can play a significant role in relieving the stressors that many African Americans endure. These stressors contribute to the rate of violence, homicide and substance abuse in some sectors of the Black community. The social work profession and religious ministries have much to offer African Americans in assisting them in healing the wounds of their trauma and depression. ❖

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Endnote

1. There is seemingly an endless list of books addressing Black spiritual growth, Black self-care, and Black church history and leadership. Some of the most useful from which to select that inform this article include:

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***Frederick J. Streets**, MDiv, MSW, DSW, formerly the Carl and Dorothy Bennett Professor in Pastoral Counseling, Wurzweiler School of Social Work, Yeshiva University, New York City, is currently Adjunct Associate Professor, Yale University Divinity School, New Haven, Connecticut, and Adjunct Faculty, Columbia University School of Social Work, New York City. Email: frederick.streets@yale.edu.*

Keywords: Trauma-informed, ministry, African American

Author's Note: The sections of this paper describing a Trauma-Informed Ministry were initially introduced in Abel St. Amour's (2013) *Beyond the mission: A guide for pastoral counselors on traumatic stress in missionary relief workers*. Bloomington, IN: CrossBooks, and revised for this publication. Definitions of religion and spirituality used in this paper I first introduced in 2009 (Overcoming a fear of religion in social work education and practice, *Journal of Religion and Spirituality in Social Work: Social Thought, 28*, 185-199.

Counseling For Empowerment: Working with Girls, Parents, and Women Dealing with Turner's Syndrome

Jana L. Smith

Turner's Syndrome (TS) is a female chromosomal condition that affects 1 in 2500 female births. Of the unborn babies diagnosed with TS, approximately 2% do not end in miscarriage, and are viable pregnancies. The condition can cause an array of signs and symptoms that vary from person to person. The most common signs are short stature and the inability to give birth naturally. Some organs, such as the heart and kidneys, range from marginally to severely affected. Some endocrine or thyroid issues may also be problematic. Counseling with this population is unbalanced due to lack of knowledge and false information. Misinformation has included the attribution of mental retardation, cognitive and social problems to this condition. The purpose of this article is to impart accurate information about the syndrome to the Christian social work community so they can empower those affected, provide realistic hope, and appropriately challenge this clientele to reach their full potential. Professionals who are equipped with accurate knowledge about this syndrome will be able to more effectively work with this population.

Approximately 1 in 2,000 to 2,500 women in Western Europe and North America are born with a specific chromosomal disorder called Turner's syndrome (TS) (Nielsen & Sradiot, 1987; Daniel, 2014)). It can produce an array of physical, educational, and social issues that raise the need for professional services, including social workers. (Orten-Smith, 1990) There is minimal counseling literature that includes a balance of accurate information, empowerment, affirmation, and challenge for this population to reach their full potential. This holistic counseling approach is needed to assist with successful integration of verifiable aspects

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of Turner's syndrome, and support by not defining the bearer exclusively by this syndrome. This article is based on a unique perspective from my personal experience with the syndrome and as a professional social worker who has served this population.

It is my belief that social workers have not always been encouraged or felt confident to utilize their Christian faith in working with clients. There are opportunities with this population to foster a faith-based approach to enhance their quality of life. The recommendations offered in this article are based on my point of view as a professional social worker, as well as being a woman with TS. I offer a historical review of some of the literature that has directed counseling with this population. This article is also intended to disseminate accurate knowledge about this fairly common, but often misunderstood, female chromosomal condition to help Christian professionals empower and affirm their clients' potential and identity. This involves helping them see themselves as their creator sees them—persons made in His image (Genesis 1:26), full of strength.

Medical and Physical Characteristics of Turner's Syndrome

In 1938, Henry Turner, a researcher at the University of Oklahoma Endocrine Clinic, described seven young women who shared a complement of symptoms, the most visible being short stature (Turner, 1938). Other symptoms were a thick chest with widely spaced nipples, a webbed neck, and short metacarpals, or long bones in hand, that are connected to the wrist bones, and metatarsals, or long bones in the foot. A minor skeletal deformity, cubitus valgus, which causes the arms to rotate slightly outward from the elbow, was also noted. Secondary sexual development was lacking in all of these young women, despite ages (15 to 23) that placed them well beyond normal puberty. These symptoms give the appearance of being younger than their actual years. The outward signs and symptoms vary widely from one female to another. Only About 1-2% of unborn female babies diagnosed with TS make it to full term without miscarrying. (Frias & Davenport, 2014)

Instead of the most common female chromosomal complement of 46XX, about half of the women who have TS are missing an X, which gives them a 45x pattern. Because of the nature of the abnormality it is rare for these women to bear children naturally (Baudier, 1985; Nielsen, 1987).

The kidneys and heart are frequently affected by this chromosomal condition, but the degree of abnormality and severity varies widely. The kidneys may be normal, slightly or significantly rotated, or more severely malformed. A chronic kidney problem known as "horseshoe" kidney, which is a single arched mass of tissue, instead of two distinct organs, occurs occasionally. The heart also may be normal or slightly or seriously malformed (Kalousek, 1987). Coarctation (narrowing) of the aorta is not unusual but it

is rare for the aortic valve to separate (Larco, 1988) (Sybert, 1998). Hearing problems and ear malformations are common with females with Turner's Syndrome. An estimated 90% have some type of middle ear disorder or conductive hearing loss. There is a 9% incidence of sensorineural hearing loss at a young age, increasing to 25% by age 45 (Incidence of hearing loss with Turner's Syndrome, 2015).

The Need for Balanced Counseling

In the original description of his patients, Turner was careful to point out that they had normal verbal intelligence. Turner described one young woman as being at the head of her class (Turner, 1938). Some conflicting information was introduced in the 1990 *Oxford Medical Dictionary* (Martin, 1990), which stated that mental retardation (MR) is a part of this condition, and related statements are found in *Clinical Atlas of Human Chromosomes* (De Grunchy, 1984). In contrast, *Black's Medical Dictionary* (Harvard, 1987) and Genetics Home Reference (2015) correctly quotes Turner's (1938) assessment that there is no impairment in intelligence.

Some negative attributions about psychosocial functioning, social skills, behavioral problems, and self-concept have been made from a small, nonrandom clinical sample, by McCauley and associates (McCauley, 1986). From this skewed sample the researcher made a correlation that these females had an increase in social and emotional problems and low ability to handle stress. These findings are contrary to research done by Orten and Orten (1992) and Nielsen (1987). Orten and Orten's data was part of a larger survey of TS families, which describes the accomplishments of women with TS in education, employment, and contentment in their personal lives. Orten and Orten concentrated on aspects that help these young women earn credentials and acquire skills that enable them to lead fulfilling lives. In this study only 10% of the women with TS considered themselves unhappy, a figure no greater than the number of persons in the general population who have social and emotional problems.

An obvious source of the discrepancy in the studies under consideration may be in the sample sizes. The mean age of McCauley and associates' population was 13.1 years compared with 18 years in Orten and Orten study. Issues that trouble young women at 13 years of age often disappear or differ by 18. Perhaps more importantly, McCauley's sample consisted of a small (N=17) clinic population that had the potential for being biased. The risk for skewed results is because this study was based on the clients she saw in her behavioral clinic, not the general population of females with TS. Another factor that may explain the discrepancy is that some of McCauley and associates' data-collection methods appear unsuited for this population. These girls were asked to endorse statements such as "do you get teased a lot," "are you not liked by other children", and "how often do

you complain of loneliness". This assumes there is no other reason, other than TS, that may cause peers to tease them, or not like them, or that they are lonely (Orten & Orten, 1992).

Nielsen and Stradiot (1987) studied psychosocial adjustment and educational and occupational achievements of 111 TS subjects from five European countries and Canada. They reported that 91% showed average or above average performance in school. Fifty-one percent of the females acknowledged some difficulty with mathematics, with little evidence of problems in other academic subjects. Achievements in employment mirrored those in education. Ninety-one percent were employed or in school full-time.

Today it is widely known, among knowledgeable professionals, that mental retardation and social and emotional problems are not a regular part of this condition. I personally know that MR is not a regular part of TS. How many individuals with MR go on to higher education and complete their Master's Degree in Social Work? From my experience, there is no denying the effects that inaccurate and skewed information can have on counseling with this population.

I had the experience of sitting in an Abnormal Psychology class, having recently been diagnosed with TS, and listening to the professor describe females with Turner's syndrome as "its". That comment showed his lack of knowledge and calloused attitude about the syndrome. I did not feel comfortable speaking up in class to correct him at that time, but the frustration I felt inspired me to reach out to him years later and correct him. The instructor accepted my constructive feedback graciously, but his lack of knowledge was a motivator for me to spread accurate knowledge about TS, with the hopes of increasing dignified treatment toward these females. Compassionate, well-informed professionals want to be a source of healing and not to be hurtful or humiliating. It is my personal experience that we look to Christian professionals as experts on how to effectively respond to adversity in our lives, and to gain peace and a sense of purpose.

Christian professionals working with women with TS should know that the benefit of the TS sisterhood is to provide mutual support and to use each other as a frame of reference, in a desire to better understand how Turner's Syndrome will affect us. Using others who have TS as a source of comparison can be beneficial to gain a sense of belonging. It is also my belief that Christian professionals should advise caution with excessively comparing ourselves to one another, since TS affects everyone differently. This is supported by the inspired writer who wrote "For we dare not class ourselves or compare ourselves with those who commend themselves, but they, measuring themselves by themselves and comparing themselves among themselves, are not wise."(II Corinthians 10:12, KJV) The inspired writer is offering instructions on how to avoid depression. Depression is likely when we constantly compare our lives to others around us.

If professionals lack competence in recognizing the variability of physical effects and psychosocial individuality with TS, then there is a temptation to give flippant explanations to those seeking support. Thoughtless comments can be devaluating and cause needless anxiety.

Professionals are directed to fully inform clients of all possible medical, psychological and emotional issues that could be caused by any condition, including TS. I am not advocating being dismissive of problems and frustrations that are a direct result of TS. However, Christian social workers should also be responsible to clients and instill hope and optimism about the future. I was involved in a survey of the United States Turner's Syndrome Society during its infancy, when a mother relayed that a well-meaning provider led her to expect that mental retardation and institutionalization were likely when her daughter was a baby. At the time of the survey her daughter was a straight A student and cheerleader (Orten & Orten, 1992). It is my firm belief that excessive pessimism from providers about delivering and treating a child with TS can lead to drastic, irreversible decisions, like abortion, that can later cause excessive guilt and shame.

Some attendees at Turner's syndrome conferences have expressed to me feeling there is nothing more to them than TS. This is probably because many problems are presented and discussed in depth, whether or not they are applicable to the majority of attendees. Christian professionals have opportunities to help the vulnerable and disconnected by referring to sources and people available to help them, while supporting and affirming others who are doing well academically, emotionally and occupationally.

Based on my experience with Turner's syndrome it is important not to identify the bearer solely by TS and to positively acknowledge the uniqueness and strengths of these women. In developing a healthy identity, women with TS need to be supported with the truth that there is more to their existence than TS. Many are wives, professionals, daughters, sisters, aunts, Christians, and in some cases, mothers, with varied talents. These women are in all professions, especially in the helping professionals (Orten & Orten, 1992).

Developmental considerations are also appropriate for effective communication to take place (Mullins, 1991). When I was sixteen, at the time the diagnosis was confirmed, a well-meaning physician wanted a social worker to talk with me about adoption as a future option for parenting. Adoption is a special loving way to become a parent; however, at that time, my parents and I were more concerned about whether I would live or die, as well as my general health status. I am not recommending that information be withheld from this population, but rather recommending that these issues be emphasized at the developmentally appropriate time, so these females can be empowered to take control of their medical care, and major life decisions, at the appropriate time. It is false to assume that infertility is going to be the main concern for every female with TS, especially when initially receiving the diagnosis.

Providers can utilize Christian principles to help these women see that there is more to their God-given purpose, than physically bearing children, even though children are a heritage from the Lord. (Psalm 127:3) The knowledge of developmental phases will assist discerning professionals in knowing when to most effectively introduce adoption, or fertility treatments, as options for parenting, when working with young women with TS. Attention Christian counselors--fertility, in and of itself, is not a sign of being in or out of favor with God!

Christian counselors should allow time to relay the full spectrum of information about TS, so those affected can fully assimilate the information. The goal is to feel confident and comfortable living with the syndrome. As important as *when* to give information about TS is *the attitude* the providers use to present the condition. If the information is presented as if T.S. will provide the bearer with no hope of living a happy life, then the client is left with a sense of despondency and powerlessness. TS should be presented as a condition that may present some challenges along with offering encouragement to seek good medical health. The point should be emphasized that TS does not prevent one from living a happy productive life; a joyous life is within their control. The full story of women dealing with TS is one of hope, overcoming obstacles, determination, and resilience.

Turner's syndrome: Its Uniqueness, Strengths and Challenges

The emotional reactions of women to TS are similar in some ways to those experienced by any person told of the diagnosis of a medically significant condition. Reliable research suggests that attributing the cause of every problem one faces to TS can be demotivating, and enable giving up early (Orten-Smith J. &.-S., 1994) However, if the condition is presented as nothing to be concerned about, then those severely affected will feel misunderstood and alone.

Professionals working with women of all ages with Turner's Syndrome should understand that the process of building fulfilling, mature peer relations is multi-faceted. It requires learning how to diffuse escalating situations. This is an opportunity, as counselors, to use Christian principles to help clients improve peer relationships. Maturity requires discernment regarding how to respond to, or when to ignore, malicious remarks. Learning to take appropriate initiatives and responsibility in relationships will empower and build confidence. I believe that all loving, concerned parents want to instill these skills in their children. This need is not Turner's Syndrome specific. From the Christian perspective, professionals can teach these skills for the benefit of every child. It is my experience that a majority of females with TS do not have major peer problems, and if they do, they are receptive to learning skills to reach successful reconciliation. Professionals and parents should not assume that peer problems, isolation, and bullying

are byproducts of TS. These are unfortunate, widespread problems. Suggesting that peer problems are a result of TS can produce excessive guilt and self-doubt. Counselors can educate clients about the mutual responsibility of friendships, fostering self-respect, and appropriate boundary setting.

If professionals tell the Turner Syndrome sisterhood and their parents to expect problems in school and these girls are left with the expectation that every problem is caused by Turner's, then they may give up quickly without getting the academic help needed. It is appropriate for professionals to be sensitive to problems caused by TS, which include possible driving problems caused by short stature, the emotional pain of infertility, some spatial relationship and math skill deficits with some, and other physical complications. Confidence, however, should be instilled that women with TS can learn to adapt to some of these issues. Medical specialists, support groups, trusted spiritual advisors, tutors, and other knowledgeable professionals can help.

Psychosocial circumstances, strengths, weaknesses and aspirations differ among the TS sisterhood. Girls and women should be affirmed, encouraged to build on individual strengths, and appropriately challenged in areas of needed growth. I offer Christian social workers these 13 recommendations and principles from licensed clinical social worker Amy Morin (2013) regarding things that mentally strong persons don't do. Mentally strong persons don't:

1. Waste time feeling sorry for themselves.
2. Give away their power to others to make them feel inferior or bad. They understand they are in control of their emotions.
3. Shy away from but rather embrace change.
4. Waste time or energy on things they cannot change.
5. Worry about pleasing others. They are able to withstand the possibility that someone will get upset.
6. Fear of taking calculated risk.
7. Dwell on the past.
8. Make the same mistakes over and over, which is the definition of insanity. A mentally strong person accepts full responsibility for past behavior and is willing to learn from mistakes.
9. Resent other people's success.
10. Give up after failure.
11. Fear alone time.
12. Feel the world owes them anything.
13. Expect immediate results.

For the provider who would like a referral source for this clientele, the Turner Syndrome Society of the United States (http://www.turnersyndrome.org) provides up to date information on this syndrome and opportunities for girls and women to participate in local support groups. The Society also coordinates a national conference, which offers opportunities to develop sisterly bonds and a sense of community.

Conclusion

Turner's syndrome is a fairly common female genetic condition that is not well known among the social work community or in the general population. There has not been a lot published to assist social workers in counseling with these females, especially for Christian social workers. Christian principles, utilized by skillful social workers, can enhance the integrity of these females. This faith-based approach can motivate these women to live fulfilling lives, and help them resist being torn down by the condition or others misunderstanding of it.

Those living with Turner's Syndrome are fearfully and wonderfully made by our Creator (Psalm 139:14), endowed with unalienable rights and responsibilities, full of strength and determination. They have unique strengths and challenges, but also have similar life obstacles faced by women who do not have TS. The Turner's Syndrome sisterhood is part of communities, families, and institutions. This dual blessing is accompanied by a wide array of emotions, successes and failures. This insight can assist social workers in being sensitive to those struggling to learn how to adapt to TS. My hope is that this information and insight will used to honor the Christian faith and benefit the profession by enhancing the integrity of these women. ❖

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***Jana L. Smith**, MSW, LCSW, Social Worker, Haven Behavioral Health Hospital, 5680 Frisco Square Blvd., Frisco, TX 75034. Phone: (405) 227-1366. Email: smithsok@att.net.*

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Gender Oppression and Globalization: Challenges for Social Work

Finn, J. L., Perry, T. E., & Karandikar, S. (Eds.). (2013). Alexandria, VA: Council on Social Work Education.

Gender Oppression and Globalization: Challenges for Social Work is a collection of thoughtful and timely chapters on a range of global women's issues. Most importantly, these chapters are written *by* social worker academics and educators and *for* social workers and educators.

As a social work educator who teaches a course on contemporary women's issues, I can attest firsthand to the dearth of social work textbooks and literature focused on women's issues—domestically and globally. After years of piecing together required readings for my course and utilizing feminist/women's issues books written outside of the social work arena, it was a breath of fresh air to find *Gender Oppression and Globalization: Challenges for Social Work*. The editors have successfully gathered a unique and important set of authors; they are not just experts on women's issues, but they all have intimate involvement with some of the most pressing and hot-button issues in global women's studies including LGBTQ affirmative practice, immigration, human trafficking, criminality and censorship, and reproductive rights. The result is a book rich in 'real world' content, up-to-date information, and critical implications for social work education and practice.

The organization of the book builds the overall argument of the vital presence of global women's issues in social work practice, beginning with dynamic stories and ending with practical pedagogical strategies. The first section of the book introduces the realities of current social issues, including human trafficking, wrongful gender-based incarceration, and the hypersexualization of black women in media. These opening chapters are perhaps the most engaging and attention-grabbing, thus successfully achieving the consciousness raising the editors sought to build.

The second section of chapters moves beyond the voices and stories of women (although first-hand stories continue to be infused throughout the rest of the book as well) to critical analyses of women's issues through the use of theory, policy, and activism. These chapters include content on women from a range of countries including Ghana, Mexico, Korea, Canada, the United States, and Nicaragua.

The book then concludes with two chapters that perhaps reveal the most telling of the editors' ultimate aims: teaching and learning. I am all too aware of how challenging it can be to translate the tragic realities of gender-based oppression into meaningful and digestible classroom content. *Gender Oppression and Globalization: Challenges for Social Work* is the first text I have found to provide me with practical solutions. Again, this book

is written *by* social work academics and educators and *for* social workers and educators.

Not only does this book fill an important gap in the literature by offering a uniquely social work perspective on global women's issues, but it does so in a practical, hands-on, applicable way. At the end of each chapter, the authors offer suggested discussion questions and classroom activities, many of which take an innovative and critical thinking approach to difficult content. Students and educators alike will benefit from these invaluable resources.

As I consider for myself the future of my women's issues course, *Gender Oppression and Globalization: Challenges for Social Work* has challenged me to reconceptualize my content and consider the possibility of utilizing many of these end-of-chapter questions and activities to enliven an online course. Several of the authors in the book allude to another important work in the area of global women's issues—*Half the Sky* by Sheryl Wu Dunn and Nicholas Kristof. I believe that what the editors of *Gender Oppression and Globalization: Challenges for Social Work* have created is an academic partner reading for *Half the Sky* which can, and will, build upon the power of Wu Dunn and Kristof's Pulitizer Prize-winning journalism by providing the academic social work response to global issues of trafficking, injustice, and violence against women.

Perhaps the only notably absent topic from this book is the topic of religion. There is no chapter content at all addressing the role of religion and spirituality in the lives of women globally and domestically. This is a surprising omission, given the centrality of the church in many of the cultures discussed in the book and also given the presence of social service interventions and mission-driven work in areas like trafficking and gender-based violence. It seems there might be a way to include both the positive and negative ways in which the Christian church and religion in general have impacted globalization and gender-based oppression. However, this book may still prove to be a "must-read" for Christian social work educators and globally-minded Christian social work students. Especially as a tool for broadening our understanding of international social work practice and missions, the rigor and critical thought found in *Gender Oppression and Globalization* stands to equip the next generation of social workers and missionaries to engage people and policies in ways that promote social justice, equality, and empowerment. ❖

Reviewed by ***Allison M. Tan****, PhD, MSSA, Assistant Professor of Social Work, University of St. Francis, 500 Wilcox Tower Hall S42, Joliet, IL, 60435. Phone: (815) 740-5031. Email: atan@stfrancis.edu.*

Conservative Christian Beliefs and Sexual Orientation in Social Work: Privilege, Oppression, and the Pursuit of Human Rights

Dessell, A. B. & Bolen, R. M. (Eds.). (2014). Alexandria, VA: Council on Social Work Education.

I TEACH SOCIAL WORK AT CALVIN COLLEGE, IN GRAND RAPIDS, MICHIGAN. Calvin, a Christian school in the Reformed tradition, believes that "homosexual orientation is not a sin," but also affirms that, "physical sexual intimacy has its proper place in the context of heterosexual marriage" (Calvin College, 2015). As I write this review, the Michigan legislature is debating the passage of a Religious Freedom Restoration Act, despite the Governor's statements that he would veto any such legislation in the wake of the economic pushback just south of us in Indiana. I also sit on the board of the North American Association of Christians in Social Work, alongside, at one point or another, three of the authors of chapters in Dessel and Bolen's edited volume. All this is to say that I approached *Conservative Christian Beliefs and Sexual Orientation in Social Work: Privilege, Oppression, and the Pursuit of Human Rights* with trepidation, and certainly a heightened sense of the tension that exists for many Christians in social work around these issues.

Dessel and Bolen are quick to acknowledge this tension in their introduction, declaring that efforts to "bridge this divide" are "the fundamental purpose of this book" (2014, p. xxvii). These are turbulent waters. Christians, however, cannot remain in the boat, and I am thankful for the courage of the contributors to this volume. They are a diverse group, Christians identifying as lesbian, gay, heterosexual, and bisexual, as conservative and progressive, social work educators and practitioners, as well as non-Christians.

The edited volume was produced at the request of the Council on Social Work Education (CSWE) Press, expanding on an article originally published in the *Journal of Social Work Education* (Dessel, Bolen, & Shepardson, 2011). It is divided into four sections: 1) understanding conservative Christian experiences, perspectives and action; 2) Biblical, methodological, legal, and ethical analyses; 3) transformation; and 4) interventions and approaches to resolving the tensions.

Readers hoping for a full-throated defense of conservative Christian beliefs about sexual orientation and social work will be disappointed. At the same time, readers expecting clear condemnation of some sort of monolithic, simplistic, and backward Christian conservatism will also be disappointed. In multiple chapters, the volume is frank about what authors identify as the relationship between conservative Christian beliefs and homophobia and heterosexism, leery of organizations like Focus on the Family, and perhaps most clear in condemning conversion/reparative therapies as unhelpful and unethical. The section title "Transformation," which may raise the hackles of some regular readers of *Social Work & Christianity*, refers instead to the idea that "change is possible, even for the most conservative

Christian social workers" (p. 481). There are discussions of Christian and heterosexual privilege, of "hegemonic binary gender categories" (p. 121), and multiple authors compare the current climate for LGBT individuals to previous discrimination based on race.

Is the title false advertising? Certainly the choice of "Transformation" as a section title could be seen as intentionally, perhaps playfully, misleading. That said, this is in every way an exercise in faith seeking understanding. These are Christians who take scripture seriously, if not always, or in the same ways, literally. The authors have legitimate grievances with the wider social work literature, which as Brice points out, pays "little attention to the possibility that there could be conservative Christians who do not hold homophobic views" (p. 261). The final section of the book brings together multiple chapters on intergroup dialogue, the difficult process of getting conservative Christians in the same room as individuals identifying as LGBT to talk about deeply held beliefs, identity, and otherness. This is difficult work, and too few of us are doing it. As the editors state in their conclusion, "The greatest praise this book could receive is that it was part of the initial effort to build bridges between these groups and then to trust the power of dialogue to bring these groups together towards the common goal of eliminating oppression and discrimination of all kind" (p. 482).

The volume does deserve praise for venturing into territory many academics in social work have avoided. However, it could have been more charitable in acknowledging the work that has already been done in this area over the last decade by authors like Hodge and Ressler, both longtime members of NACSW. Hodge's work is referenced extensively, but almost always negatively. Indeed, the initial article that prompted CSWE to suggest this volume was a pointed critique of Hodge, titled "Can religious expression and sexual orientation affirmation coexist in social work? A critique of Hodge's theoretical, theological, and conceptual frameworks" (Dessel, Bolen, & Shepardson, 2011). That article is reprinted in this volume, with some modifications, as the seventh chapter, under the title "Can conservative Christian religious expression and LGBT sexual orientation affirmation coexist in social work." The eighth chapter, also by Dessel and Bolen, is a further critique of Hodge, this time a methodological one, which seeks to cast doubt on some of his assertions about discrimination towards Evangelical Christians in social work education. Hodge (2011) responded directly to some of these criticisms in an article in the *Journal of Social Work Education*, stating, "Rather than siding with one group or another, I believe social work education should transcend the differing orthodox and progressive value systems and include and affirm diverse groups… in a way that respects everyone's fundamental human rights" (p. 236). The absence of authors like Hodge in the volume makes the call for intergroup dialogue towards common goals ring a little more hollow than it might otherwise.

While the authors could have been more charitable to some specific voices, this is still an attempt to seriously engage with conservative beliefs that many in social work would want to see dismissed outright. By attempting to avoid pandering to polarized camps, if at times imperfectly, the authors have potentially narrowed their audience considerably. Indeed, it is entirely possible that here in this review I have alienated some readers. It is my prayer, however, that as Christians in social work we can model what it means to enter into uncomfortable dialogue about these issues, to be gracious with the other, to be humble about ourselves. Last year, in the President's Column of NACSW's magazine *Catalyst*, Denis Costello wrote that, "NACSW stands for something absolutely vital in our modern world. In a world where issues are often bitterly polarized and civil disagreement seems to have vanished, an ecumenical, Christian association can be a sign of God's grace at work in the world." Dessel and Bolen have given Christians in social work, and the perhaps the profession as a whole, a volume for that purpose. ❖

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*Reviewed by **Joseph Kuilema**, MSW, Assistant Professor of Social Work, Calvin College, 3201 Burton SE, Grand Rapids, MI. Phone: (618) 526-6489. Email: kuilema@calvin.edu.*

Multiculturalism and Diversity in Clinical Supervision: A Competency-based Approach

Falender, C. A., Shafranske, E. P., and Falicov, C. J. (2014). Washington, DC: American Psychological Association.

Falender, Shafranske, and Falicov provide a foundation for understanding diversity and multiculturalism. This understanding further leads to the acquisition of knowledge and skills regarding the importance of cultural competence in clinical practice and a multicultural focus in clinical supervision. The first chapter includes a historical perspective of multiculturalism and diversity as well as the international arena. Sources from the American Psychological Association are utilized extensively throughout the opening chapters.

Chapter Two lays the groundwork for understanding the role of supervision and how it is applied to cultural encounters between the supervisor and supervisee, the supervisee and the client and other configurations of these roles. The use of the term cultural humility is introduced in this chapter to define the client who is "qualified to educate the therapist about his multiculturalism" (p. 33). The reader is introduced to the personal and theoretical ecological niche (p. 39), which can be useful in establishing a self-identify schema for the supervisor, supervisee and the client. This could also be used in higher education as a methodology for enabling students to begin a self-assessment of their personal back ground related to culture.

The book proceeds to look at multiculturalism in specific practice contexts with a variety of minority groups including women, racially identified groups, immigrants, sexual minority groups, American Indians and Alaska Native clients, as well as characteristics such as socioeconomic status, disabilities, religiousness, and spirituality. Particularly noteworthy in this book are the hands-on features of diagrams, case studies, and role-plays.

The chapter on women, culture, and social justice begins with a thorough look at services to women. An exhibit (p. 65) provides guidelines for psychological practice with girls and women. A case study is utilized on a female client of Lebanese Catholic descent born in the United States, promoting the understanding of cultural sensitivity related to both gender and religion.

In the chapter on race-related practices in clinical supervision, three distinct areas of multiculturalism are covered, including attitudes, values, and awareness; knowledge of theory and research; and interpersonal and professional skills. The authors reference the indicators needing attention, including interpersonal dynamics, invisibility of race, guilt, shame, and internalized racism.

Immigrant clients, supervisees, and supervisors are addressed with seven migration-specific competencies that include supervision tools, migration stressors and strengths, therapist's roles, practice ideas, self-reflection, errors in cultural assessments, and integration of migration processes.

The chapter on socioeconomic status portrays the importance of cultural competence related to working with clients and/or supervisees of low socioeconomic status and the significance in understanding the term *social class*. The authors emphasize that it is a concept that goes beyond income, education, and occupation to include the vital components of

economic resources, prestige, and power. A case study is utilized in this chapter as well to portray the dialogue between a supervisor and supervisee that is applicable in working with clientele who face economic challenges.

The United States has approximately 50 million people (one in five) people who live with a disability. Thus, this is a large population group where clinical supervision would occur. The authors provide a vignette of a supervisor and supervisee discussing a case where the supervisee had a personal experience with discriminatory action related to his/her disability.

Religiousness is addressed in relationship to cultural features in supervision. The authors provide an explanation of the 2008 resolution in which religiousness and spirituality are identified by the American Psychological Association as critical features in promoting beliefs, attitudes, values, and behaviors of clients. This resolution promotes the need for supervisors and therapists to be fully committed to a stance of respect and openness. The chapter differentiates between the terms of religion and spirituality.

Sexual minority issues related to persons who are lesbian, gay, bisexual, and transgender (LGBT) are covered as the authors remind the reader of the conflicts which members of sexual minorities often experience between their religion and their sexual orientation. The Integrative Affirmative Supervision (IAS) Model is presented as an option for supervision models that can be used for members of sexual minorities.

Supervision with American Indians and Alaska Native Clients is introduced with several dialogues between supervisee and supervisor where distinctions are made in the culture, age, and gender between the two roles. The case examples provide an approach that demonstrates actual dialogue, portraying the thinking and reasoning of each participant during the discussion.

The book concludes by addressing the need for self-reflection and mindfulness as a practice to be utilized in self-assessment of cultural competence. The use of the therapeutic technique with mindfulness promotes being open to one's own interpersonal skills with others and a response to correction when needed. This skill can be utilized in the supervisor and supervisee setting in order to practice effective ways to interact and exchange of knowledge resulting in progress towards cultural competence.

Overall this book is best for social workers in clinical practice, where supervision of other clinicians is an important part of their role. Although the book does not address Christianity directly, it provides resources that will likely be of use to many Christians in social work practice. ❖

Reviewed by ***Carla J. MacDonald****, Ph.D., Social Work Program Director, Associate Professor of Social Work, Huntington University, 2303 College Ave., Huntington, IN 46750. Email: cmacdonald@huntingotn.edu.*

Wisdom and Compassion in Psychotherapy: Deepening Mindfulness in Clinical Practice
Germer, C. K. & Siegel, R. D. (Eds.). (2012). New York, NY: Guilford Press.

THE SOCIAL WORK PROFESSION IS FRAUGHT WITH FISCAL LIMITATIONS, PROJECT targets, increased legislation, and bureaucratization (D'Cruz, Gillingham, & Melendez, 2007; Fook, 1999; Rossiter, 2005). Social workers are under increased pressure to produce "results," leaving less opportunity for self awareness, resulting in a diminished capacity to know fully the individuals social workers assist (Brookfield, 2009). Rooted in neo-liberalism, evidence-based practices (EBP) have become the gold standard; however, EBP assume that social work is a problem-solving profession. Many clients struggle to formulate the nature of their problem and having an answerable question to take to the research literature cannot be accomplished when the formulation of the problem is the problem (Cohen, 2011).

Concepts such as wisdom and compassion are often forgotten in the current neo-liberal environment where many social workers continue to work, which makes this book a welcomed addition to a clinical social worker's library. With a forward by His Holiness, the Dalai Lama, this edited book brings 30 scholars together to explore philosophy, spirituality, neuroscience, ethics, and professional development while providing theory and therapeutic tools for the practitioner. Broken down into five sections, this book explores the definitions of wisdom and compassion while connecting these concepts directly to clinical practice.

The first section provides a foundation for the reader to link wisdom and compassion as useful components to practice. The often taken-for-granted concept of mindfulness is presented and given a great deal of attention. Eastern philosophy and spirituality are presented and integrated with Western psychotherapeutic literature, providing a theoretical model for clinicians to foster mindfulness, wisdom, and compassion within their practice. The final discussion in this section focuses on the implication of positive emotion and the need for more awareness of wisdom and compassion as personality traits within the therapeutic relationship. The discussion is focused on how the development of these traits can lead to change for a client while fostering professional development in the clinician.

Building on the theoretical concepts in the first section, Part Two explores the philosophical, spiritual, and biological aspects of compassion. Using the notion of suffering as an inescapable aspect of the human condition, this section explores how clients can build a tolerance towards their suffering, favored by practice models such as Acceptance and Commitment Therapy (Hayes, 2004). The notion of self-compassion is considered not only as a goal of therapy for clients, but to increase the clinician's use of self (Adamowich, Kumsa, Rego & Stoddart, 2014) and reflexivity. The neurobiological aspects of compassion complete this section of the book,

providing a review of current literature and research, and evidence clinicians can use to inform their practice.

The third section begins with the Buddhist view of how distorted views of our world and our selves are created in the mind. Shifting between a focus on clients and practitioners, this section questions how wisdom can impact treatment, how "personal wisdom" can be a goal of psychotherapy, and how authenticity and the role of the professional self are worth development. This section also provides a holistic view of an individual favored by more relationally based psychotherapeutic models (Jordan, 2004) and those practitioners who place emphasis on integrating spirituality with their clients. Neurobiological processes, genetics, genomics, and proteomics associated with wisdom are also discussed, bringing a scientific voice to a field primarily studied by the non-empirical sciences of religion, ethics and philosophy.

The fourth and fifth sections explore clinical applications and considerations for practice including suicidality, substance misuse, mood disorders, trauma, couple work, parenting, world faith and religion and ethical considerations for the psychotherapist. These last sections utilize the theory, research, and exercises throughout the other chapters to inform their practical application of wisdom and compassion.

The editors have thoughtfully organized this book to be inclusive of multiple ways of knowing and viewing the world. It is not often that ethics, spirituality, neuroscience, philosophy, and professional development are combined into one resource for social workers. The authors approach their argument for the centrality of wisdom and compassion within psychotherapy from a Buddhist tradition; however, a practitioner from any spiritual tradition will find themes that resonate and can be applied to their work.

This book is helpful for the Christian social worker who is unfamiliar with the Buddhist principles underpinning mindfulness-based practices. The philosophical concepts are clearly explained, connected to research, and applied through case examples. Moreover, these concepts are approachable for Christianity given the analogous components of both faiths. However, some individuals may find it difficult to integrate Buddhist notions into their Christian faith, making this book less accessible. Nevertheless, I believe the concepts of mindfulness, wisdom, and compassion are quite helpful for psychotherapists and their clients, and Christians may turn towards Christian Devotional Meditation (CDM) or contemplative prayer to find practices more in line with Christian thought (Garzon, 2015).

This book offers hope for the practitioner who struggles with limiting and technically based social work interventions by acknowledging the artistic and intuitive aspects to the practice of psychotherapy. Holistic, relational, and intuitive ways of knowing have not historically been well supported by the natural sciences; however, the inclusion of research from the neurosciences appeal to the Western and neo-liberal requirement for evidence to support practice, making this a relevant contribution to the social work canon. ❖

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Reviewed by ***Todd Adamowich****, M.S.W., PhD Candidate, Wilfrid Laurier University. Email: todd@toddadamowich.com.*

Atheists in America

Brewster, M. E. (Ed.). (2014). New York, NY: Columbia University Press.

What is it like being an atheist in America, a nation where most members of the general population report some degree of belief in God or a transcendent dimension of reality? This book purports to answer that question. Toward that end, this edited text features the personal stories of 27 self-identified atheists.

The narratives are grouped into eight general categories or "parts." First, "deconversions" from religious traditions are described (Part 1), fol-

lowed by some of the different cultural contexts that shape the process of, as the editor puts it, "coming out" as an atheist (Part 2). The challenges atheists experience in a variety of circumstances are then related, including identifying as LGBTQ and atheist (Part 3), navigating romantic relationships (Part 4), family life and parenting (Part 5), finding communities of like-minded people (Part 6), employment settings (Part 7), and entering older adulthood as a non-believer (Part 8). A central theme that runs throughout the book is that atheists are a disenfranchised minority who often experience discrimination.

Although this book is not aimed at social workers, it still contains a number of helpful insights. A fundamental precept of anti-oppressive practice is the importance of power differentials. Specifically, a power differential, in conjunction with a difference in worldviews, tends to foster discrimination toward those with less power. These differentials exist in many different forms in society and often change from one venue to another.

At the macro level, the secularization of America is a well-established reality (Bruce 2011; Smith, 2003). In many areas of the nation, however, people of faith continue to form vibrant subcultures. Furthermore, devoutly spiritual families exist even in the most secular regions of nation.

Atheists in such cultures or families affirm worldviews that differ from those of their immediate peers. Even though atheists are members of the dominant secular culture, they can be minority members in a mezzo or micro context. As such, they can experience discrimination and the ill effects that accompany minority status.

This book helps provide a window on such experiences. In some cases, the discrimination is real. In other cases, it is merely perceived. In either case, it can impact functioning. As such, the book provides a helpful reminder of the importance of meeting clients where they are.

Another relevant precept of anti-oppressive practice pertains to the fact that it is often hard for groups with power to recognize their privilege (Hodge, 2009). For example, the editor argues that religious groups are societally dominant and aim to "silence atheists" and "send the message that all belief systems are respected except nonbelief" (p. 15).

To support this thesis, the editor cites a case where an atheist sued a school to remove a student-created mural that featured a Catholic prayer (Ahlquist v. Cranston). The school also contained other murals and banners that reflected secular belief systems. The atheist reported that the presence of the prayer, however, made her feel uncomfortable. As a result, she sued so she would not have to ever look at it.

A reasonable observer might conclude that this case represents the exact opposite of the editor's thesis. In other words, the case appears to illustrate the efforts of atheists to silence people of faith and send the message that all belief systems are respected except those featuring spiritual belief. Catholics are regularly confronted with secular content in schools

that may make them feel uncomfortable. Living in a diverse society means that both atheists and Catholics will encounter such content. In this case, however, it was atheists seeking to ban spiritual content rather than Catholics attempting to ban secular content.

The privilege inherent in dominant group status serves to refract reality so that such inconsistencies are difficult for adherents to see. Indeed, it is a manifestation of privilege to expect such emotional comfort. Privilege is also manifested in the fact the court system can be used to help ensure the creation of a local milieu that reflects one's metaphysical beliefs. It is taken for granted that one should not have to experience the discomfort associated with living in a diverse society where others hold different belief systems.

Given the power of the educational system in shaping societies it is perhaps no accident the editor selected a case involving a school. Interestingly, the influence of the educational system is a theme that is implicit in many of the narratives. The secular value that animates academia was frequently noted to play an important role in converting people to an atheist value system.

Left largely unexplained is the inconsistency of a society allegedly dominated by theists and their values, and culture-shaping intuitions dominated by secularists and their belief systems. Research helps shed light on why so few theists exist in academia and other culture-shaping forums (Hodge, 2014). Faculty in numerous disciplines—including anthropology, chemistry, geophysics, history, language, philosophy, political science, and sociology—report they discriminate against theists (Yancey, 2011). In sociology, for instance, approximately 50% of faculty indicated they would be disinclined to hire evangelical and conservative Christians as faulty members. Such research, which might help explain the paucity of theists and their values in the culture-shaping venues, is essentially absent from the text.

This is perhaps to be expected, however, and does not distract from the value of the book. Personal stories tend to make compelling reading and this text is no exception. Practitioners should work within the parameters of clients' worldviews, regardless of whether the worldviews are animated by materialist and spiritual metaphysical assumptions. This book serves as a helpful reminder that each client has their own unique story and that their respective narratives should be taken at face value—including those of atheists who perceive themselves to be members of a subculture. ❖

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Reviewed by ***David R. Hodge****, Ph.D., Pprofessor at Arizona State University's School of Social Work and a senior nonresident fellow at the University of Pennsylvania's Program for Research on Religion and Urban Civil Society. Correspondence can be addressed to the author at: Mail Code 3920, 411 N. Central Avenue, Suite 800, Phoenix, AZ 85004-0689.*

Sexuality and Sex Therapy: A Comprehensive Christian Appraisal

Yarhouse, M. A. & Tan, E. S. N. (2014). Downers Grove, IL: InterVarsity Press Academic.

THE AUTHORS, BOTH PSYCHOLOGISTS, LEARNED ABOUT SEX THERAPY THROUGH the Institute for Sexual Wholeness, a subset of the non-profit organization Sexual Wholeness, Inc., which trains Christian therapists and ministry leaders "…to unveil God's truth about sexuality and bring healing" (www.sexualwholeness.com). The authors enter a unique discussion on the topic of sexuality and sex therapy divided into four different perspectives: theological, sociocultural, biological, and clinical. According to the authors, understanding these four different perspectives can help readers "appreciate" (p. 14) what Christianity actually says. A strength of the book is that the authors ask practical questions that allow readers to reflect on their own theology of sexuality and as a way to formulate a plan to steward their own sexuality, for example.

Can we derive a sexual ethic from sexual impulses? The authors argue that arousal and attraction are more than just the feelings a person has. Rather than merely turning to their own impulses and desires, Christians subscribe to *telic congruence*, meaning that they seek to live congruent to their values and beliefs. For the traditional Christian, sex is believed to be both procreative and unitive. The authors note, "Sex has a spiritual dimension to it such that any sex outside of the context of a life union of a man and woman is a violation of the meaning and purpose of sex" (p. 29). Conversely, *organismic congruence* refers to humanistic and naturalistic perspectives in determining how best to live.

The authors provide a review (not a "how-to") of techniques, but sex therapy is a specialized form of care. Christian sex therapists may operate differently from traditional sex therapists. For example, they may use prayer, omit erotica material from practice, and discuss conflicts with values and beliefs.

The second part of the text deals with sexual interests and arousal disorders (e.g. orgasmic disorders, sexual pain disorders, erectile disorders) in the context of definition, etiology, assessment, and treatment. The authors conclude that they would like to see the church extend more discussion about these matters and "…take more of a lead on positive views of sexuality, sexual functioning, and ultimately, sexual intimacy in the context of lifelong unions" (p. 220).

They also discuss paraphilias, sexual addiction, sexual identity conflicts, and gender dysphoria in terms of definition, etiology, assessment, and treatment. Some clinical considerations, once viewed as pathological, are now seen in modern psychology and social work as normalized (e.g. transgenderism, homosexuality). Descriptive language is also being used by some as a way of removing a sense of pathology. For example, gender dysphoria is descriptive rather than the formerly used term, "gender identity disorder." The authors say they see value in managing "gender dysphoria" through the least invasive ways. They would not advocate for sexual reassignment surgery whereas modern psychology would; rather they "empathize" with those who seek such extreme measures.

Regarding sexual addiction, the authors say that, "…Christians have a unique vantage point for empathy…sin can be habit forming [and can] lead to shame…[and] turning to more sin [can be] a way of managing…. guilt and shame" (p. 290). The authors point out that people can be held responsible for their behaviors, yet helped in ways that assist them in the process of working through shame and breaking the patterns of addiction.

People also seek help over conflict with same-sex attraction. Modalities for addressing sexual identity conflicts are briefly discussed. The authors say they believe that there is insufficient evidence for them to come to a definitive conclusion about causation; they look at multiple influencing factors in the etiology of same-sex attractions. They say that some people can experience meaningful change or shifts in their sexual attractions and some may choose a gay, lesbian or bisexual identity.

The authors assert that, "By facilitating growth and healing in areas related to sexuality, we do good work that is ultimately redemptive in nature" (p. 351). Furthermore, "There is a need to…serve the common good through professional…roles….while also honoring first commitments to Christ" (p. 354). Christian sex therapists can bring a unique worldview to understanding sex and can enhance future research and clinical endeavors. The church can assist in facilitation such as providing space for groups and adding ministries that can help enhance relationships, for example.

Christians working in this area are challenged to ask how they can engage in a diverse culture and do so with grace and love.

This book is not a "how-to," but rather a primer that takes an academic approach to the topic. Those who want to study sexuality from this perspective will find it of interest. While their review of "treatment" essentially draws on secular domains, the authors admit that there is a greater need for Christian community involvement. Those seeking an approach to the topic that focuses on theology from a comprehensive perspective may be somewhat disappointed. While the authors recognize that future directions will require balancing integration and navigation of personal and professional value conflicts, Christians in social work might want further discussion on the matter. Since potential value conflicts can surface around issues of sexuality, Christians will continue to be challenged to address them in a manner that adheres to both Christian ethics and those of the helping professions. ❖

*Reviewed by **James E. Phelan**, MSW, Psy.D., program coordinator at the Veterans Health Administration and a field practicum instructor for The Ohio State University, 420 N. James Road, Columbus, OH 43219. E-mail: james.phelan@va.gov.*

Spirituality, Religion, and Faith in Psychotherapy: Evidence-Based Expressive Methods for Mind, Brain, and Body

Land, H. (2014). Chicago, IL: Lyceum.

READERS OF *SOCIAL WORK & CHRISTIANITY* WILL BE PARTICULARLY INTERESTED in the recently-released *Spirituality, Religion, and Faith in Psychotherapy,* by Helen Land. While the book's considerable size at nearly 400 pages is initially daunting, the text is well-organized and stand-alone chapters make it a useful resource for any social work student or practitioner.

Land lays out her overall argument in the first two chapters. Against a background of secularism and its emphasis on empiricism, the author suggests that empirically-proven methods do not solely mean "talk" psychotherapy, a method that often falls short in addressing deep-seated thoughts and feelings. She believes, and argues convincingly, that the problems for which humans struggle nearly always involve thoughts and feelings about religion, faith, and spirituality. Land further suggests that because these are abstract concepts that are experienced largely through senses such as sight, sound, and touch, they require interventions that specifically tap into these dimensions.

The majority of the book then, chapters 3-9, is devoted to outlining various forms of expressive therapies deemed particularly useful for addressing religion, faith, and spirituality (although they certainly have application to other areas as well). The author includes art, music, dance, and sand-tray therapies as well as guided imagery, writing, and the use of psychodrama. Each chapter is well-structured with sections on the method's history and theories, underlying neuroscientific evidence, and examples of the intervention in practice.

Land offers an interesting means of assessing religion, faith, and spirituality — a device she terms *the sacred triad*. She suggests that while there are available measures that assess each of these constructs individually, few look at the *interaction* between the constructs. She defines these terms briefly — *religion* as externalized practices related to a belief system, *faith* as the degree of belief in truths that cannot be proven such as the existence of a deity, and *spirituality* as being drawn to the transcendent. Readers of *Social Work & Christianity* should note that while she defines religion, faith, and spirituality broadly, her points remain useful for practitioners of any faith background.

In explaining the triad, the author encourages using her assessment tool to listen to the way clients conceptualize their religion, faith, and spirituality. Here, however, the reader is left with several questions. It isn't clear how her assessment model is unique in allowing the social worker to hear the client's language about religion, faith, and spirituality. That seems intuitive to any assessment measure and not specific to this one. Beyond this, the inclusion of faith is puzzling here. She defines this briefly as "a confident belief or set of beliefs in the truth, value, or trustworthiness of an idea without having actual proof" (p. 21). It seems as if she views faith as a measure of the *strength* of one's belief in what is unprovable (including, she writes, the existence of a deity), a construct quite different than the other two, however, and one that doesn't fit well into a model designed to measure the balance between the three. A related question relates to the rationale for determining which construct dominates. It isn't clear why this is important, outside of providing basic data about what is important to the client.

Land goes on to give case examples of using the sacred triad in practice. The practitioner is instructed to consider which of the three—religion, faith, or spirituality—dominates in the client's life. The author also suggests the sacred triad as part of a bio-psycho-social assessment, believing that determining where the client is dominant in the "sacred" realm sheds considerable light on other aspects of their life. While she gives some information about incorporating the sacred triad into a bio-psycho-social assessment, this intersection is difficult to grasp. It does seem plausible that assessing the sacred realm helps to understand human behavior, a point that has been argued elsewhere (Koenig, McCullough, & Larson, 2001). However, the

author's suggestion to incorporate the two, while promising, needs further development in order to be useful for practitioners, particularly faith-based ones wanting to incorporate the sacred into every aspect of their work.

The chapters outlining evidence-based therapies will be highly useful for those who wish to learn more about these methods. While reading this text, my mind frequently went back to my early days as a social worker in a psychiatric day treatment program where we used art therapy and psychodrama with our clients. While extending one's self into these non-traditional models isn't easy, I became a believer after seeing the way that clients were positively impacted through expressive methods. Interventions that felt awkward often surprised us all by serving as catalysts, providing breakthroughs to deep-seated emotions. Exposing yourself to the expressive therapies suggested here will likely make the reader a believer as well, eager to learn more about proven ways to engage clients in the complex and multifaceted process of healing. ❖

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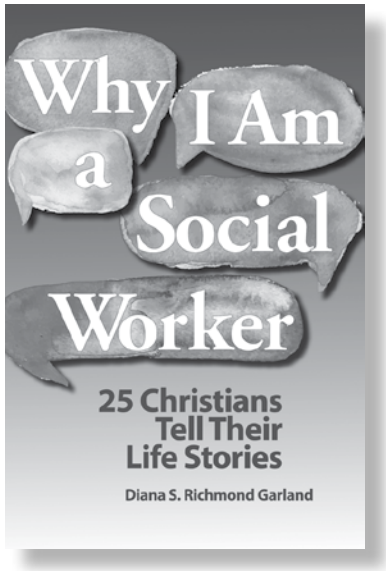
Reviewed by ***Lisa Hosack****, Ph.D., LMSW, Assistant Professor of Social Work, Grove City College, 100 Campus Drive, Grove City, PA 16137. Phone: (724)458-2011. Email: llhosack@gcc.edu.*

Why I Am a Social Worker: 25 Christians Tell Their Life Stories



NACSW is pleased to announce the July, 2015 publication of *Why I Am a Social Worker: 25 Christians Tell Their Life Stories* (2015) by Diana R. Garland. *Why I Am a Social Worker* describes the rich diversity and nature of the profession of social work through the 25 stories of daily lives and professional journeys chosen to represent the different people, groups and human situations where social workers serve.

Many social workers of faith express that they feel "called" to help people – sometimes a specific population of people such as abused children or people who live in poverty. Often they describe this calling as a way of living out their faith. *Why I Am a Social Worker* serves as a resource for Christians in social work as they reflect on their sense of calling, and provides direction to guide them in this process.

Why I Am a Social Worker addresses a range of critical questions such as:

- How do social workers describe the relationship of their faith and their work?
- What is their daily work-life like, with its challenges, frustrations, joys and triumphs?
- What was their path into social work, and more particularly, the kind of social work they chose?
- What roles do their religious beliefs and spiritual practices have in sustaining them for the work, and how has their work, in turn, shaped their religious and spiritual life?

Dr. David Sherwood, Editor-in-Chief of *Social Work & Christianity*, says about *Why I Am a Social Worker* that:

> I think this book will make a very important contribution. . . . The diversity of settings, populations, and roles illustrated by the personal stories of the social workers interviewed

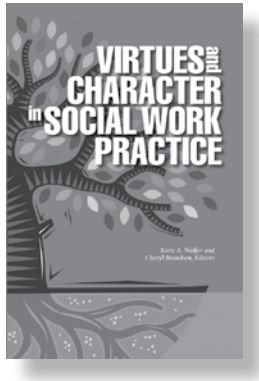
will bring the possibilities of social work to life in ways that standard introductory books can never do. The stories also have strong themes of integration of faith and practice that will both challenge and encourage students and seasoned practitioners alike.

Dr. Diana Garland, PhD was inaugural Dean of the Diana R. Garland School of Social Work, Baylor University, Waco, Texas. She authored, co-authored, or edited 19 other books, including *Congregational Social Work: Christian Perspectives* (NACSW, 2014), and *Family Ministry: A Comprehensive Guide* (InterVarsity Press, 2012). Dr. Garland published more than 150 professional articles and book chapters.

Why I Am a Social Worker: 25 Christians Tell Their Life Stories (2015), (IBSN # 978-0-9897581-0-9) is 220 pages long, and is now available at NACSW's on-line bookstore for $29.95 - or only $23.95 for NACSW members (plus shipping).

Virtue and Character in Social Work Practice

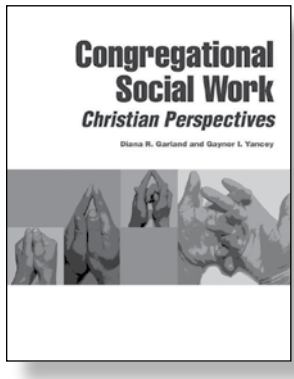
Edited by Terry A. Wolfer and Cheryl Brandsen. (2015). Botsford, CT: NACSW. $23.75 U.S., $19.00 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.



Virtues and Character in Social Work Practice offers a fresh contribution to the Christian social work literature with its emphasis on the key role of character traits and virtues in equipping Christians in social work to engage with and serve their clients and communities well.

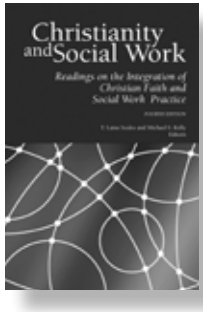
This book is for social work practitioners who, as social change agents, spend much of their time examining social structures and advocating for policies and programs to advance justice and increase opportunity.

Congregational Social Work: Christian Perspectives
Diana Garland and Gaynor Yancey. (2014). Botsford, CT: NACSW. $39.95 U.S., $31.95 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.



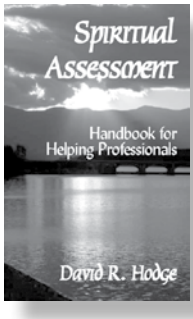
Congregational Social Work offers a compelling account of the many ways social workers serve the church as leaders of congregational life, of ministry to neighborhoods locally and globally, and of advocacy for social justice. Based on the most comprehensive study to date on social work with congregations, *Congregational Social Work* shares illuminating stories and experiences from social workers engaged in powerful and effective work within and in support of congregations throughout the US.

Christianity and Social Work: Readings on the Integration of Christian Faith & Social Work Practice (Fourth Edition)
T. Laine Scales and Michael S. Kelly (Editors). (2012). Botsford, CT: NACSW $55.00 U.S., $42.99 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.



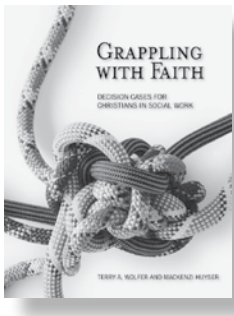
At over 400 pages and with 20 chapters, this revised fourth edition of *Christianity and Social Work* includes six new chapters in response to requests by readers of previous editions. We have included new chapters on issues of sexual orientation, Evidence-based Practice (EBP) as well as an enhanced section on the role of Christianity in social welfare history. It is written for social workers whose motivations to enter the profession are informed by their Christian faith, and who desire to develop faithfully Christian approaches to helping. The book is organized so that it can be used as a textbook or supplemental text in a social work class, or as a training or reference materials for practitioners. Readings address a breadth of curriculum areas such as social welfare history, human behavior and the social environment, social policy, and practice at micro, mezzo, and macro levels.

Spiritual Assessment: Helping Handbook for Helping Professionals
David Hodge. (2003). Botsford CT: NACSW $20.00 U.S. ($16.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



A growing consensus exists among helping professionals, accrediting organizations and clients regarding the importance of spiritual assessment. David Hodge's *Spiritual Assessment: Helping Handbook for Helping Professionals*, describes five complementary spiritual assessment instruments, along with an analysis of their strengths and limitations. The aim of this book is to familiarize readers with a repertoire of spiritual assessment tools to enable practitioners to select the most appropriate assessment instrument in given client/practitioner settings. By developing an assessment "toolbox" containing a variety of spiritual assessment tools, practitioners will become better equipped to provide services that address the individual needs of each of their clients.

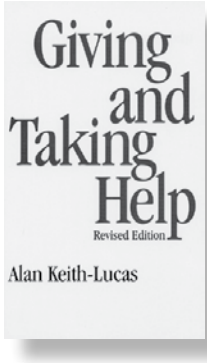
Grappling with Faith: Decision Cases for Christians in Social Work
Terry A. Wolfer and Mackenzi Huyser (2010) $23.75 ($18.99 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.



Grappling with Faith: Decision Cases for Christians in Social Work presents fifteen cases specifically designed to challenge and stretch Christian social work students and practitioners. Using the case method of teaching and learning, *Grappling with Faith* highlights the ambiguities and dilemmas found in a wide variety of areas of social work practice, provoking active decision making and helping develop readers' critical thinking skills. Each case provides a clear focal point for initiating stimulating, in-depth discussions for use in social work classroom or training settings. These discussions require that students use their knowledge of social work theory and research, their skills of analysis and problem solving, and their common sense and collective wisdom to identify and analyze problems, evaluate possible solutions, and decide what to do in these complex and difficult situations.

GIVING AND TAKING HELP (REVISED EDITION)

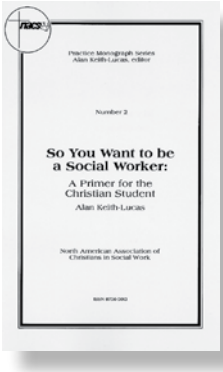
Alan Keith-Lucas. (1994). Botsford CT: North American Association of Christians in Social Work. $20.75 U.S. ($16.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



Alan Keith-Lucas' *Giving and Taking Help*, first published in 1972, has become a classic in the social work literature on the helping relationship. *Giving and taking help* is a uniquely clear, straightforward, sensible, and wise examination of what is involved in the helping process—the giving and taking of help. It reflects on perennial issues and themes yet is grounded in highly practice-based and pragmatic realities. It respects both the potential and limitations of social science in understanding the nature of persons and the helping process. It does not shy away from confronting issues of values, ethics, and world views. It is at the same time profoundly personal yet reaching the theoretical and generalizable. It has a point of view.

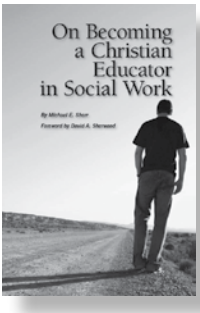
SO YOU WANT TO BE A SOCIAL WORKER: A PRIMER FOR THE CHRISTIAN STUDENT

Alan Keith-Lucas. (1985). Botsford, CT: NACSW. Social Work Practice Monograph Series. $11.50 U.S. ($9.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



So You Want to Be a Social Worker has proven itself to be an invaluable resource for both students and practitioners who are concerned about the responsible integration of their Christian faith and competent, ethical professional practice. It is a thoughtful, clear, and brief distillation of practice wisdom and responsible guidelines regarding perennial questions that arise, such as the nature of our roles, our ethical and spiritual responsibilities, the fallacy of "imposition of values," the problem of sin, and the need for both courage and humility.

On Becoming a Christian Educator in Social Work
Michael Sherr (2010) $21.75 ($17.50 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.



On Becoming a Christian Educator is a compelling invitation for social workers of faith in higher education to explore what it means to be a Christian in social work education. By highlighting seven core commitments of Christian social work educators, it offers strategies for social work educators to connect their personal faith journeys to effective teaching practices with their students. Frank B. Raymond, Dean Emeritus at the College of Social Work at the University of South Carolina suggests that "Professor Sherr's book should be on the bookshelf of every social work educator who wants to integrate the Christian faith with classroom teaching. Christian social work educators can learn much from Professor Sherr's spiritual and vocational journey as they continue their own journeys and seek to integrate faith, learning and practice in their classrooms."

Hearts Strangely Warmed: Reflections on Biblical Passages Relevant to Social Work
Lawrence E. Ressler (Editor). (1994). Botsford, CT: North American Association of Christians in Social Work. $9.25 U.S. ($7.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

Hearts Strangely Warmed: Reflections on Biblical Passages Relevant to Social Work is a collection of devotional readings or reflective essays on 42 scriptures pertinent to social work. The passages demonstrate the ways the Bible can be a source of hope, inspiration, and conviction to social workers.

The Poor You Have With You Always: Concepts of Aid to the Poor in the Western World from Biblical Times to the Present
Alan Keith-Lucas. (1989). Botsford, CT: North American Association of Christians in Social Work. $20.75 U.S. ($16.50 for NACSW members). For price in Canadian dollars, use current exchange rate.

Encounters with children: Stories That Help Us Understand and Help Them
Alan Keith-Lucas. (1991). Botsford, CT: North American Association of Christians in Social Work. $11.50 U.S. ($9.00 for NACSW members). For price in Canadian dollars, use current exchange rate.

To Order Publications:

To order a copy of any of the above publications, please send a check for the price plus 10% shipping and handling. (A 20% discount for members or for purchases of at least 10 copies is available.) Checks should be made payable to NACSW; P.O. Box 121, Botsford, CT 06404-0121. Email: info@nacsw.org 203.270.8780.

Social Work & Christianity
2016 Graduate Student Paper Award: Call for Proposals

NACSW is pleased to announce its 2016 Graduate Student Paper Award, with the winning paper to be published in *Social Work & Christianity* and the author to receive an Award Honorarium of $500.

The purpose of this Award is to encourage and recognize excellence in scholarly work by a graduate student on issues related to the integration of Christian faith and professional social work practice and other professional concerns that have relevance to Christianity.

We are issuing a call for proposals from current MSW and Ph.D. students regarding projects for which they would like to submit papers in consideration for this Award.

Proposals must be submitted by January 31, 2016. The Student Paper Award Committee of the editorial board will review proposals and authors of proposals that show significant promise of meeting the award criteria will be encouraged to submit completed manuscripts by July 31, 2016. Completed manuscripts will be anonymously reviewed by the Student Paper Award Committee and the Award decision and notification will by made by September 15, 2016. The winning paper will be published in the Spring 2017 issue of *Social Work & Christianity* and the Award formally presented at the following NACSW Annual Convention. Strong papers that do not win the award will be considered for possible publication in subsequent regular issues of the journal.

Proposals should provide a concise overview of project and its relationship to the ethical integration of Christian faith and competent professional social work practice and scholarship. They should include a clear explanation of the proposed topic or research question, the methodology used to address the question, and the intended contribution to social work scholarship and practice. Proposals should be no longer than 400-600 words and should be submitted by email attachment to David Sherwood, Editor, *Social Work & Christianity*, david@sherwoodstreet.com.

Criteria by which submitted papers will be evaluated are:

1. **Topic**: Does the paper have relevance for the integration of Christian faith and professional social work practice or other professional concerns related to Christian faith?
2. **Significance**: Does this paper address an important issue? What is the potential contribution of this paper to the profession?
3. **Innovation**: Does the paper employ novel concepts, approaches or methods? Is it original and innovative? Do findings or conclusions challenge existing paradigms or help develop new methodologies?
4. **Approach**: Are the conceptual framework, design, methods, and analyses adequately developed, well integrated, and appropriate to the purposes of the paper? Does the author discuss the paper's limitations?
5. **Implications for social work practice and/or education**: Are the implications adequately articulated? Do the findings or conclusions have broad applicability?
6. **Writing**: Is the writing style concise? Are concepts, methods, and findings clearly explained? Does the submitted version of the paper suggest that the student carefully reviewed the paper (e.g., no grammatical, spelling, typographical errors) and had feedback from others to improve it?

CALL FOR PAPERS: SPECIAL ISSUE OF *SOCIAL WORK AND CHRISTIANITY*

Topic: Faith, Religion and Migration
Date of Issue: Spring 2017
Guest Editors: Breanne Grace and Benjamin Roth
Deadline: September 1, 2016

Three percent of the world's population are international migrants. Whether they are immigrants who cross nation-state borders voluntarily, refugees who are displaced by conditions in their home country, or asylees who are fleeing persecution, a greater percentage of the global population than ever before is living in a country that is not originally their own. The reception that migrants receive varies considerably.

Given the magnitude of migration, the complexity of the migratory process, and the multiple factors affecting integration, there is no single migration experience. However, religion and faith are woven into contemporary migrations in ways that have significant implications for immigrants, their families and the places where they settle. This special issue of *Social Work and Christianity* will explore the role of religion, religious institutions, and/or faith in contemporary migratory processes (including why individuals leave, their migration experience itself, and/or the challenges of adjusting to a new home once they arrive).

Submissions in the following areas are particularly requested:

- **Conceptual** offerings providing definitional clarity and theoretical frameworks related to how religion, religious institutions, and/or faith intersects with contemporary migration.
- Articles that apply social work **practice** to working with migrants, with a special focus on religion/faith, at the micro, mezzo, and macro levels.
- Articles focused on **research** or **research methods** related to religion/faith and migration.
- Articles focusing on the **history** of religion/faith and migration in social work education and practice.

Guidelines for submitting manuscripts:

All authors are strongly encouraged to contact the special edition editors by email (see contact information below) by June 1, 2016 to discuss ideas for paper submissions. **The deadline for all paper submissions is September 1, 2016**.

Articles submitted to SWC should begin with a title page, including the author's name, address, phone number, email address, abstract of no more than 200 words, a list of key words, and an indication of whether or not the author would like the manuscript to be peer-reviewed. The article text should be double-spaced and limited to 20–25 pages, including all references and appendices (please use the 6th edition of the American Psychological Association Style Manual format for in-text references and reference lists). Manuscripts should be submitted electronically as email attachments, preferably in Microsoft Word, to either Benjamin J. Roth (rothbj@sc.edu) or Breanne Grace (breanne.grace@sc.edu) **by September 1, 2016**.

North American Association of
Christians in Social Work
P.O. Box 121, Botsford, CT 06404-0121

Change Service Requested

North American Association of Christians in Social Work

NACSW's mission is to equip its members to integrate Christian faith and professional social work practice.

Its goals include:

- Supporting and encouraging members in the integration of Christian faith and professional practice through fellowship, education, and service opportunities.
- Articulating an informed Christian voice on social welfare practice and policies to the social work profession.
- Providing professional understanding and help for the social ministry of the church.
- Promoting social welfare services and policies in society which bring about greater justice and meet basic human needs.

NACSW
North American Association of Christians in Social Work