

# SOCIAL WORK & CHRISTIANITY

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OF CHRISTIANS IN SOCIAL WORK

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## ARTICLES

Christian Social Workers' Views and Integration of Clients' Religion and Spirituality in Practice

Spiritual Well-being Among Older Cancer Patients and Implications for Christians in Social Work

The Relationship Between Spirituality and Overall Health in African American Substance Abuse Clients

Associations Between Humanitarianism, Othering, and Religious Affiliation

“Living in the Tension In-Between”—Faculty Members Talk About Faith and Transgender Issues in Christian Social Work Programs

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Social Work Professional Identity and Catholic Identity: A Critical Exploration of the Source of Conflicts

## LETTERS TO THE EDITOR

The Truth Behind “Gender Ideology”

# SOCIAL WORK & CHRISTIANITY

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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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# Christian Social Workers' Views and Integration of Clients' Religion and Spirituality in Practice

Holly K. Oxhandler & James W. Ellor

*When the North American Association of Christians in Social Work first began in 1950, religion in social work practice was a topic that received mixed responses. Findings from the current study suggest this has changed. A total of 444 randomly selected licensed clinical social workers (LCSWs) across the United States responded to an online survey containing the Religious/Spiritually Integrated Practice Assessment Scale and various demographic items, including one item assessing respondents' religious affiliation. LCSWs reported extremely high levels of self-efficacy with integrating clients' religion/spirituality into practice, and there was no difference between Christian and non-Christian LCSWs with regard to attitudes or perceived feasibility. However, both groups reported less frequently engaging in behaviors related to integrating clients' religion/spirituality. This discrepancy between LCSWs' views and behaviors is worth further exploring; however, the fact that many feel confident including this topic in their practice is encouraging when considering their openness to future training opportunities to ethically and effectively integrate clients' religion/spirituality in practice.*

**T**HE ETHICAL INTEGRATION OF CLIENTS' RELIGIOUS AND SPIRITUAL beliefs in social work practice has been affirmed and explored in *Social Work & Christianity* for over 40 years (Sherwood, 2002). For clinical social workers, the nexus of religion and spirituality (RS) and social work is found in dialogue with the client. To prepare new generations of practitioners for the challenge of ethically and effectively integrating

this area of clients' lives, continued efforts are warranted to examine the clinical relationship as it attends to the RS needs of the client. Studies are finding that assessing and integrating clients' RS in practice actually contributes to a variety of positive health and mental health outcomes (Koenig, King, & Carson, 2012; Koenig, McCullough, & Larson, 2001), that clients prefer their RS beliefs be included as they relate to treatment, and that clients prefer the therapist or helping professional initiate such conversation (Leitz & Hodge, 2013; Stanley et al., 2011; Tepper, Rogers, Coleman, & Maloney, 2001).

Though definitions abound for religion and spirituality, for this paper, *religion* can be defined as a "system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the Sacred, the Divine, God...or Ultimate Truth, Reality, or nirvana" (Koenig, 2008, p. 11). *Spirituality*, on the other hand, may be defined as a "personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and formation of community" (Koenig et al., 2001, p. 18). These two areas of clients' lives are often sources of great emotional support, but also have the potential to be negatively interwoven into the presenting clinical issue (Pargament, 1997), warranting appropriate assessment and attention by the social work practitioner.

Social workers account for the largest proportion of clinically trained helping professionals in the United States [Substance Abuse and Mental Health Services Administration (SAMHSA), 2010]. Among this group of helping professionals, a majority report being affiliated with a Christian denomination (Canda & Furman, 2010). Today, the North American Association of Christians in Social Work (NACSW) serves as an organization "to equip its members to integrate Christian faith and professional social work practice" (NACSW, n.d.). Though this does not explicitly indicate whether the organization is equipping its members to integrate *the practitioners'* Christian faith versus their *clients'* faith (and may, in fact, intend to mean both), there is nonetheless a lengthy conversation that has been and continues to be held by this group regarding the role of Christian faith in social work practice.

This dialogue between practitioner and client has taken place over many years, yet, only one study to date has focused on specifically assessing a national sample of Christian social workers' integration of clients' RS in practice (Furman, Benson, & Canda, 2011). Given that the largest group of social work practitioners self-identify as Christian (Canda & Furman, 2010; Oxhandler, Polson, & Achenbaum, in press; Sheridan, Wilmer, & Atcheson, 1994), it is worth further exploring the ways in which this group of practitioners attends to clients' RS in practice.

## Literature Review

### Religion/Spirituality and Mental Health

Emerging research on the relationship between religion/spirituality (RS) and health/mental health suggests that ethically and effectively integrating clients' RS in practice has the potential for improving numerous health and mental health outcomes (Koenig et al., 2001; Koenig et al., 2012). As of 2016, Mental Health America reported that 18.5% of adults suffer from some form of mental illness. Considering that family, friends, and loved ones are also impacted through supportive and caregiving efforts related to the diagnosis, mental illness impacts a significant portion of the average community. With social workers comprising the largest portion of clinically trained helping professionals (SAMHSA, 2010), often attending to various mental and behavioral health issues, it is important they are prepared to address clients' RS as it relates to treatment.

Historically, social work research and practice has simultaneously struggled alongside other helping professions' discomfort with the integration of RS in clinical practice (Oxhandler & Pargament, 2014). For example, in psychology, despite Jung (1933) pointing to the gap between psychology and religion with his warning that "there are too many persons to whom Freudian psychology is dearer than the Gospels" (p. 212), "the relationship between psychology and religion has been contentious. Attempting to establish itself as legitimate empirical science, psychology frequently disregarded religious belief as irrational" (Breuninger, Dolan, Padilla, & Stanford, 2014, p. 149). Both in counseling and service provision (see Tobin, Ellor, & Anderson-Ray, 1986), the separation between social work practice and any sort of religion or spirituality was clear, but was traced back into the literature in the late 1980s and early 1990s (Canda & Furman, 2010; Ellor & McGregor, 2011).

Further, studies have suggested a wide disparity exists between the expressions of faith among the average person in the United States when compared to that of persons from the various helping professions (Hodge, 2002; Oxhandler et al., in press; Shafranske, & Cummings, 2013; Walker, Courtois, & Aten, 2015). Today, over 90% of the American population reports a belief in a higher power, and over 80% report that religion is at least somewhat important in their lives (Pew Research Center, 2012; 2015). Therefore, it is no wonder that many individuals report utilizing a variety of religious coping skills through health and mental health struggles (Pargament, 1997; 2007). It is also worth noting that religious coping may manifest in either positive coping strategies, such as prayer for their own or others' healing (Levin, 2016), or may be negatively interwoven into the presenting issue, such as wondering whether one has been abandoned by

his or her Higher Power (Pargament, 2007). Social workers must then be keenly aware of how to distinguish between the two and the steps needed to help the client move towards health.

Recent studies have emerged that show not only do Americans consider their RS to be an important part of their lives, but many clients prefer integrating RS into health and mental health treatment. Most noteworthy is that many clients have expressed a preference for the practitioner to be the one to initiate the conversation and assess clients' RS as it relates to their presenting issue (Leitz & Hodge, 2013; Stanley et al., 2011; Tepper et al., 2001; Weld & Erikson, 2007).

Not only are clients expressing a preference for their RS to be discussed in treatment, but some studies suggest clients may have a preference that their therapist identify with some belief system, even if it differs from the client's RS beliefs. For example, in a study of 178 undergraduate students who were asked about seeking counseling from a mental health professional if needed, students reported no difference regarding the likelihood of seeing a Christian or Jewish therapist, but significantly lower levels of likeliness of seeing an atheist therapist. However, there were a number of limitations in this study, including surveying undergraduates with limited religious diversity who were not actively seeking therapy, and using vignettes which may not reflect how psychologists disclose their RS beliefs. Still, the authors concluded participants might be more concerned about whether or not the therapist believes anything, rather than the therapist's particular religious affiliation (Gregory, Pomerantz, Pettibone, & Segrist, 2008).

However, a disconnect exists between clients preferring such integration and many social work practitioners (regardless of religious denomination) not having received training on how to address clients' RS as it relates to practice. Recent studies have shown few social workers have received training on integrating clients' RS in practice, with 84% of respondents in one study reporting that RS content was never or rarely presented in their social work education (Sheridan, 2008), and 65% reportedly not receiving any content on assessing or integrating clients' RS (Canda & Furman, 2010). This is not surprising, as in 2005, Russel, Russo, and Ferraro (as cited in Barker, 2008) noted only 57 out of 171 (33%) MSW programs offered a course on spirituality in 2004, an increase from Russel's (1998) report that 17 out of 114 (15%) social work programs offered a spirituality course. Certainly, the content delivered or quality of the course is unknown, and may greatly vary across programs.

Though attention to RS has not always been clearly included in the Council on Social Work Education's (CSWE) Educational Policy Accreditation Standards (EPAS), today there are standard expectations that social work students be competent in the role in which diversity (including RS diversity) plays in clients' lives, their development, and in shaping their

identity. Additionally, social work students are taught the importance of being aware of and managing their personal values (CSWE, 2015). Further, there are current expectations within the National Association of Social Workers' (2015) Code of Ethics for social workers to be culturally competent and understand diversity and oppression with respect to religion, to not exploit others for personal religious interests, to respect colleagues' religious diversity, and to not discriminate on the basis of religion. Given that many practitioners did not receive training on the integration of clients' RS in practice, and yet that research is emerging that supports such integration, the evidence-based practice (EBP) process might assist practitioners to make best practice decisions.

The evidence-based practice (EBP) process is a widely used five-step model (Thyer, 2004) by which a practitioner: 1) proposes an answerable practice question; 2) identifies evidence to answer the question; 3) critically appraises the evidence within the decision-making process as it relates to the clinical circumstances; 4) integrates "the best research evidence with clinical expertise and [client] values" (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p. 1); and 5) evaluates client outcomes and the effectiveness of the first four steps. Given that few social workers received training on integrating clients' RS, that research indicates including clients' RS in practice promotes positive outcomes (fitting within steps two and three), and that clients prefer helping professionals initiate the conversation on how their RS may relate to their clinical circumstance and/or treatment protocols (fitting within step four), the EBP process would be an appropriate modality for integrating clients' RS and evaluating outcomes.

### **Christian Social Workers' Integration of RS in Practice**

Across all levels of education, the largest religious group of social workers in the United States is Christian (Canda & Furman, 2010; Oxhandler, Parrish, Torres & Achenbaum, 2015; Sheridan et al., 1994). Prior studies have found that social workers who self-identify as Christian have engaged in spiritually-related interventions with clients at an overall higher frequency than other religious traditions (Canda & Furman, 2010).

Not only do a majority of social workers self-identify as Christian, but students have also expressed their Christian faith as being a primary motivator for choosing the social work profession. Hirsbrunner, Loeffler, and Rompf (2012) found among 70 undergraduate students at a Christian and state university, 9 out of 10 self-identified as either Protestant or Catholic, with 83% of the sample reporting their religious or spiritual beliefs were at least somewhat important in influencing their career choice (57% said it was very important).

As described by Sherwood, “a Christian worldview supports the mission of social work and its Code of Ethics while simultaneously informing and critiquing it” (1999, p. 1). A social worker’s Christian belief system also affects how he or she perceives and interacts with the surrounding world, including how he or she interprets the need to provide services and work for social justice for the disadvantaged (Sherwood, 1999). In essence, for some social workers, a Christian belief system may provide an additional lens through which the social worker operates and interacts with their clients to deliver the best services available. Certainly, other belief systems or cultural values may provide unique and valuable lenses to social work practice as well. However, because Christianity is the most commonly reported belief system among social workers, we were interested in exploring this group’s consideration of clients’ RS. Specifically, we wanted to explore whether any differences among self-identified Christian and non-Christian social workers exist with regard to their views and behaviors toward integrating clients’ RS in practice through methods supported by the EBP process.

For the purpose of this study, the guiding research questions include:

1. What attitudes and levels of self-efficacy do social workers who self-identify as Christian have around integrating clients’ RS in practice, and how do they compare with those who do not self-identify as Christian?
2. Do social workers who self-identify as Christian consider integrating clients’ RS in practice to be feasible, and how do they compare with those who do not self-identify as Christian?
3. At what frequency are social workers who self-identify as Christian implementing steps to integrate clients’ RS in practice, and how do they compare with those who do not self-identify as Christian?
4. How do those who self-identify as Christian compare with those who do not self-identify as Christian with regards to their overall scores on the Religious/Spiritually Integrated Practice Assessment Scale, measuring practitioners’ self-efficacy, attitudes, perceived feasibility, integration of clients’ RS in practice, and overall orientation toward this area of practice?

## **Methods**

### **Sample**

The original study was approved by the University of Houston’s Institutional Review Board and consisted of a national sample of social work practitioners with public profiles on HelpPro’s ([www.helppro.com](http://www.helppro.com)) National

Social Work Finder. As described in further detail in Oxhandler and Parrish (2014), 2,000 zip codes across the United States were systematically randomly selected and entered into HelpPro's Social Work Finder with a five-mile radius. Inclusion criteria were limited to individual practitioners, excluding any agencies, schools, or group practices that were advertised. A total of 1,643 individuals were identified, with 1,381 providing a mailing address, an email address linked to their profile, and an MSW. One thousand individuals were randomly selected to participate, of which, 16 were removed for various reasons described in Oxhandler and Parrish (2014). Of the 984 individuals in the sample, 482 responded to the survey, yielding a 49% response rate (Oxhandler & Parrish, 2014). A total of 469 respondents had at least three RSIPAS subscales complete. For the purpose of this study, the analysis was restricted to the 444 who responded to the general social survey item on religious preference (Smith, Hout, & Marsden, 2013). Of these 444, 168 (38%) identified as Christian (marking Protestant, Catholic, or Other and specifying various Christian denominations), and 276 (62%) did not self-identify as Christian.

### **Data Collection**

Dillman, Smyth, and Christian's (2015) recommended survey methods were utilized in the original online survey. Potential participants first received a pre-invitation email, informing them of the upcoming invitation to participate. Within one week, the sample received an email invitation to participate in the online survey with the SurveyMonkey link, followed by a mailed letter about two weeks after the initial invitation email with the survey link and a \$1 token incentive, and then finally, a follow-up email about two weeks after the letter, with the survey link to participate as well as a link to assess reasons for non-response. Each method of contact described the study, assured responses would be anonymous, and contained Institutional Review Board information. As described in the original study, the sampling frame was adjusted from 1,000 to 984 due to one duplicated name, one individual being deceased, one individual with technology issues, three individuals whose email and letter bounced back, and ten asking to be removed immediately after the pre-invitation email, thus, never obtaining the survey link (Oxhandler & Parrish, 2014).

The online survey included the Religious/Spiritually Integrated Practice Assessment Scale (RSIPAS; Oxhandler & Parrish, 2014), a variety of items to assess practitioner characteristics (Parrish & Rubin, 2011), one item assessing burnout (Rohland, Kruse, & Rohrer, 2004), the Duke University Religion Index (DUREL) to measure intrinsic and extrinsic religiosity (Koenig & Büssing, 2010), and three RS items from the General Social Survey that measure religious affiliation and the extent to which the respondent is a religious or

spiritual person (Smith et al., 2013). The RSHIPAS measures practitioners' self-efficacy ( $\alpha=.91$ ), attitudes ( $\alpha=.88$ ), perceived feasibility ( $\alpha=.84$ ), and behaviors ( $\alpha=.87$ ) related to integrating clients' RS in practice with attention to elements of the EBP process, as well as their overall orientation toward integrating clients' RS in practice ( $\alpha=.95$ ) (Oxhandler & Parrish, 2014). The RSHIPAS has excellent reliability and established content, construct, discriminant, criterion, and factorial validity with social workers, and has since been validated with nurses, psychologists, professional counselors, and marriage and family therapists (Oxhandler, 2016).

### Data Analysis

SPSS 22.0 was used to assess missing data and for descriptive analyses of the sample. The five-point Likert scale items were collapsed into two categories to simplify the analyses: "strongly agree/agree" and "neutral/disagree/strongly disagree" for Self-Efficacy, Attitudes, and Perceived Feasibility subscales, measuring level of agreement. For the Behaviors subscale, which measured frequency, the responses were collapsed into "very often/often" and "some of the time/rarely/never." Groups were compared based on whether the participant self-identified as a Christian (responding with Protestant, Catholic, or Other and indicating a Protestant or Christian denomination) or indicated another religious faith or background (Jewish, Muslim, Buddhism, Hinduism, None, or Other) in the General Social Survey religious affiliation item (Smith et al., 2013).

Bivariate analyses, including independent samples t-tests and chi square analyses, were used to compare the two groups with regard to their attitudes, self-efficacy, perceived feasibility, behaviors, and their overall orientation toward integrating clients' RS in practice.

Additionally, a variety of independent variables were considered to examine whether or not a difference existed between the two groups. These included age, region, race (recoded as *White* and *non-White* due to few non-White respondents), Duke University Religion Index (DUREL) Intrinsic Religiosity subscale (Koenig & Büssing, 2010), and two items from the General Social Survey measuring degree of religiosity and spirituality (Smith et al., 2013). Bonferroni corrections were used to reduce the risk of a Type I error, considering the large number of comparisons that were made, and a correction for continuity was used for the chi-square analyses, to reduce the risk of an inflated chi square in the two-by-two tables.

### Results

As shown in Table 1, the majority of respondents were female (80.2%) and White (87.4%), with both groups having an average age in the mid-

50s and about 20 years of practice experience. There were no differences between those who did and did not self-identify as Christian with regards to age, gender, highest educational degree, length in clinical practice, or length of time at their current agency. Race/ethnicity had too many cells with a cell count less than five, therefore the variable was recoded to White and Non-White, and no difference was identified. There was no difference between those who did and did not self-identify as Christian regarding whether or not the individual had a course on the subject during their MSW program, had taken continuing education on the topic, or had knowledge of empirically supported interventions that integrate RS in practice.

There was, however, a difference between the two groups with regard to the region of the country in which they lived, with fewer self-identified Christians in the Northeast and in the West ( $\chi^2 = 17.43$ ,  $df = 3$ ,  $p < .001$ ). Additionally, those who self-identified as Christian had a higher level of intrinsic religiosity than those who did not self-identify as Christian ( $t = 8.471$ ,  $df = 428.64$ ,  $p < .001$ ), as measured by the DUREL (Koenig & Büssing, 2010).

**Table 1: Background Characteristics of Social Workers Who Self-Identify as Christian or Non-Christian**

		Christian (n=168)	Non-Christian (n=276)
	<i>M</i> <i>SD</i>	<i>M</i> <i>SD</i>	<i>t</i> <i>p</i>
Age (n=164, 276)	56.76 11.31	53.37 10.92	-.360 .719
Years of Practice Experience (n=167, 275)	24.15 11.30	22.37 11.35	-1.597 .111
	n (%)	n (%)	$\chi^2$ <i>p</i>
Gender Female (n=353) Male (n=87)	130 (77.8) 37 (22.2)	223 (81.7) 50 (18.3)	.737* .391
Ethnicity (n=167, 271)			**
Caucasian	142 (85.0)	241 (88.9)	
African American	12 (7.2)	2 (0.7)	
Hispanic	10 (6.0)	9 (3.3)	
Asian/Pacific Islander	1 (0.5)	8 (3.0)	
American Indian/ Alaskan Native	0 (0.0)	3 (1.1)	
Other	2 (1.2)	8 (3.0)	
Region (n=164, 272)			
Northeast	51 (31.3)	115 (42.3)	17.43
Midwest	40 (24.4)	39 (14.3)	.001
South	49 (29.9)	54 (19.9)	
West	24 (14.6)	64 (23.5)	

		Christian (n=168)	Non-Christian (n=276)
Prior Continuing Education on RS Integrated Practice: Yes (n=168, 276)	84 (50.0)	114 (41.3)	2.854* .091
Prior Continuing Education on RS Integrated Practice: Yes (n=168, 276)	84 (50.0)	114 (41.3)	2.854* .091
Prior Courses on RS Integrated Practice: Yes (n=168, 276)	23 (13.7)	31 (11.2)	.620 .773
To what extent do you consider yourself a religious person?: Very/ moderately religious (n=164, 275)	103 (62.8)	60 (21.8)	72.190* .000
To what extent do you consider yourself a spiritual person?: Very/ moderately spiritual (n=168, 275)	155 (92.3)	210 (76.4)	18.170* .000

Note: RS = religion/spirituality. \*A continuity correction was used to reduce the risk of an inflated chi-square statistic. \*\*Ethnicity had too many cells with an expected frequency less than 5 to report non-parametric statistics.

### Missing Data and Assumptions

Data was missing completely at random (MCAR) and was minimal; however, the behaviors subsection had up to 5.8% missing data, exceeding Tabachnick and Fidell's (2013) recommended 5% cutoff, but still considered MCAR and not problematic across background items (Oxhandler & Parrish, 2014). For the purpose of this study, self-identified Christian and non-Christian groups were compared with regards to missing data and there was no difference.

### Findings

Here are the findings, based on the four research questions:

1. *What attitudes and levels of self-efficacy do social workers who self-identify as Christian have around integrating clients' RS in practice, and how do they compare with those who do not self-identify as Christian?*

As shown in Table 2, Christians reported extremely high levels of self-efficacy, with about three out of four agreeing with every statement, except for item 3 ("I know what to do if my client brings up thoughts of being possessed by Satan or the Devil"). Nearly all Christians reported the

ability to recognize when clients utilize positive coping strategies, as well as negative coping strategies, and consider the unique needs of diverse clients with different RS backgrounds in their practice.

Both Christians and non-Christians reported extremely high levels of self-efficacy. Across all self-efficacy items, a higher percentage of social workers (1%–19.2%) that self-identified as Christian agreed with the statement; however, only three self-efficacy items were significant after a Bonferroni correction to reduce the risk of a Type I error. These three items include 6 (“I am able to ensure my clients have access to religious/spiritual resources if they see this as an important aspect to their healing process”), 8 (“I feel confident in my ability to integrate my clients’ religious/spiritual beliefs into their treatment”), and 9 (“I know when it is beneficial to refer my client to pastoral or religious counseling”).

**Table 2: Frequencies of Responses to RSIPAS Items:  
Self-Efficacy with Regard to Integrating Clients’ RS in Practice\***

SELF-EFFICACY WITH REGARD TO INTEGRATING CLIENTS’ RS in Practice (Strongly Agree/Agree)	SELF- IDENTIFIED CHRISTIAN (n = 168)	NOT SELF- IDENTIFIED CHRISTIAN (n = 276)	$\chi^2$	<i>p</i>
1. I know how to skillfully gather a history from my clients about their religious/spiritual beliefs and practices. (n=442)	137 (82.0)	220 (80.0)	.16	.688
2. I am able to recognize when my clients are experiencing religious/spiritual struggles. (e.g. tension or conflict with his/her Higher Power, religious/spiritual community, spiritual beliefs, etc.) (n=441)	149 (89.2)	237 (86.5)	.48	.489
3. I know what to do if my client brings up thoughts of being possessed by Satan or the Devil. (n=440)	111 (66.5)	159 (58.2)	2.62	.106
4. I consider the unique needs of diverse clients with different religious/spiritual backgrounds in my practice. (n=442)	159 (95.8)	257 (93.1)	.89	.344
5. I am able to recognize when my clients utilize positive religious/spiritual coping strategies. (e.g. trying to find a spiritual lesson in the presenting issue, etc.) (n=443)	163 (97.6)	263 (95.3)	.95	.330
6. I am able to ensure my clients have access to religious/spiritual resources if they see this as an important aspect to their healing process. (e.g. religious/spiritual reading materials, pastoral counseling, contact information to local clergy, or a prayer room/place of worship). (n=441)	129 (77.7)	161 (58.5)	16.05	.000
7. I feel as though I have the skills to discuss my clients’ religious/spiritual strengths. (n=443)	150 (89.8)	229 (83.0)	3.41	.065

SELF-EFFICACY WITH REGARD TO INTEGRATING CLIENTS' RS in Practice (Strongly Agree/Agree)	SELF-IDENTIFIED CHRISTIAN (n = 168)	NOT SELF-IDENTIFIED CHRISTIAN (n = 276)	$\chi^2$	p
8. I feel confident in my ability to integrate my clients' religious/spiritual beliefs into their treatment. (n=440)	151 (89.9)	212 (77.9)	9.44	.002
9. I know when it is beneficial to refer my client to pastoral or religious counseling. (n=439)	144 (86.7)	196 (71.8)	12.37	.000
10. I feel as though I have the skills to discuss my clients' religious/spiritual struggles. (n=441)	139 (84.2)	211 (76.4)	3.37	.066
11. I am able to recognize when my clients utilize negative religious/spiritual coping strategies. (e.g. viewing the presenting issue as punishment from his/her Higher Power, etc.) (n=443)	160 (95.8)	245 (88.8)	5.71	.017
12. I know what to do when my client has religious/spiritual beliefs that I am unfamiliar with. (n=442)	168 (85.7)	274 (84.7)	.03	.872
13. I am comfortable discussing my clients' religious/spiritual struggles in therapy. (n=441)	155 (92.3)	239 (87.5)	1.96	.162

Note: A continuity correction was used to reduce the risk of an inflated chi-square statistic.

Regarding their attitudes toward integrating clients' religion/spirituality in practice, at least half of those who self-identified as Christian agreed with each of the attitudes items in their appropriate direction, with items 5, 6, 7, 9, and 12 (after reverse coding) eliciting at least 90% agreement (see Table 3). Compared with those who did not self-identify as Christian, a majority of both groups agreed with each of the statements, with the exception of Attitude 10 "Empirically-supported religious/spiritually integrated therapies are relevant to my practice." The only item that was significantly different between the two groups after a Bonferroni correction was item 4 ("Integrating clients' RS beliefs in treatment helps clients meet their goals"), with Christians having a higher level of agreement ( $\chi^2 = 9.143$ ,  $df = 1$ ,  $p = .002$ ).

**Table 3: Frequencies of Responses to RSIPAS Items: Attitudes Toward Integrating Clients' RS in Practice \***

ATTITUDES TOWARD INTEGRATING CLIENTS' RS IN PRACTICE	SELF-IDENTIFIED CHRISTIAN (n = 168)	NOT SELF-IDENTIFIED CHRISTIAN (n = 276)	$\chi^2$	p
1. It is essential to assess clients' religious/spiritual beliefs in practice. (n=444)	106 (63.1)	173 (62.7)	.00	.999
2. Integrating clients' religious/spiritual needs during treatment helps improve client outcomes. (n=441)	127 (76.0)	183 (66.8)	3.83	.050

ATTITUDES TOWARD INTEGRATING CLIENTS' RS IN PRACTICE	SELF-IDENTIFIED CHRISTIAN (n = 168)	NOT SELF-IDENTIFIED CHRISTIAN (n = 276)	$\chi^2$	p
3. Practitioners who take time to understand their clients' religious/spiritual beliefs show greater concern for client well-being than practitioners who do not take time to understand their clients' religious/spiritual beliefs. (n=443)	97 (58.1)	149 (54.0)	.55	.458
4. Integrating clients' religious/spiritual beliefs in treatment helps clients meet their goals. (n=444)	121 (72.0)	158 (57.2)	9.14	.002
5. I am open to learning about my clients' religious/spiritual beliefs that may differ from mine. (n=442)	160 (96.4)	269 (97.5)	.13	.720
6. Attending to clients' religious/spiritual needs is consistent with the principles of meeting the client where he/she is at. (n=443)	156 (93.4)	248 (89.9)	1.23	.268
7. Sensitivity to clients' religious/spiritual beliefs will improve one's practice. (n=442)	154 (92.8)	258 (93.5)	.01	.927
8. I am open to referring my clients to religious or pastoral counseling. (n=441)	144 (86.2)	205 (74.8)	7.51	.006
9. Attending to clients' religious/spiritual beliefs is consistent with my profession's code of ethics. (n=443)	148 (91.2)	235 (95.7)	.42	.519
10. Empirically-supported religious/spiritually integrated therapies are relevant to my practice. (n=444)	87 (51.8)	110 (39.9)	5.55	.018
11. There is a religious/spiritual dimension to the work I do. (n=441)	113 (67.7)	170 (62.0)	1.19	.275
12. I refuse to work within my clients' religious/spiritual belief system if it differs from my own. (n=442)	1 (0.6)	2 (0.7)	.00	.999

Note: A continuity correction was used to reduce the risk of an inflated chi-square statistic.

2. *Do social workers who self-identify as Christian consider integrating clients' RS in practice to be feasible, and how do they compare with those who do not self-identify as Christian?*

As shown in Table 4, at least 80% of those who did and did not self-identify as Christian agreed with the various items on assessing the feasibility of integrating clients' RS in practice, in the appropriate direction. The one item that fell to 55% of Christian and 51% of those who did not self-identify as Christian was item 6 ("I have been adequately trained to integrate my clients' RS into therapy.") Across perceived feasibility items, there were no significant differences between the groups after a Bonferroni correction.

**Table 4: Frequencies of Responses to RSIPAS Items:  
Perceived Feasibility to Engage in RS Practice \***

PERCEIVED FEASIBILITY TO ENGAGE IN RS INTEGRATED PRACTICE	SELF-IDENTIFIED CHRISTIAN (n = 168)	NOT SELF-IDENTIFIED CHRISTIAN (n = 276)	$\chi^2$	p
1. I have enough time to assess my clients' religious/spiritual background. (n=444)	137 (81.5)	227 (82.2)	.003	.953
2. I have enough time to identify potential strengths or struggles related to my clients' religion/spirituality. (n=443)	146 (86.9)	236 (85.8)	.032	.857
3. My primary practice setting does not support the integration of religion/spirituality into practice. (n=442)	5 (3.0)	16 (5.8)	1.260	.262
4. I don't have enough time to think about incorporating a religious/spiritually integrated approach to practice. (n=442)	12 (7.2)	6 (2.2)	5.440	.020
5. Given the many issues that must be addressed in treatment, I still find time to integrate my clients' religion/spirituality if they communicate a preference for this. (n=443)	157 (93.5)	240 (87.3)	3.641	.056
6. I have been adequately trained to integrate my clients' religion/spirituality into therapy. (n=443)	93 (55.4)	139 (50.5)	.785	.376

**3. *At what frequency are social workers who self-identify as Christian implementing steps to integrate clients' RS in practice, and how do they compare with those who do not self-identify as Christian?***

Regarding self-identified Christian's behaviors related to integrating clients' RS in practice, only three items (4, 6, and 8) elicited over half of the sample responding with "often" or "very often," as shown in Table 5. However, 26% or fewer self-identified Christians reportedly engaged in the behaviors mentioned in items 1, 2, 3, and 5 at least often. Those who did not self-identify as Christian held similar responses, with lower levels of engaging in behaviors as compared to their responses to the prior subscales. The only item in which Christians reported a significantly higher frequency of engagement was item 3 ("I read about research evidence on RS and its relationship to health to guide my practice decisions")

**Table 5: Frequencies of Responses to RSIPAS Items:  
Behaviors Related to Integrating Clients' RS in Practice \***

BEHAVIORS RELATED TO INTEGRATING CLIENTS' RS IN PRACTICE	SELF-IDENTIFIED CHRISTIAN (n = 168)	NOT SELF-IDENTIFIED CHRISTIAN (n = 276)	$\chi^2$	p
1. I seek out consultation on how to address clients' religious/spiritual issues in treatment. (n=440)	19 (11.4)	26 (9.5)	.244	.621
2. I read about ways to integrate clients' religion/spirituality to guide my practice decisions. (n=443)	44 (26.3)	59 (21.4)	1.175	.278
3. I read about research evidence on religion/spirituality and its relationship to health to guide my practice decisions. (n=443)	42 (25.0)	39 (14.2)	7.461	.006
4. I involve clients in deciding whether their religious/spiritual beliefs should be integrated into our work together. (n=441)	109 (65.3)	150 (54.7)	4.318	.038
5. I use empirically supported interventions that specifically outline how to integrate my clients' religion/spirituality into treatment. (n=443)	24 (14.3)	33 (12.0)	.303	.582
6. I conduct a full biopsychosocialspiritual assessment with each of my clients. (n=440)	96 (57.1)	155 (57.0)	.000	.999
7. I link clients with religious/spiritual resources when it may potentially help them (e.g. religious/spiritual reading materials, contact information to local clergy, or a prayer room/place of worship). (n=439)	78 (47.0)	105 (38.5)	2.746	.097
8. I help clients consider ways their religious/spiritual support systems may be helpful. (n=440)	113 (67.7)	165 (60.4)	2.025	.155
9. I help clients consider the religious/spiritual meaning and purpose of their current life situations. (n=441)	82 (49.1)	115 (42.0)	1.856	.173

4. *How do those who self-identify as Christian compare with those who do not self-identify as Christian with regards to their overall RSIPAS scores, measuring practitioners' self-efficacy, attitudes, perceived feasibility, and integration of clients' RS in practice, as well as their overall orientation toward this area of practice?*

As shown in Table 6, independent t-tests compared the responses among social workers who did and did not self-identify as Christian using listwise deletion. Using a Bonferroni correction to reduce the risk of a Type I error, those who self-identified as Christian had significantly higher self-efficacy ( $t = 2.84, p = .005$ ) and self-reported behaviors scores ( $t = 2.80, p = .005$ ). There was no difference between the two groups with regard to their attitudes toward integrating clients' RS in practice or perceived feasibility. The two groups' overall orientation scores approached significant difference, but was not significant after a Bonferroni correction.

**Table 6: Mean Differences between Christians and Non-Christians on Scale and Sub-Scale Scores**

	SELF-IDENTIFIED CHRISTIAN (n = 168)		SELF-IDENTIFIED NON-CHRISTIAN (n = 276)		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Self-Efficacy	53.98	6.01	52.08	8.03	2.84	.005
Attitudes	48.86	6.01	47.66	7.02	1.84	.066
Perceived Feasibility	24.08	3.43	23.97	3.91	.317	.744
Self-Reported Behaviors	29.14	6.22	27.34	6.75	2.80	.005
Orientation Toward RS in Practice	156.06	18.33	151.04	22.78	2.55	.011

Note: RS = Religion/Spirituality; RSIPAS = Religious/Spiritually Integrated Practice Assessment Scale

**Discussion**

Acknowledging the role in which one's understanding of spirituality, regardless of religious faith or background, may carry out into all dealings of one's life is an important step to consider in social work training and education efforts, especially as they relate to considering clients' RS in practice. In Oxhandler et al. (2015), intrinsic religiosity across a variety of faith backgrounds was, in fact, the largest predictor of whether or not clinical social workers integrated clients' RS in practice. Intrinsic religiosity reflects a variety of the aspects of personal beliefs and their impact on the application of religious or spiritual values, regardless if one self-identifies as Christian or not. Given that the largest proportion of social workers self-identify as Christian, and that many social work students report their Christian beliefs influence their career choices (Hirsbrunner et al., 2012), this study sought to build upon Furman and colleagues' (2011) study by using a standardized instrument to examine four unique constructs between

these two groups—their self-efficacy, attitudes, perceived feasibility, and behaviors—as well as their overall orientation toward integrating clients' RS into practice.

Nearly equal numbers of social workers that identify as Christian or indicated another religious faith or background (Jewish, Muslim, Buddhism, Hinduism, None, or Other) held positive views and attitudes toward integrating at least some aspect of RS into their practice. Further, the two groups similarly find few barriers (e.g., time, training, or competing clinical issues) to considering this area of clients' lives. These results are encouraging, suggesting that both groups are open and willing to consider this sensitive area of clients' culture and that the transition of the 1990s has been successful, communicating the need to pay attention to RS as it relates to practice.

However, there are some differences between the two groups. Those who self-identified as Christian reported higher levels of self-efficacy related to integrating clients' RS, compared with those who did not identify as Christian. Possibly the most direct variable under this subscale is Self-Efficacy item eight ("I feel confident in my ability to integrate my client's religious/spiritual beliefs into their treatment"), in which nearly 90% of Christians agreed, versus 78% of non-Christians. Still, these numbers are remarkably high for both groups, especially with only 11-14% of respondents having taken a course on this topic. Self-efficacy items six and nine also had higher levels of agreement among Christians; however, these items relate to referring clients to religious resources or pastoral counseling, which Christians may feel more confident in because of their own personal connections to religious organizations.

Though this sample of Christians may feel more confident given their connection to their own religious organization, their beliefs, practices, and organizations may not be appropriate for all clients. In fact, a recent comparison shows social workers' and clients' beliefs and practices are vastly different (Oxhandler, et al., in press). Therefore, as in any other area or aspect of culture in which the social worker has not yet developed competence, when the client speaks of a matter of her or his faith the social worker is unfamiliar with, considering referral and connecting clients with the necessary, appropriate, and culturally-tailored resources is important. Since less than half of either group reported engaging in these behaviors under behavior item seven, an increased emphasis on training future social workers about referring to RS or pastoral counseling and linking clients with RS resources is critical.

Another difference between these two groups is in their responses to the behaviors subscale. Those who self-identified as Christian generally reported engaging in the behaviors more frequently; however, across both groups, less than half reported engaging in six out of the nine items often

or very often, suggesting a discrepancy between their attitudes, self-efficacy, and perceived feasibility with their behaviors. Though some of the behavior items might be context-specific and/or depend on client preferences, other items are less context-specific. For example, 38.5-47% link clients with RS resources when it may potentially help them. As noted in Oxhandler and Giardina (in press), though 31% of this sample reported nothing prevents them from integrating clients' RS in the qualitative portion of this study, 35% listed a variety of practitioner-related limitations that further training might alleviate. Some of these include a lack of training, discomfort/fear on how to discuss the topic, discordance with their personal beliefs, and a lack of familiarity with various faith traditions (Oxhandler & Giardina, in press).

It is clear that significant progress has been made in developing the efficacy of social workers in addressing RS issues. However, the discrepancy between their views and responses to the behaviors items suggests that there is more work to be done. If nine out of ten adults in the United States believe in a God or Universal Spirit and a large majority consider religion to be at least somewhat or very important (Pew Research Center, 2015), then there is a need for clinical social workers to be equipped to assess and address the religious and spiritual needs of their clients as they relate to social work practice. This should be true regardless of the social workers' belief systems. Practitioners need to address the unique RS needs of clients and respect the clients' RS traditions, which may involve integration of religious beliefs and practices outside of the social worker's own worldview.

Social work training teaches basic social work values, cultural awareness, self-awareness, active listening techniques, community practice insight, and public policy insights. On many of these topics there is some agreement among educators as to what should be taught. Though certainly not a new topic, RS has emerged as a critical component worthy of assessment and exploration in mental and behavioral health treatment. Not only is there discourse on the use of religion in coping (Pargament, 2007) and impact of RS on health and mental health outcomes (Koenig et al., 2001; Koenig et al., 2012), but standing mandates to include RS in practice are facilitated by the connection between RS and culture within the National Association of Social Work's (NASW, 2008) Code of Ethics, the Council on Social Work Education's (CSWE, 2015) Educational Policy Accreditation Standards, and the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013).

Though our study moves the discussion related to the integration of clients' RS into practice forward, particularly with regard to the role of Christian social worker's faith tradition, there certainly are limitations. First, our sample included LCSWs on HelpPRO, which includes practitioners who were primarily in solo, private practice (Oxhandler et al., 2015) and able to pay an annual fee of about \$75-\$100 (HelpPRO, n.d.);

thus, practitioners who were not on this site were excluded. However, the demographics within our sample of licensed social workers closely mirror those of NASW members being predominantly older, white women (Center for Health Workforce Studies, 2006). Still, groups of practitioners from other minority backgrounds or those who are not primarily in solo-private practice might have responded differently.

### Conclusion

Though there has been an increase in discourse and need for attention to clients' RS matters in social work, and though this national sample's views are encouragingly positive, fewer LCSWs are engaging in behaviors related to integrating clients' RS in practice. Interestingly, regardless whether the LCSW identified as Christian or not, there was not a difference between the two groups with regard to their attitudes, perceived feasibility, and overall orientation toward integrating clients' RS. However, those who self-identified as Christian reported higher levels of self-efficacy and indicated that they engaged in behaviors related to RS integration more frequently. Yet, the fact that both groups are less frequently assessing for and integrating clients' RS, despite openness to it, warrants an increase in training on this area of practice and the need to evaluate such training. ❖

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# Spiritual Well-being Among Older Cancer Patients and Implications for Christians in Social Work

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*This study seeks to understand differences in spiritual well-being among subgroups in the older adult population with cancer. Spirituality can play a role in coping and healing as well as be a source of distress in the disease process. A nationally representative sample was drawn of community-dwelling adults over the age of 65 (n=384) who had been diagnosed with cancer in the past five years. The QOL-CS Spiritual Well-Being Scale and demographic questions were used to identify subgroup differences in spiritual well-being. Major findings suggest that women, African Americans, those living in non-urban areas, and those who are younger-old experience higher levels of spiritual well-being during their cancer experience. Findings suggest purposeful use of spiritual assessments among older adults with cancer. Christian social workers are well-situated to conduct and advocate for spiritual assessments.*

**A**CCORDING TO THE SURVEILLANCE, EPIDEMIOLOGY, AND END RESULTS Program (SEER), over 1.6 million new cases of cancer were diagnosed in 2015. More than 50 percent of those cases were diagnosed in individuals over the age of 65 (<http://seer.cancer.gov/statfacts/html/all.html>). When a life-limiting diagnosis, such as cancer, is received, individuals often reflect on the meaning of life and begin to face their own mortality (McClain, Rosenfeld, & Breitbart, 2003). Holland and associates (2009) postulate that older adults often are able to address these issues more effectively than younger adults, with fewer negative psychological outcomes, due to their developmental tasks of integrity versus despair, as outlined by Erikson, Erikson, and Kivnick (1986). However, those older adults who experience despair due to an inability to make peace with their lives are more susceptible to depression, loneliness, and isolation (Holland et al., 2009). One's spirituality can largely influence their approach to ill-

ness and suffering. For instance, among Christians, this idea of integrity is often associated with the virtue of wisdom, and “means to identify with and surrender to the Creator who gives life its ultimate meaning and purpose” (Power, Power, & Snarey, 2012, p. 137). Social workers serving older adults in cancer care need to understand how their clients’ spirituality is conceptualized and derived. To that end this article will discuss spirituality among older adults with cancer using evidence from previous studies and results from a representative national survey of older adults. The main purpose of this article is to obtain a better understanding of who may be in greatest need of spiritual support and to discuss how we, as practicing social workers, can begin to assess and address those needs.

## **Literature Review**

### **Defining Spirituality**

Spirituality is defined as “a universal and fundamental human quality involving the search for a sense of meaning, purpose, morality, well-being, and profundity in relationships with ourselves, others, and an ultimate reality” (Canda & Furman, 2010, p. 59). Spirituality can also refer to extending concern for those beyond ourselves (Fetzer Institute/National Institute on Aging Working Group, 2003). Many definitions of spirituality highlight one’s desire to understand and pursue a relationship with the transcendent (Joseph, 1987; Koenig, King, & Carson, 2012). The Christian understanding of spirituality can be further defined as our response to God’s call for a relationship (Benner, 1989).

Spirituality is often understood in tandem with religion, which often seeks to “foster and nourish the spiritual life” (Fetzer Institute/National Institute on Aging Working Group, 2003, p. 2). However, while religion and spirituality can be intertwined, one can practice religion without a strong relationship to the transcendent (Fetzer Institute/National Institute on Aging Working Group, 2003). Religion is broadly seen as the institutionalized practices, values, and belief-systems associated with spirituality (Canda & Furman, 2010).

### **Spirituality and Chronic Disease**

Spirituality has been associated with better health outcomes largely due to adjustment and coping mechanisms and spiritual practices that elicit relaxation responses (Fetzer Institute/National Institute on Aging Working Group, 2003; Puchalski, 2012). Further, spiritual and religious involvement is often tied to supportive communities who assist with both emotional and instrumental forms of support during times of illness (Fetzer

Institute/National Institute on Aging Working Group, 2003). Spirituality can contribute to lower levels of depression and positive coping by helping to find meaning in stressful events, deriving comfort through a relationship with the transcendent, and engaging in coping mechanisms such as prayer and meditation (Garssen, Uwland-Sikkema, & Visser, 2015; Lynch, Hernandez-Tejada, Strom, & Egede, 2012). Further, higher levels of religion and spirituality among cancer patients are associated with higher levels of physical well-being, higher levels of functional well-being, and lower levels of symptom distress (Jim et al., 2015).

However, the cancer trajectory can also be a source of spiritual distress. Those with lower levels of spiritual well-being express more hopelessness, increased desire for hastened death, increased depression, decreased adherence to medication and medical advice, and more frequent follow-up appointments (Jim et al., 2015; Puchalski, 2012).

### **Spiritual Assessment and Disease**

Since spiritual well-being is recognized as an important facet of individual health, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) began mandating in 2001 that spiritual assessment be used in healthcare settings (Hodge, 2006). Spiritual assessments in health care need to minimally cover one's denomination or faith tradition, significant spiritual beliefs, and important spiritual practices (Hodge, 2006). More recently, in 2009, the National Consensus Conference developed guidelines for integration of spirituality into palliative care (Puchalski, 2012). These guidelines emphasize the importance of all members of the healthcare team, not just chaplains, to address spiritual care and recognize the multi-dimensionality of health and well-being (2012).

### **Research Question**

This study is two-fold. First, it seeks to understand what population groups within older adults with cancer may be most vulnerable to experiencing lower levels of spiritual well-being given the importance of spiritual well-being in cancer care outcomes. Second, it seeks to identify those population groups among older adults who have higher levels of spiritual well-being and may appreciate greater levels of attention to spirituality during their cancer experience. Primarily, this study asks: What demographic characteristics among older adults with cancer are associated with spiritual well-being?

## Method

### Sample and Design

This study utilized a cross-sectional design to describe the relationships between cancer diagnosis and treatment variables and spiritual well-being. Participation was solicited via an online survey administered through the GfK group (GfK, 2014). The sample was drawn from the Knowledge-Panel®, a probability sample covering the United States through the GfK Group. The panel members were originally recruited using random digit dialing but address-based sampling has been employed since 2009. Using this sampling method, the KnowledgePanel® covers approximately 97 percent of all addresses in the United States. Surveys are conducted online and households are provided with a notebook computer and internet access if needed. Participants in this panel complete an initial profile survey that contains demographic information and this information is updated annually. Efforts are made to limit panel members to four to six surveys per month while still ensuring representative samples.

For this study, GfK drew a random sample of 1,180 panel participants ages 65 through 85. Additionally, all panel participants over the age of 85 (N=102) were asked to participate in the study. Thus, a total of 1,282 panel participants were sent the survey. Of those, 987 participants responded yielding a response rate of 77%. Of the 987, 39% reported being diagnosed with cancer other than or in addition to non-melanoma skin in the last five years resulting in a total analysis sample of 384. Non-melanoma skin cancers were excluded as they are relatively common, less fatal, and are not reportable cancers.

### Variables and Measurement

Independent variables include age, education, region (urban versus non-urban), race/ethnicity, and gender. Region, race/ethnicity, and gender are coded as dummy variables. Age is reported in years, and education is reported as highest level of education received.

The dependent variable is the spiritual well-being subscale (SWB) drawn from the Quality of Life Cancer Survivors (QOL-CS) survey instrument (Ferrell, Hassey Dow, & Grant, 1995). The Quality of Life Instrument Cancer Patient/Cancer Survivor (QOL-CS) assesses quality of life in four domains: physical well-being, psychological well-being, social concerns, and spiritual well-being (Ferrell & Grant, n.d.). The QOL-CS was initially selected as it included spiritual well-being as a key component of quality of life and included measures that involved both attitudes and actions. The SWB consists of seven items that elicit responses regarding the importance

of religious activities, spiritual activities, changes in spiritual life following the cancer diagnosis, overall changes in life, uncertainty, hope, mission and purpose in life. The responses are on a 0 (worst outcome) to 10 (best outcome) scale. The subscale underwent extensive psychometric testing with test-retest reliability of  $r=.9$  and a Cronbach's alpha score of  $r=.71$  (Ferrell et al., 1995). The internal consistency using Cronbach's alpha with the current sample is  $r=.76$ . Content validity was based on a panel of expert quality of life oncology nurses and researchers. Additionally, the QOL-CS instrument correlated with another commonly used quality of life in cancer instrument, the FACT-G ( $r=.78$ ) (Ferrell et al., 1995).

### **Participant Characteristics**

A sample of 1282 adults over the age of 65 was drawn from the KnowledgePanel®, an ongoing panel study through the GfK group resulting in a total of 987 completed surveys (see "Sampling Procedure"). Study inclusion criteria included: 1) Be age 65 or older; 2) must have received a cancer diagnosis, not including skin cancer, within the last 5 years; and 3) must read English. Of these, 600 were excluded due to not having been diagnosed with a cancer other than skin in the past five years and an additional 3 participants did not complete the survey instrument. The results reported are derived from final sample of 384 participants.

### **Data Analysis**

Before and following data collection, GfK developed a set of sample-specific weights to allow data adjustment for non-response and non-coverage bias (GfK, 2014). To make the sample more reflective of the US population weights were applied utilizing post-stratification variables, which include gender, age, race/Hispanic ethnicity, education, census region, household income, home ownership status, metropolitan area, and internet access. The variables used to weight this data were age (65–69, 70–74, 75–79, 80–84, and 85+), gender, race/ethnicity (White/Non-Hispanic, Black/Non-Hispanic, Hispanic, 2 or more races/Non-Hispanic, and Other/Non-Hispanic), region (Northeast, Midwest, South, West), education (less than high school, high school, some college, and Bachelor's degree or above), and income (under \$25,000, \$25,000–49,999, \$50,000–74,000, and \$75,000 and above). The weights were then scaled to the sample size of the respondents.

### **Results**

Correlation and multiple regression analyses were conducted to examine the relationship between spiritual well-being and socio-demo-

graphic characteristics of older adults who had been diagnosed with cancer within the past five years.

**Descriptive Statistics**

The socio-demographic characteristics of the weighted sample are provided in Table 1. The majority of the sample participants were male (56%) and white, non-Hispanic (80%). While most of the sample participants were ages 65 to 74 (53%), 35% were ages 75 to 84, and an additional 12% were over the age of 85. Nearly a third of the sample participants (28%) had a Bachelor's degree or higher, and the majority of participants lived in urban regions (82%).

**Table 1: Personal Characteristics Using Weighted Data (N=383)**

	N	%
Age Range: 65-93; Mean=75; SD: 6.89		
65-69	109	28.4
70-74	94	24.3
75-79	93	23.7
80-84	42	11.0
85+	49	12.6
Gender		
Female	171	44.5
Male	213	55.5
Race/Ethnicity		
White, Non-Hispanic	307	80.0
Black, Non-Hispanic	41	10.6
Hispanic	19	5.0
2+ Races	10	2.5
Other	7	1.9
Education		
Less than high school	28	7.4
High school	161	41.8
Some college	89	23.3
Bachelor's degree or higher	106	27.5
Region		
Urban	313	81.8
Non-urban	70	18.2
Spiritual Well-Being Scale Range: 7-77; Mean: 46.01; SD: 15.17		

### Multiple Regression Analysis

Multiple regression was used to test if demographic variables were significantly associated with SWB scores. Age, education, region, gender, and race/ethnicity all had significant ( $p < 0.05$ ) yet weak ( $-0.086 \leq r \leq 0.218$ ) zero-order correlations with SWB. Age, gender, Black/Non-Hispanic and 2 or more races as compared to Whites, and region had significant ( $p < 0.05$ ) partial effects in the full model (see Table 2). The model was able to account for 12% of the variance in SWB, ( $F(8,374) = 6.198, p < .000$ ), with an  $R^2$  of .117 and an adjusted  $R^2$  of .098.

Age had a statistically significant negative relationship to SWB, showing that for every year increase in age, SWB scores decreased by 0.23. SWB scores for region were also statistically significant, indicating that those living in urban/metro regions ( $M=45.30, S.D.=15.45$ ) had lower SWB scores than those living in non-urban regions ( $M=49.30, S.D.=13.39$ ). Those who self-reported as Black non-Hispanic ( $M=55.93, S.D.=12.72$ ) or more than 2 races, non-Hispanic ( $M=56.65, S.D.=6.81$ ) had statistically significantly higher SWB scores than those who self-reported their race/ethnicity as White, non-Hispanic ( $M=44.33, S.D.=15.13$ ). The SWB scores for men ( $M=44.78, S.D.=15.20$ ) were statistically lower than those for women ( $M=47.74; S.D.=15.02$ ). Education was not significantly associated with SWB scores and thus did not contribute to the multiple regression model.

**Table 2: Summary Regression Analysis for Variables Predicting Spiritual Well-Being Scores (N=383)**

Variable	Spiritual Well-Being				
	B	SE B	$\beta$	t	Sig
Age	-0.23	0.11	-0.10*	-2.19	0.03
Gender <sup>a</sup>	-3.41	1.52	-0.11*	-2.26	0.03
Race/Ethnicity <sup>b</sup>					
Black, Non-Hispanic	11.39	2.46	0.23**	4.63	0.00
Hispanic	-0.26	3.43	-0.00	-0.08	0.92
2 or More Races, Non-Hispanic	14.82	4.79	0.15**	3.09	0.00
Race other than White or Black, Non-Hispanic	9.97	5.50	0.09	1.82	0.07
Education	-0.20	0.38	-0.03	-0.52	0.59
Region <sup>c</sup>	-4.62	1.95	-0.12*	-2.37	0.02
$R^2$	0.117				
Adjusted $R^2$	0.098				

	Spiritual Well-Being	
F for change in R <sup>2</sup>	6.198**	

a Gender: 0=Female, 1=Male.

b Race/Ethnicity: Race/ethnicity was represented as four dummy variables with Non-Hispanic White serving as the reference group.

c Region: 0=Non-metro, 1=Metro.

\* $p < 0.05$ . \*\* $p < 0.01$ .

## Discussion

When facing a life-changing diagnosis such as cancer, it is important to understand and measure spiritual well-being. Spiritual well-being can affect how people cope with the diagnosis and also how they approach the process of finding meaning while facing their own mortality. This is particularly important developmentally for older adults, and thus it is helpful to understand how spiritual well-being is affected by key demographic factors. This study sought to understand which population groups may benefit most by attending to spiritual needs, focusing on both ends of the spiritual spectrum.

The findings revealed that older adults who were white, male, and living in urban areas were at increased risk for low levels of spiritual well-being. Conversely, this study found that women, African Americans, and those living in non-urban areas had statistically significantly higher spiritual well-being scores compared to their comparison groups. Additionally, there was a negative association between age and spiritual well-being. These findings suggest that while spiritual assessment is important for all groups it may be used in different ways to best serve the individual's needs. According to Ivztan, Chan, Gardner, and Prashar (2013), high levels of spirituality, regardless of religious involvement, are linked to higher levels of overall positive psychological aspects of well-being, self-actualization, and meaning in life. Thus, persons with higher spiritual well-being scores may benefit from additional spiritual involvement and support, whereas those with lower spiritual well-being scores may need additional support in addressing existential issues such as meaning, hope, uncertainty, and facing one's mortality.

Spiritual assessment is important in a holistic understanding of the effects of and coping mechanisms for chronic disease. Ehman, Ott, Short, Ciampa, and Hansen-Flaschen (1999) found that among patients with advanced lung disease, of those who considered themselves to be spiritual, 94% wanted their physicians to address spirituality, and of those who did not feel spirituality was important to them, 50% wanted their physicians to address spirituality within the inquiry process. However, only 15% of those surveyed had been asked about how their spirituality affected their

medical decision-making, indicating a large disconnect between desired and actual discussions (1999). Similarly, in a study of adult patients hospitalized for advanced cancer, Pearce, Coan, Herndon II, Koenig, and Abernethy (2012) found that although 68% reported receiving spiritual support from their health care team, 17% of respondents reported a desire for additional spiritual care from the team, and 40% reported a desire for additional spiritual care from a hospital chaplain. Those reporting a desire for more spiritual care while hospitalized were at greater risk of developing depressive symptoms and had a poorer sense of life's meaning and purpose (Pearce, et al., 2012).

Despite the importance of spiritual assessment, many social workers feel they are inadequately trained in this area (Hodge, 2006). In a qualitative study of 35 nursing home social workers Tschida (2012) found that 12, or approximately one-third, indicated never receiving formal training in spiritual assessment. Health care professionals indicate there are barriers to providing spiritual care, which include whether spiritual assessment is part of their role, lack of spiritual vocabulary, resistance from others in the field, and seeing physical health care as their primary concern (Paal, Helo, & Frick, 2015; Puchalski, 2012). Specialized education in spiritual assessment and care is critical for social workers and other health care professionals. A systematic review of the literature by Paal et al. (2015) indicates that successful spiritual care trainings include an understanding of one's own spirituality, an understanding of the role of spirituality in health care, and preparation for provision of spiritual care and support.

This study provides additional insight into groups of older adults with cancer that display higher levels of spiritual well-being including females, African Americans or individuals who identify as two or more races, and those living in non-urban areas. The findings here are consistent with other studies of adults with chronic diseases showing that African-Americans and females report higher levels of spiritual well-being (Canada et al., 2013; Park et al., 2013; Strada, Homel, Tennstedt, Billings, & Portenoy, 2013; Tanyi & Werner, 2007). Conversely, the study also demonstrates those who are more vulnerable for experiencing lower levels of spiritual well-being particularly white men in urban areas.

### **Strengths and Limitations**

This study was nationally representative and was drawn from community dwelling older adults. The response rate of 77% was high due to the methods employed by GfK and contributed to less chance of sampling bias. Additionally, the sampling design and sampling frame ensured participation by groups who are often underrepresented in studies including the oldest-old (85 years of age and older) and those who identify as non-White.

The SWB scale used for the present study intermixes items measuring both spirituality and religion. It also includes, as do most spirituality scales, items that are more in-line with psychological well-being such as feelings of hope and uncertainties along with how the illness has caused changes in one's life (Koenig et al., 2012). Similarly, one item was more related to religiosity as it queried about the importance of church attendance and other religious practices.

The use of a cross sectional study design only allows us to understand associations and not directionality between well-being and cancer treatment and diagnosis. Since participants are surveyed only following a cancer diagnosis, spiritual well-being prior to their experience with cancer is not captured. Although this study was not longitudinal, two of the seven questions regarding spiritual well-being asked participants to gauge how their disease affected their spiritual well-being. A better understanding of spiritual well-being prior to diagnosis may shed additional light on whether the cancer diagnosis was related to changes and may further elucidate which groups of individuals are in greatest need of interventions related to spiritual care and well-being. Future studies will also want to consider how best to gather information around race/ethnicity. The current study was limited by how demographic information was collected by GfK but future studies will want to further differentiate race/ethnicity beyond Caucasian, African-American, and Hispanic/Latino.

### **Implications for Research**

While this study provides a descriptive understanding of the associations between cancer experiences and spiritual well-being among older adults, future research should explore how spiritual well-being changes over time, particularly in light of a life-changing diagnosis such as cancer. A longitudinal study will be able to better understand directionality as well as if cancer experiences positively or negatively influenced spirituality among certain subgroups. Additionally, future research should explore race/ethnicity beyond Caucasian, African American, Hispanic/Latino, and other. This will add to the richness of our understanding of spiritual well-being throughout the cancer experience. Another research opportunity is seeking to better understand the needs of older adults with cancer who are the most socially isolated and the oldest-old as these are difficult, yet important subgroups to address. Finally, as we seek to understand the needs of the most vulnerable, perhaps future research needs to extend to older adults with cancer who are living in long-term care facilities as this is a relatively unstudied population.

### **Implications for Practice**

This study is important to social work practice as it identifies groups that may be potentially at higher risk for deleterious outcomes in spiritual well-being following a diagnosis of cancer as well as groups who may place higher importance on spiritual well-being as a form of support and coping during and following cancer diagnosis and treatment. This study further emphasizes the importance of spiritual assessment, since spiritual well-being is an important component of overall well-being. Since older adults are often already grappling with existential questions regarding the meaning and purpose of life, it is imperative that we recognize how a cancer diagnosis affects this developmental process. We must work to sustain spiritual well-being among those who are highly spiritual and seek to address spiritual distress among those who are despairing and lack spiritual coping mechanisms. At the same time, we must recognize that spirituality will hold various levels of importance depending on the client and it is our responsibility to assess the relevance of spirituality in one's cancer experience on a case-to-case basis (Sherwood, Wolfer, & Scales, 2002).

Since spirituality is assessed among those with cancer, social workers must also have the tools and resources to provide appropriate follow-up care for patients in regard to spiritual well-being. This is particularly important since patients are at highest risk for spiritual distress immediately following a cancer diagnosis and again following active treatment as uncertainty around next steps settles in (Puchalski, 2012). Providing support following treatment is critical for continued spiritual well-being. For instance, in their study of 41 African American women attending a breast cancer support group, Antle and Collins (2009) found that women who attended the group regularly and were satisfied with the group had higher levels of satisfaction on items related to spiritual well-being. It is imperative that we seek to connect patients to resources throughout their cancer experience, including their post-cancer experience, to ensure they have avenues to express and fulfill spiritual needs.

Christians in social work are uniquely positioned to provide spiritual care to patients and education on spiritually competent care. In studies of nurses and nursing students, those who reported higher levels of spiritual well-being and positive attitudes towards religion and spirituality were able to provide more competent spiritual care (Azarsa, Davoodi, Markani, Gahramanian, & Vargaeei, 2015; Ross et al., 2016). Christians in social work may be more comfortable speaking to issues of spirituality and understanding the importance spirituality can play in one's life. Beyond working with patients, it is our responsibility to respectfully educate others on the importance of

recognizing the spiritual dimension of well-being in health care practice. As noted by Sherwood et al. (2002), while we must recognize our role as clinicians and social scientists, not as experts on spiritual issues, we have a professional mandate to address spirituality as a means of obtaining a holistic understanding of our clients. Further, as social work practitioners, we must seek competence in addressing and meeting the spiritual needs of our clients while maintaining a professional use of self while attending to these needs (Sherwood et al., 2002).

The momentum towards addressing spirituality as a key component of cancer care provides Christians practicing social work with the opportunity to facilitate conversations with clients regarding their understanding of life's meaning and purpose. This potentially allows our clients to listen, receive, and respond to God's call for a relationship. That being said, it is imperative that we practice ethically, avoiding placing our own beliefs on others, acting with integrity, remaining self-aware of our own beliefs and values, and respecting client self-determination (Sherwood et al., 2002). We can also assist colleagues with finding the language to assess and provide spiritual care to our clients using our social work knowledge and skills of competent practice with diverse clients. Contributing to greater professional competence helps ensure clients receive holistic care. Christians in social work can be key facilitators of and advocates for the use of spiritual assessments, recognizing the importance of spiritual well-being in the context of overall health and well-being. ❖

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# The Relationship Between Spirituality and Overall Health in African American Substance Abuse Clients

Chris Stewart, Gary F. Koeske, & Janice L. Pringle

*The primary purpose of this study was to examine the relationship of spirituality to overall health for African-American substance abuse clients. Specifically, a model was tested to explore indirect effects of spirituality utilizing meaning or purpose in life as a mediator/moderator. The authors found that spirituality was strongly related to both physical health and psychological well-being indirectly through purpose in life (PIL). Interestingly, the direct effect of spirituality was significantly related to lower physical health. It was recommended that this crucial role for purpose and meaning in life be investigated in non-clinical and other samples.*

## Case Scenario

THERE ARE A NUMBER OF EMPIRICAL STUDIES AND REVIEWS focusing on the presence, direction, and size of a relationship between spirituality and various health outcomes (Bussing, et al., 2014; Seeman, Dubin, & Seeman, 2003). Generally, extant evidence suggests that spirituality has a positive relationship to better physical health (George, Ellison, & Larson, 2002; Hill and Pargament, 2008; Idler et al., 2003; McCullough, Hoyt, Larson, Koenig, and Thoresen, 2000, Powell, Shahabi, and Thoresen, 2003; Thoresen, & Harris, 2002). Research results suggest that spirituality may be a protective factor for heart disease (Bernston et al., 2008; Schnall et al., 2010), high blood pressure (Sparrenberger, et al., 2009), cancer (Van Ness, Kasl, & Jones, 2003; Schnall et al., 2010), and even overall mortality (Ironson, & Kremer, 2009; McCullough et al., 2009). Determining exactly which aspect or dimension of spirituality might be most influential, however, has not proven an easy task.

For example, a meta-analysis of spirituality and health studies found a 29% reduction in mortality among those more religious individuals (McCullough et al., 2000). This apparent beneficial impact of religiosity (essentially formal religious practice) was present after controlling for potentially confounding factors, such as gender, ethnicity/race, prior health, and age. These results are not universally accepted since other research has found either negative or non-existent relationships between religiosity or more extrinsic spirituality and health outcomes (Lee & Newburg, 2005; Koenig, 2012; Williams & Sternthal, 2007).

Similarly, research exploring spirituality and mental health demonstrates a fairly complex relationship (Larson, Swyers, & McCullough, 1998; Plante & Sherman, 2001; Hackney, & Sanders, 2003; Koenig, 2009, 2012). Spirituality has been associated with positive results for depression (Krause, 2009; Payman, George, & Ryman, 2008) and schizophrenia (Koenig, 2011; Siddle, et al., 2002). Some studies, however, have reported problematic mental health issues, such as anxiety or depression related to various aspects or dimensions of spirituality (Hill and Pargament, 2008; Koenig, 2012; Ventis, 1995).

Spirituality has also been investigated as an influential factor in the treatment of substance abuse (Koenig, 2012; Piderman et al., 2008; Stewart, Koeske, & Pringle 2008). The results follow the overall mixed health research with associations to positive treatment outcomes as well as either negative or no significant impact on treatment (Fallot, & Heckman, 2005; Koenig 2012; Piderman et al., 2008; Stewart, Koeske, & Pringle 2008). Some fairly comprehensive research has even attempted to identify indirect mechanisms through which spirituality operates in treating addictions with mixed results, i.e. some research has found a mediating or moderating effect of spirituality and other research has found no such relationship (Kelly, Magill, & Stout, 2009; Owen et al., 2003). Taken together, this large body of research demonstrates that the relationship between spirituality and most health outcomes is extremely complex and may not be a simply direct or linear relationship (Bergin, 1991; Dein, Cook, Powell, & Eagger, 2010).

Relatedly, there has been some evidence that spirituality may act through a factor that may not be exactly "spiritual" in nature (Koenig, 2012; McCullough et al., 2000). Having an increased access to social support and having a belief system that undergirds the meaning and purpose in life are examples of such positive factors and prescriptions for both physically and psychologically healthy life styles (Hunsberger, 1995; Koenig, 2009, 2012; Pargament and Park, 1995). Other research has suggested that better health outcomes may be a result of a spiritually-driven "less risky" lifestyle (Koenig, 2012; McCullough et al., 2000).

One hypothesized explanation for the complex and sometimes contradictory findings involves the conceptualization and operationalization

of spirituality. There have been numerous methods and measures used to capture spirituality. While historical research often utilized single items or unidimensional constructs, there has been a growing realization that spirituality is most accurately conceptualized as a number of related dimensions. Early conceptualizations attempted to differentiate between extrinsic and intrinsic religious orientations (Allport & Ross, 1967; Bateson and Schroenrade, 1991). The extrinsic orientation involves a more social, external, and visible involvement. The intrinsic approach is grounded more in personal belief and spiritual experience and less impacted by the network of social relationships that arises in a formal institutional structure, such as a church. Whereas Allport and Ross (1967) seemed to regard intrinsic and extrinsic orientations as opposite ends of a single dimension, later re-conceptualizations of spirituality have construed them as separate and independent constructs or dimensions.

Later attempts at measurement have increased the number and scope of spiritual dimensions including self-identification or affiliation, forgiveness, formal religious practice, private spiritual practice, global recognition of importance or centrality, belief, and spiritual experience (Hill, & Pargament, 2008; Hill & Hood, 1999; Hood, Spilka, Hunsberger & Gorsuch, 1996; King & Crowther, 2004). While the exact number or nature of dimensions is often debated, there appears to be a general consensus that spirituality is best conceptualized as multidimensional (Fetzer Institute, 1999; Hill, & Pargament, 2008; Hill & Hood, 1999; King & Crowther, 2004).

Our study uses data from substance abusing African American clients. Measures of spirituality were included because of the known importance of a spiritual perspective in Alcoholics Anonymous-based interventions, and the centrality of religion and the church in the African American culture (Brome, et al., 2000; Curtis-Boles, & Jenkins-Monroe, 2000; Holt et al., 2014; Newlin, Knafel, & Melkus, 2002; Paranjape & Kaslow, 2010; Powell-Young, 2012). Generally, the literature exploring spirituality and overall health in the African American community mirrors the larger spirituality-health literature; demonstrates a positive association between spirituality and overall health outcomes (Archibald, Sydnor, Daniels, & Bronner, 2013; Mattis, 2000; Douglas, Jiminez, Lin, & Frisman, 2008; Holt, & McClure, 2006; Samuel-Hodge, Headen, Skelly, Ingram, Keyserling, Jackson, Ammerman, & Elasy, 2000; Staton-Tindall, Duvall, Stevens-Watkins, & Oser, 2013). There have also been findings suggesting that spirituality may be a protective factor for specific health symptoms such as pain and fatigue (Levin, Chatters, & Taylor, 2005; Paranjape & Kaslow, 2010; Powell-Young, 2012).

Similarly, the association between spirituality and mental health is primarily positive with some evidence of an ameliorating effect for suicidal ideation and depression (Hankerson & Weisman, 2014; Williams,

Gorman, & Hankerson, 2014). Finally, the research examining the role of spirituality has found many protective effects on substance abuse treatment outcomes, although some follow-up studies have failed to replicate the results (Archibald, Sydnor, Daniels, & Bronner, 2013; Sternthal et al., 2012; Taylor et al., 2011).

This literature also reports many of the complications of the larger population spirituality research. There have been some findings reporting negative associations of some aspects of spirituality; particularly extrinsic religiosity constructs with health and mental health outcomes (Sternthal et al., 2012; Taylor et al., 2011). Further, some research has suggested that spirituality may play a mediating or moderating role in health and mental health outcomes (Archibald, Sydnor, Daniels, & Bronner, 2013; Holt et al., 2014; Staton-Tindall, Duvall, Stevens-Watkins, & Oser, 2013). As with the general majority population, more study is needed to further elucidate the complex relationship of spirituality and overall health.

### **Study Purpose**

Our overall purpose was to examine relationships between spirituality and reports of physical health and psychological well-being. Additionally, we sought to assess the role of purpose in life in this complex relationship. In order to increase the validity of any findings, we tried to address some of the known issues found in the spirituality literature.

First, there is a recognized need for the use of more elaborate (multi-item and multidimensional) measures of spirituality. We use multidimensional measures of our main study constructs: spirituality, physical health, and psychological well-being. Spirituality is operationalized through the use of three dimensions: religious practice, extrinsic spirituality, and intrinsic spirituality. Physical health is operationalized through the use of two dimensions: overall health and physical limitations. Rather than simply measure mental health symptomology, as is common, we created a psychological well-being construct (sense of belonging, social support, and mental health symptomology dimensions) that attempts to capture overall, emotional, mental or psychological health.

Second, the literature has continuously identified the complexity of the relationship between spirituality and health outcomes. While it is likely that there is some direct link, it is also possible that there may be other ways that these constructs are related. Therefore, there needs to be further investigation of the mechanisms that are important in the spirituality—health outcome relationship.

One interesting possibility identified by the literature is that spirituality might operate indirectly through certain characteristics that are not necessarily spiritual in nature to impact health outcomes. So, for example,

there has been research that suggests that factors such as social support or purpose in life might be important in this relationship (Hunsberger, 1995; Koenig, 2009, 2012; Pargament and Park, 1995).

In our study, we tested Purpose in Life (PIL) as a potential factor that might play some role in the overall relationship between spirituality and health. Our measure of PIL (Crumbaugh, 1968; Crumbaugh and Maholick, 1964) is well-validated and conceptualizes Purpose in Life without necessarily referring to one's spiritual or religious beliefs.

Third, the literature has reported that there needs to be more research with the African-American community (Archibald, Sydnor, Daniels, & Bronner, 2013; McCullough et al., 2000; Powell et al., 2003). This study explores the relationships of these important constructs in African American substance abuse clients as there is a dearth of information on the role of spirituality with African American substance abuse clients, particularly in relation to overall health.

### **Research Questions**

1. Is there a direct relationship between spirituality and health outcomes (physical health and psychological well-being)?
2. Is there a direct relationship between Purpose in Life and health outcomes (physical health and psychological well-being)?
3. Is there an indirect relationship between spirituality and health outcomes (physical health and psychological well-being) through Purpose in Life?

We used Structural Equation Modeling (SEM) to address these questions because: 1) it can answer research questions 1 and 2; it allows for the testing of the relationship between spirituality, Purpose in Life, and health outcomes directly; and 2) it can answer research question 3; it tests the relationship of spirituality and health outcomes indirectly, i.e. the effect of spirituality on health through PIL. Further, because many of these factors may be related and impact health to varying degrees, this technique can determine the effects of one variable on another while taking this covariation into account. Finally, SEM is useful because it can take advantage of our variables that consist of multiple dimensions.

### **Method**

#### **Sample and Procedure**

The data used in this study were the first phases of a longitudinal study of treatment effects, which focused on spirituality of the client.

The treatment procedures were compatible with a traditional Alcoholics Anonymous perspective.

The sample consisted of 159 African American adults (ages 18 to 65) who completed a baseline questionnaire/interview schedule as they entered alcoholism treatment in facilities in a major northern metropolitan area. Four respondents were dropped because significant parts of their schedules were incomplete, leaving 155 final respondents.

The sample was predominantly male (62%), with a mean age of 39 years old. Nearly half (48.9%) of the sample had never married, and 14.3% were currently married. One-third of the respondents were currently employed, with the majority of them (58%) employed full-time. Nearly 90% of the respondents are current members of Alcoholics Anonymous.

Three-fourths of the respondents self-identified as Protestant, 1.4% were Catholic, 10% had no religion, and the remainder was identified with "other" religions. Approximately 69% of the respondents reported currently practicing their religion on a regular basis.

## Measures

The data for this study were derived from an extensive baseline schedule that examined details of the client's alcohol and drug use history, mental and physical health, psychological and social well-being, and religious and spiritual sentiments. The interview schedule drew heavily from items used in the NIDA Drug Abuse Treatment Outcome Study (DATOS) (Flynn et al., 1997) and SAMSHA's National Treatment Improvement Evaluation Survey (NTIES) (Gerstein et al., 1997). This study employed multiple indicators of the study variables: spirituality, physical health, psychological well-being, and purpose in life.

### *Spirituality*

Spirituality was operationalized through the use of three dimensions: religious practice, extrinsic spirituality and intrinsic spirituality.

*Religious practice* was measured with the single item, "Do you practice your religion/faith on a regular basis?" (1=yes; 0=no).

*Extrinsic spirituality* was measured by a 6-item measure of extrinsic spirituality adapted from the Allport and Ross (1967). These items were answered using a five-step metric (Strongly disagree, disagree, neutral, agree, strongly agree) and a summed and averaged score was derived reflecting degree of extrinsic spirituality. Sample items include "Church is an important place to formulate good social relationships" and "A reason for my interest in religion is that my church is a congenial social activity." This scale had an alpha reliability of .89.

*Intrinsic Spirituality* was measured with the 13-item Genia (1997) Spiritual Support (SS) subscale of the Spiritual Experience Index-Revised. Responses were made on the same five-step metric described in the extrinsic spirituality dimension and scores were derived by summing and averaging across the items. High scores indicated a greater importance attributed to one's intrinsic spirituality. Sample items are "I often feel closely related to a power greater than myself," "My faith is an important part of my individual identity," and "I gain spiritual strength by trusting in a Higher Power."

### *Physical health*

There were two indicators of physical health, a single item self-report (Overall, how would you rate your health) and a listing of physical limitations to activities, following the format of the activities of daily living instrument (Katz, Downs, Cash, and Grotz, 1970). The respondents rated their physical health from 1 to 4 ("In general, would you say your health is poor (1), fair (2), good (3), or excellent (4)?"). Also, they reported the degree to which they were limited by their health (a lot, a little, not at all) in carrying out nine daily activities, including "walking several blocks," "bending, kneeling, or stopping," and "lifting or carrying groceries."

### *Psychological Well-Being*

This variable was comprised of three dimensions (sense of belonging, social support, and mental health symptomology) that attempted to capture an individual's overall emotional or psychological wellness.

*Sense of Belonging* was operationalized through 18 items loading on the first factor of the Sense of Belonging Instrument (SOBI) (Hagerty and Patusky, 1995) that were used to measure a sense of social connectedness. The items were summed and averaged across 4-step agree-disagree scales (strongly disagree, disagree, agree strongly agree), with high scores reflecting a greater sense of belonging. Sample items include "I am just not sure if I fit in with my friends," "I feel like an outsider in most situations," and "I generally feel that people accept me."

*Social Support* was measured using six dichotomously (yes or no) scored items from the Cohen, Mermelstein, Kamarck, and Hoberman (1985) Interpersonal Support Evaluation List (ISEL). Sample items are "Do you know someone who would lend you their car, clothes, or other valuables," and "Do you know someone you could call on the spur of the moment to go to the movies or out to dinner?" Because the complete measure was not used, the favorable psychometric properties of the full ISEL cannot be claimed for this application; the 6-item set did have an acceptable alpha reliability of .77 for this sample.

*Mental Health Symptomology* was measured by the 53-item Brief Symptom Inventory (BSI), a well-validated measure of mental health symptoms (Derogatis, 1993). Symptom reports were made on a 5-step scale (“not at all” to “extremely”) reflecting the amount of discomfort caused during the past week. The symptoms include somatic complaints, depression, anxiety, and social irritability. The alpha reliability for the current sample was .95.

### *Purpose in Life*

The Crumbaugh Purpose in Life (PIL) scale (Crumbaugh, 1968; Crumbaugh & Maholick, 1964) measures a respondent’s sense of purpose and meaning in life without specific reference to religion. The respondent answered 20 questions on a 1 to 7 metric with separate labels appropriate to each item with lower scores representing lower “purpose in life.” Sample items include, I am usually “completely bored” (1) to “exuberant, enthusiastic” (7); my personal experience is “meaningless, without purpose” (1) to “very purposeful, meaningful” (7); and If I should die today, I would feel my life has been “completely worthless” (1) to “very worthwhile” (7). The items were summed and averaged with higher scores reflecting a greater purpose in life. None of the items refers to religion, God, or a higher power. The instrument was designed to reflect the clinical perspective of Victor Frankl (1958, 1963). Crumbaugh and Maholick (1964) report a homogeneity reliability of .90; mental health patients scored lower than non-patients and the correlation between therapist item responses as “the patients should have rated themselves” and patient scores was .27,  $N= 39$ . The alpha reliability in the current sample was .90.

### **Analysis Plan**

Our main study approach was to explore the relationship between spirituality, Purpose in Life and general health outcomes (physical health and psychological well-being) by using Structural Equation Modeling (SEM). This statistical technique will answer all three research questions simultaneously. SEM tests for an overall model fit as well as the different ways variables relate, or the different “paths” of relationship between variables. So, our test model included the main study variables: spirituality, physical health, psychological well-being, Purpose in Life. Gender was also included because some literature suggests that gender may be important for these variables and because of our own correlation results (Table 1). Additionally, SEM can take advantage of the multi-dimensional nature of the main study variables, while testing for both direct and indirect effects.

## Results

### Descriptive Findings of Sample on Study Variables

The respondents were generally spiritually oriented, both extrinsically and intrinsically. Sixty-nine percent indicated they practiced their religion or faith on a regular basis. The median intrinsic religiosity/faith orientation score was 5.53/6.0 and the extrinsic religiosity median was 5.31/6.0. They also responded generally positively on purpose in life ( $M = 5.14/7.0$ ). Responses on the psychological well-being indicators were also generally positive: sense of belonging (mean = 2.8/4.0), social support (median = 5.27/6.0), and BSI (median = 0.58/4.0). Physical health ( $M = 2.59/4.0$ ) and no physical limitations were reported by 53% of the respondents, with 22% reporting four or more limitations.

### Bivariate Relationships of Model Variables

Before testing with SEM, testing the study variables for correlations will begin to provide some information as to how they may be related. Table 1 presents these bivariate correlations for the variables used later in the Structural Equation Model (SEM) test. Two potential control variables of age and gender are also included. Since some of the variables have non-normal distributions, we could not use the standard Pearson's  $r$ ; the Spearman rho ( $r_s$ ) is tabled.

**Table 1: Spearman Correlations for Study Variables**

Variable	1	2	3	4	5	6
Religious Practice (1)						
Spiritual Support (2)	.48**					
Extrinsic Religiosity (3)	.36**	.66**				
Sense of Belonging (4)	.00	.12	.12			
Social Support (5)	.08	.15	.05	.30*		
BSI (6)	.03	-.15	-.10	-.34**	-.36**	
Health Rating (7)	.04	.10	.02	.16*	-.17*	-.17*
Physical Limitations (8)	-.04	-.03	.04	-.24**	-.21**	.22**
Purpose in Life (9)	.23*	.54**	.42**	.44**	.23**	-.49**
Gender (1=M, 2= F) (10)	.04	-.02	.01	-.07	-.13	-.35**
Age (11)	.13	.08	.09	-.02	-.03	-.14

\* $p < .05$ , \*\* $p < .01$

These initial analyses indicate that the spirituality variables were uncorrelated to the health variables. Purpose in Life, however was significantly correlated with both physical health and psychological well-being measures, typically at  $p < .01$ . Also, the PIL construct was moderately ( $r$  values below .70) significantly correlated with the spirituality variables. The physical health and psychological well-being indicators showed small, but significant, intercorrelation. For the possible control variables, gender was related to three of the model variables, so it was included in the model test as a control.

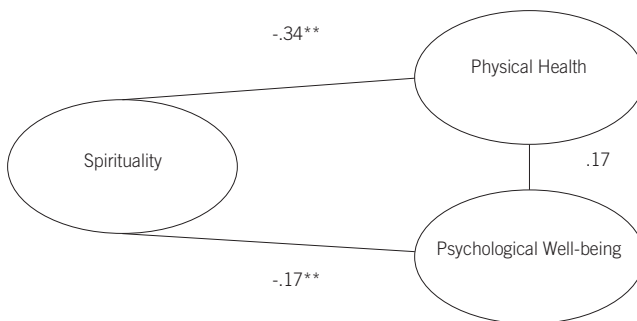
### Test of the Structural Equation Model

The structural equation model shown in Figure 4 was tested using AMOS 4.0 using asymptotically distribution free estimation to accommodate the presence of some indicators with non-normal distributions. Although the entire model was tested simultaneously, the results have been divided for clarity.

### Research Question 1: Direct Effects of Spirituality on Health Outcomes:

The direct effects of spirituality on physical health ( $\beta = -.34$ ,  $p < .01$ ) suggested an overall negative relationship. Similarly, the effects of spirituality on psychological well-being was in the negative direction ( $\beta = -.17$ ,  $p > .10$ ) but this result was not significant. The relationship between physical health and psychological well-being was also tested. Although physical health was positively related to psychological well-being ( $\beta = .17$ ), this relationship was not significant. See Figure 1.

**Figure 1: Path Diagram with Standardized Estimates for Research Question 1: Direct Effects of Spirituality on Health Outcomes**

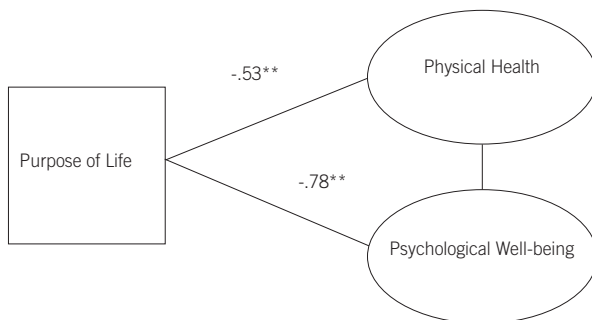


Note: All models include paths accounting for the covariation among each of the indicators and gender, and age.

**Research Question 2: Direct Effects of Purpose in Life on Health Outcomes:**

The testing of direct effect of PIL on the health outcomes was quite significant. The model produced significant paths from PIL to physical health ( $\beta = .53, p < .01$ ) and psychological well-being ( $\beta = .78, p < .01$ ). See Figure 2.

**Figure 2: Path Diagram with Standardized Estimates for Research Question 2: Direct Effects of Purpose in Life on Health Outcomes**

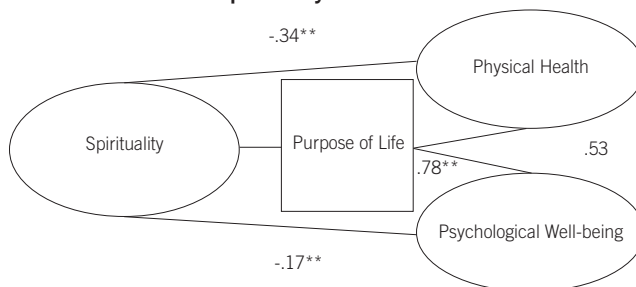


Note: All models include paths accounting for the covariation among each of the indicators and gender, and age.

**Research Question 3: Indirect Effects of Spirituality on Health Outcomes through Purpose in Life:**

The model did, in fact, support an indirect effect. First, there was a significant path from spirituality to PIL ( $\beta = .49, p < .01$ ). This significance, in combination with the results of the second research question, suggests an indirect effect of spirituality on both physical health and psychological well-being through PIL. Interestingly, the sign of the effect is positive for all paths. The control variable, gender produced some significance as male gender was significantly related to better physical health, but not related to psychological well-being or spirituality. See Figures 3 & 4.

**Figure 3: Path Diagram with Standardized Estimates for Major Variables: Spirituality—Health Model**

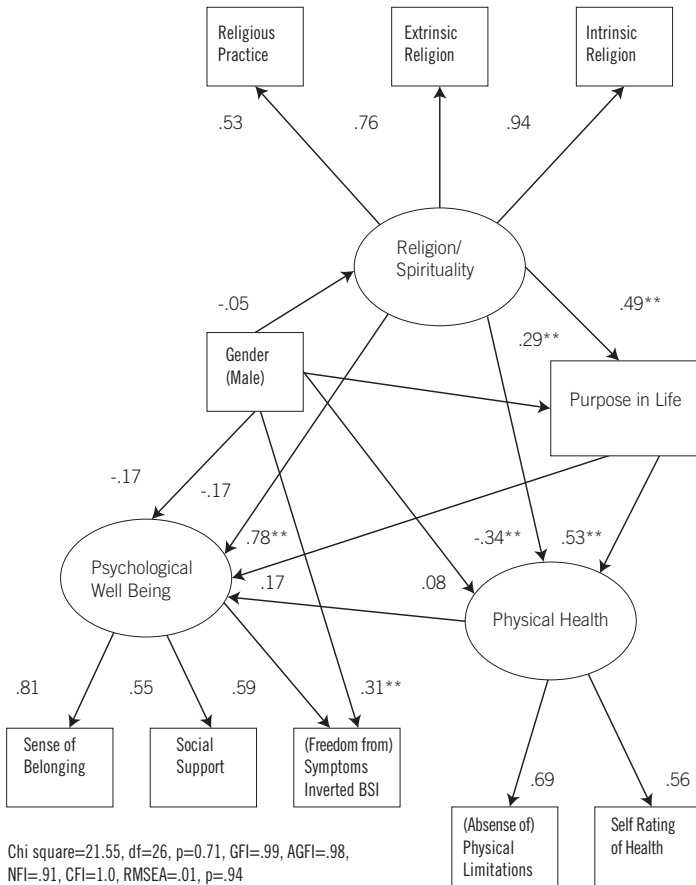


Note: All models include paths accounting for the covariation among each of the indicators and gender, and age.

**Overall Model Test**

The model fit statistics for this model indicated a very good fit: *Chi square*=21.55, *df*=26, *p*=0.71, *GFI*=.99, *AGFI*=.98, *NFI*=.91. The parsimony *CFI*=.58 was larger than .50, the root mean square error of approximation (*RMSEA*) was < .01 (*p* = .94), and the standardized root mean square residual (*RMR*) was .04. The *RMR* indicates that the average difference between the actual correlations and those implied by the model was .04.

This degree of fit obtained was less, though still adequate, without the addition of a direct effect of gender on the physical health (*BSI*) indicator that was suggested by the *AMOS* modification index output. This effect represents the higher symptom reports of females on the *BSI*, an effect separate from any involving the latent variable of well-being. See Figure 4.



Note: All models include paths accounting for the covariation among each of the indicators and gender, and age.

Various analytic alternatives were attempted to assess the stability of the results and model fit. First, non-normal indicators were transformed to approximate normal distributions or were dichotomized. Using conventional maximum likelihood estimation to test the model after these scoring modifications produced a very similar result and correspondingly high model fit indices. The use of bootstrapping methods for assessing standard errors and critical ratios resulted in no interpretative changes.

Lastly, several alternative models were tested to determine if a better model explanation might be found. Each of these alterations resulted in markedly poorer fit statistics. In general, therefore, the reported model support was stable across analytic variations, and superior to explored alternatives.

### **Discussion**

The overall purpose of the study was to examine the relationship of spirituality and purpose in life to health outcomes. There were several interesting findings. First, contrary to much of the spirituality and health research, which has typically measured spirituality with single items or single dimensions and/or did not include possible indirect mechanisms (Larson et al., 1998; McCullough et al., 2000; Powell et al., 2003), we were unable to demonstrate a consistent direct effect of multi-dimensionally-assessed spirituality to either physical health or psychological well-being (Research Question 1).

While there was a direct, negative path from spirituality to physical health in the tested model, the lack of significant correlations between the spirituality measures and the health variables suggests that this effect may not be as strong or reliable as indicated.

This potentially negative effect of spirituality was consistent with research findings that some extrinsically religious factors may lead to poor health outcomes (Lee & Newburg, 2005; Koenig, 2012; Williams & Sternthal, 2007). Further, this was a clinical sample being treated for alcohol abuse; there have been some findings that suggest that extrinsic spirituality may not be particularly helpful for those with substance abuse issues (Fallot, & Heckman, 2005; Koenig 2012; Stewart, Koeske, & Pringle 2008). Our spirituality latent variable was probably more reflective of an extrinsic spirituality than an overall spirituality, though incorporating both emphases. It is possible, then, that the extrinsic spirituality dimension was driving the direct effects in our analyses.

Our results also identified a very strong connection between purpose in life and health outcomes, both in terms of correlation results and the SEM model (Research Question 2). This strong connection is also consistent with previous research which demonstrates the importance of this factor

in overall health (Hunsberger, 1995; Koenig, 2009, 2012; Pargament and Park, 1995). Purpose in life, in this study, was conceptualized as separate and distinct from spirituality. Theoretically it was possible to have a strong purpose in life without being a spiritual or religious person. Some of these people (19%) did report higher PIL and lower spirituality scores. The lack of correlation significance between spirituality and the health variables supports the independence of PIL and spirituality at a measurement level. So clearly, purpose in life contributes to better health outcomes and this relationship may exist without spirituality. But does it always? The addition of spirituality to the picture complicates matters considerably.

This complexity is exemplified by the strong indirect relationship of spirituality and health outcomes through purpose in life (Research Question 3). There are a large number of conceptual bases for anticipating a positive spirituality—health relationship through purpose in life; our results support previous research that identifies the possibility that spirituality may interact with some positive, non-spiritual factor and lead to positive health outcomes (Hunsberger, 1995; Koenig, 2009, 2012; Pargament and Park, 1995).

However, the majority of these individuals self-reported as both religious (identifying with a particular religious denomination or faith) and spiritual. So, for them, spirituality was strongly related to their purpose in life which was, thusly, related to better health outcomes. This suggests that for highly spiritual individuals, purpose in life is very highly correlated with other spiritual dimensions and may, in that case, actually be operating as a factor or dimension of one's general spirituality. In such a case, the actual impact on overall health may be attributed to more intrinsically spiritual dimensions.

Such an idea is conceptually supported by the inclusion of "Meaning" items on some measures of intrinsic spirituality which very closely resemble those items in "non-spiritual" measures of meaning or purpose in life but reference God directly (Fetzer Institute, 1999;).

Considering this possible connection, then, these results highlight the importance of intrinsic spirituality to overall health outcomes. While spirituality in our analyses, measured by heavy extrinsic characteristics, did not influence health outcomes, the inclusion of purpose in life, which may actually be seen as a dimension of intrinsic spirituality not only demonstrated a significant path, or influence to psychological well-being but also reversed the negative direct influence to physical health.

### **Application to Practice**

These results provide empirical evidence and highlight the importance of intrinsic spirituality for clients undergoing substance abuse treatment.

Any treatment plan targeting substance abuse goals will, undoubtedly, include improving both physical health and psychological well-being. While “positive life” factors like social support or purpose in life are certainly important, the further inclusion of certain aspects of spirituality may enhance their influence. So, while the importance of spirituality in substance abuse treatment, particularly for those with strong spiritual beliefs, has been shown to be beneficial in previous research, what is reinforced here is the particular importance of intrinsic spirituality dimensions (Archibald, Sydnor, Daniels, & Bronner, 2013; Fallot & Heckman, 2005; Koenig 2012; Piderman et al., 2008; Sternthal et al., 2012; Stewart, Koeske, & Pringle 2008; Taylor et al., 2011).

Practitioners could likely employ clinical strategies that incorporate social support and purpose in life to achieve good treatment outcomes. For those clients that include spirituality as important in their lives, however, the use of interventions that tap intrinsic spiritual dimensions, such as finding spiritual meaning or Purpose in Life may also be valuable. Of course, this also reinforces the importance of a solid spiritual assessment in order to identify which particular spiritual dimensions may be important for individual clients. If clinically indicated, the inclusion of such spiritual dimensions might offer valuable alternatives for achieving the best possible treatment results.

### **Limitations**

The use of data at a single time period obviously weakens the credibility of causal inferences. Further results utilizing longitudinal data are necessary to confirm these results.

Another limitation may be imposed by our unique clinical sample. We cannot know if other African American substance abusing clients would respond as did the current study participants and thus cannot know if the model would be invariant across race, religious affiliation, and clinical status. In particular, the negative direct impact of spirituality on the overall health outcomes may not be replicated in other samples.

Despite these limitations, the strong support found for the essence of the model should encourage attempts at replication and extension. In addition to more diverse and general samples, subsequent research employing longitudinal designs and more indicators for spirituality and physical health would greatly advance our understanding of the theoretical and variable relationship issues. More complicated models including mechanisms presumed responsible for both facilitative and non-facilitative effects of spirituality should be tested. These would permit us to evaluate if purpose in life has the prominence generally that it had in this study and to understand more fully the relationship between spirituality and health. ❖

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# Associations Between Humanitarianism, Othering, and Religious Affiliation

Lindsey R. Disney

*The Christian church in the U.S. has historically played the roles of both advocate and oppressor of the disenfranchised. Christian views on advocacy, justice, social welfare, and social services are often intertwined with the mainstream opinions of the time. Yet, some groups of Christians have also been at the forefront of human rights movements, convicted by their religious beliefs. Currently, in the wake of 9/11, mass migration, and the rise of populism in the U.S., there is a collective anxiety in the U.S. against immigrants, refugees, and Muslims. Attitudes of othering—"us versus them"—have targeted these internationally vulnerable groups. This study examined whether othering attitudes and humanitarian attitudes could predict Christian religious affiliation, using the 2012 Chicago Council Survey on American Public Opinion and Foreign Policy, a representative national sample of adults (N = 1702). Logistic regression analysis examined the relationships between othering attitudes (belief that the U.S. is inherently greater than other nations and attitudes towards immigrants, refugees, and Muslims), humanitarian attitudes (importance of defending and promoting human rights and combatting world hunger), and religious affiliation (Christian or Non-Christian). Results showed humanitarian variables were not significant predictors of religious affiliation. However, othering variables were significant predictors of religious affiliation. This study offers insight into the increased need to address the subtle discrimination that may be negatively affecting Christian community engagement with disenfranchised immigrant, refugee, and Muslim groups.*

## Case Scenario

**T**HE WORLD HAS BECOME INCREASINGLY GLOBAL (ELLWOOD, 2006; United Nations, 2012; United Nations, 2015), and social workers and faith-based organizations both inside and outside the U.S. are more likely to see an increasingly international clientele. The United Nations (2015) reported that international migration has grown rapidly

over the past fifteen years, from 173 million in 2000 to 244 million in 2015. For social workers, advocating for the marginalized and oppressed has unique challenges in the global world. In the wake of 9/11 and the current sociopolitical climate, attitudes of othering—“us versus them”—have targeted the internationally disenfranchised groups of immigrants, refugees, and Muslims living in the U.S. and the West (Ghorashi, 2010; Hanson-Easey, Augoustinos, & Moloney, 2014; Nurullah, 2010; Pehrson, Brown, & Zagefka, 2009).

Othering occurs when one automatically and conclusively determines that someone else is fundamentally different than oneself (Said, 1979). The other person or groups of persons are mentally categorized as “not like me” or “not like us.” The humanity of the “them” group is lessened. An example of othering is the creation of an “in group” and an “out group,” each of which has innate or biological (essential) qualities that make them inherently better or worse (Ghorashi, 2010; Hanson-Easey, Augoustinos, & Moloney, 2014). Othering creates anxiety that my better group will “lose” to the other worse group. This anxiety can be used to manipulate in the social or political arenas—for example, to create drama in television, or political fodder in elections. Nurullah (2010) used the othering process to critically examine the Hollywood TV series “24” and the ways that a negative stereotype of “the Arab” was created for the purpose of a dramatic story. U.S. politicians campaigning in the 2016 presidential election used emotional appeals (Beydoun, 2016) about Muslim terrorists or a flood of undocumented Mexican immigrants (Healy & Haberman, 2015) both to create a threat and to present themselves as the savior to that threat (Allen, 2004).

Meanwhile, the Christian church exists within the influence of the current sociopolitical atmosphere. The history of the American church has included divergences between Christian groups and views on advocacy, justice, social welfare, and social services. Parts of the Christian church have been at the forefront of humanitarian movements such as the abolitionist movement, the civil rights movement, prison reforms, and supporting humane treatment for those with disabilities and mental illness (Ferris, 2011; Lee & Barrett, 2007; Simon, 1994). Yet, other parts of the Christian church have endorsed and promoted social injustices, such as the Biblical justification of slavery (Elkins, 2013) and the abuse of women (Miles, 1999). History suggests that the divergences between Christian groups split between what is the dominant discourse and belief system, and the counterculture to the dominant discourse and belief system. For example, in the case of slavery, the sociopolitical atmosphere at the time believed that slavery was “right” and a marker of a civilized society, and the view of slavery as an injustice was not conceivable by most (Miles, 1999). Yet, at the same time, some smaller groups of Christians (i.e. the Quakers) were a key part of the abolitionist movement (Miles, 1999). Thus, while the

Christian and mainstream view of slavery were generally aligned at the time, there was also a vocal and active minority of Christians who held an oppositional view on slavery, convicted by their religious beliefs that slavery was a human rights violation.

One of the current discourses in the United States is that immigrants, refugees, and Muslims are not only bad for America, but also dangerous (Cooper, 2016 Kopan, 2016). The purpose of this study is to examine the relationship between humanitarianism attitudes, othering attitudes, and religious affiliation. The hypothesis is that there will be no significant relationship between humanitarianism attitudes and religious affiliation, but that due to the prevalent othering of immigrants, refugees, and Muslims in the U.S. mainstream discourse, there will be a significant relationship between othering attitudes and religious affiliation, with greater othering attitudes being a predictor of Christian religious affiliation.

## **Method**

### **Participants**

The data analyzed in this study were drawn from the 2012 Chicago Council Survey on American Public Opinion and Foreign Policy, which is a representative national sample of 1,702 adults. The 2012 Chicago Council Survey collected a host of information on participants' opinions and perspectives related to domestic and foreign policy issues, as well as participants' backgrounds and characteristics. Data were collected using a survey via phone interviews.

### **Measures**

#### *Othering Variables:*

Three questions were identified as having othering attitudes intrinsic in the questions. These three questions assessed for othering attitudes towards Muslims, immigrants, and refugees, and for essentialist attitudes of the U.S. being inherently better than any other country.

Attitudes towards Muslims. Attitudes towards Muslims were assessed through a dichotomous, single item question—"Please tell me which of the following statements is closer to your own view: (1) Because Muslim religious, social and political traditions are incompatible with Western ways, violent conflict between the two civilizations is inevitable. (2) Because most Muslims are like people everywhere, we can find common ground and violent conflict between the civilizations is not inevitable." This question was chosen as an othering measure because language such as "incompatible" and

“inevitable” suggest that the respondent believes in absolute difference and rigid categories between entire groups of people (West versus Muslim). The other groups of persons (in this case, Muslims) are mentally categorized as fundamentally different and “not like us.”

Attitudes towards immigrants and refugees. Attitudes towards immigrants and refugees were assessed through a single item question—“Please select whether you see large numbers of immigrants and refugees coming into the U.S. as a critical threat, an important but not critical threat, or not an important threat at all.” Responses were dichotomized into those who responded that immigrants and refugees were some kind of threat (critical or important) and those who responded that immigrants and refugees were not a threat. This question was chosen as an othering measure because fear of a group of people based on one identifying feature—in this case, status as an immigrant or a refugee—is a characteristic of the othering process.

Essentialist attitudes. Essentialist attitudes were assessed through a dichotomous, single item question—“Some people say the United States has a unique character that makes it the greatest country in the world. Others say that every country is unique, and the United States is no greater than other nations. Which view is closer to your own?”

(1) The greatest country in the world (2) No greater than other nations. This question was chosen as an othering measure because language such as “unique character” suggests that the respondent believes that the U.S. is inherently better than other countries. A belief in inherent qualities that make one country better than another is an essentialist belief.

### *Humanitarianism Variables*

Two questions were identified as having a global humanitarian nature to them. These two questions assessed views of both foreign policy and humanitarian intervention. Assessing for both is an appropriate indicator of views on global humanitarianism because U.S. intervention and humanitarianism are closely connected and intertwined (Holzgreffe & Keohane, 2003). Humanitarianism implies some type of concrete intervention, such as a foreign policy or an organization’s mission (i.e. the Red Cross). War interventions have often been justified by the need to protect or liberate civilians from their government (Tirman, 2003). However, a limitation to the validity of this measure is the overlap between foreign policy beliefs and humanitarianism beliefs.

**World hunger.** Importance of combatting world hunger was assessed through a single item question—“Please select whether you think that combatting world hunger should be a very important foreign policy goal of the United States, a somewhat important foreign policy goal, or not an important goal at all.”

**Human rights.** Importance of advocating for human rights was assessed through a single item question—“Please select whether you think that promoting and defending human rights in other countries should be a very important foreign policy goal of the United States, a somewhat important foreign policy goal, or not an important goal at all.”

### *Religious Affiliation*

Religious affiliation was assessed through a single item question that asked whether the respondent identified as either Christian (n=1351, 72.0%), Jewish (n=33, 1.8%), Muslim (n=7, 0.4%), Hindi (n=9, 0.5%), Other (n=122, 6.5%), or No Religion (n=323, 17.2%). Nearly all participants responded to the question, with only 1.7% who refused. Seventy-two percent chose Christian, and all other responses were coded as Non-Christian (n=494, 26.4%).

### *Sociodemographic Measures*

Participants were asked to report their gender, racial identity (White/non-White), education, geographical region, and annual household income.

### **Analysis Plan**

All analyses were completed using SPSS, Version 21. Bivariate analyses examined correlates of Christian and non-Christian affiliation. A logistic regression analysis examined whether the association between othering and humanitarianism was similar among Christian and non-Christian groups, controlling for other sociodemographic measures. The model examined whether the main effects of othering and humanitarianism were associated with religious affiliation.

### **Limitations**

One limitation of this study was that the variables used to measure othering attitudes and humanitarian attitudes were single item questions and could not have captured the completeness of attitudes. Further research should examine these specific constructs more closely. Additionally, dichotomous variables can be susceptible to misinterpretation. Dichotomized variables force the respondent to make a choice between two opposing views—when his or her actual view may be more nuanced. Although data-based, this study cannot be more than exploratory.

## **Results**

Univariate descriptives of othering and humanitarianism variables are reported in Table 1 and Table 2. Bivariate comparisons among participants

showed a significant difference in all othering variables and humanitarianism variables, gender, racial identity, and geographical region between those who identified as Christian versus those who identified with another religion or no religion. Those with a Christian affiliation were more likely to report othering attitudes, more likely to be female, and more likely to identify as White. They were more likely to live in the South and less likely to live in the West. For the humanitarianism variables, those with a Christian affiliation were more likely to report “Somewhat Important,” while non-Christians were more likely to report “Very Important” or “Not Important” than Christians. See Table 3 for sample characteristics and bivariate comparisons among participants.

**Table 1: Univariate Descriptives of Othering Variables**

Which statement is closer to your own view?	Yes	N = 1877
Attitudes towards Muslims		
Because Muslim religious, social and political traditions are incompatible with Western ways, violent conflict between the two civilizations is inevitable.	43.4%	815
Because most Muslims are like people everywhere, we can find common ground and violent conflict between the civilizations is not inevitable.	54.0%	1014
Attitudes towards Immigrants and Refugees		
Large numbers of immigrants and refugees coming into the U.S. is a critical or important threat.	83.2%	1562
Large numbers of immigrants and refugees coming into the U.S. is not an important threat at all.	16.4%	307
Essentialist Attitudes		
The United States has a unique character that makes it the greatest country in the world.	70.4%	1321
Every country is unique, and the United States is no greater than other nations.	29.0%	545

**Table 2: Univariate Descriptives of Humanitarianism Variables**

Foreign Policy Goal <sup>a</sup>						
Variable	Very Important		Somewhat Important		Not Important	
	Yes	n	Yes	n	Yes	n
Combating World Hunger	41.1%	771	49.3%	926	8.8%	166
Promoting and Defending Human Rights in Other Countries	27.3%	513	58.9%	1105	13.4%	251
an = 1877						

**Table 3: Sample Characteristics and Bivariate Associations with Religious Affiliation**

	Overall n = 1877 %	Christian n = 1351 %	Non-Chris- tian n = 526 %	X <sup>2</sup>
Othering				
Attitudes towards Muslims				
Incompatible	44.6	47.9	36.0	21.15**
Like people everywhere	55.4	52.1	64.0	
Attitudes towards Immigrants and Refugees				
Critical or Important Threat	83.6	88.2	71.7	74.57**
Not a Threat	16.4	11.8	28.3	
Essentialist Attitudes				
U.S. is greatest country in the world, has unique character	70.8	76.8	55.3	84.15**
U.S. is no greater, all countries are unique	29.2	23.2	44.7	
Humanitarianism				
Combating World Hunger				
Very Important	41.4	39.5	46.3	9.02*
Somewhat Important	49.7	51.9	44.2	
Not Important	8.9	8.7	9.6	
Promoting and Defending Human Rights in Other Countries				
Very Important	27.4	25.6	32.1	12.25**
Somewhat Important	59.1	61.6	52.8	
Not Important	13.4	12.8	15.1	
Gender (Female)	51.1	53.9	44.1	14.49**
Racial identity (White)	71.0	74.6	61.6	31.12**
Region				
Northeast	17.6	17.7	17.3	41.73**
Midwest	23.6	25.0	20.0	
South	35.9	38.2	30.0	
West	22.9	19.1	32.7	
Education				
Less than high school	11.5	10.5	13.9	5.34
High school/GED/Equivalent	31.9	32.9	29.3	
More than high school	56.6	56.6	56.8	

	Overall n = 1877 %	Christian n = 1351 %	Non-Christ- ian n = 526 %	X <sup>2</sup>
Annual household income				
Less than \$19,999	14.5	13.5	17.1	6.99
\$20,000 to \$49,999	28.1	28.4	27.2	
\$50,000 to \$99,999	33.0	34.3	29.7	
\$100,000 or more	24.4	23.8	26.0	
* p<.05, ** p<.01				

**Table 4: Logistic Regression Model Predicting Christian Religious Affiliation**

Variable	OR	SE	95% CI
Othering			
Attitudes towards Muslims			
Incompatible	1.36**	0.12	1.07 – 1.72
Like people everywhere	-	-	-
Attitudes towards Immigrants and Refugees			
Critical or Important Threat	2.28*	0.14	1.72 – 3.02
Not a Threat	-	-	-
Essentialist Attitudes			
U.S. has unique character that makes her greater than other countries	2.41**	0.12	1.91 – 3.05
All countries are unique, U.S. is no greater	-	-	-
Humanitarianism			
Combating World Hunger			
Very Important	-	-	-
Somewhat Important	1.12	0.14	0.86 – 1.45
Not Important	1.02	0.24	0.63 – 1.61
Promoting and Defending Human Rights in Other Countries			
Very Important	-	-	-
Somewhat Important	1.24	0.14	0.93 – 1.64
Not Important	0.95	0.21	0.63 – 1.45
Gender (Female)	1.60**	0.11	1.28 – 2.01
Racial Identity (White)	1.59**	0.12	1.25 – 2.03

Variable	OR	SE	95% CI
Region			
South	-	-	-
Northeast	0.81	0.17	0.58 – 1.12
Midwest	1.00	0.16	0.74 – 1.37
West	0.47**	0.15	0.36 – 0.63
Education			
Less than high school	0.79	0.19	0.54 – 1.14
High school/GED/Equivalent	1.06	0.14	0.81 – 1.38
More than high school	-	-	-
Annual household income			
Less than \$19,999	0.73	0.18	0.51 – 1.05
\$20,000 to \$49,999	0.90	0.15	0.67 – 1.20
\$50,000 to \$99,999	-	-	-
\$100,000 or more	0.83	0.15	0.62 – 1.12
* p<.05, ** p<.01			

The main effects of the multivariate logistic regression model (see Table 4) revealed that othering attitudes were a significant predictor of religious affiliation, while humanitarianism attitudes were not a significant predictor of religious affiliation. Participants were more than twice as likely to identify as Christian if they reported that the U.S. had a unique character that made her the greatest country in the world (OR=2.41,  $p<.00$ ) and that immigrants and refugees were a threat to the U.S. (OR=2.28,  $p<.00$ ). Participants who reported that Muslims were incompatible with Western ways were nearly 1.4 times more likely to identify as Christian (OR=1.36,  $p=.01$ ). Humanitarian variables of combating world hunger ( $p=.68$ ) and defending human rights in other countries ( $p=.17$ ) were not significant predictors of religious affiliation. Geographical region ( $p<.00$ ), White identity (OR=1.59,  $p<.00$ ), and being female (OR=1.60,  $p<.00$ ) were significant predictors of Christian religious affiliation, while income ( $p=.33$ ) and education ( $p=.31$ ) were not significant predictors of religious affiliation.

The model correctly predicted 74.5% of cases and was much better at predicting those who identified as Christian (93.9%) than those who identified as Non-Christian (23.7%). The model explained 16.4% of the variance (Nagelkerke  $R^2 = 0.164$ ).

## Discussion

The logistic regression model suggested that individuals who reported more othering attitudes and beliefs were significantly more likely to identify

as Christian than non-Christian, while there was no significant effect between Christians and non-Christians in regard to concern for international humanitarian needs. While the Christian church in the U.S. has, at times and in some congregations, been a place of social advocacy and social services for the disenfranchised, this study suggests that othering attitudes towards Muslims, immigrants, and refugees are generally more likely to occur in the Christian community than the non-Christian community. That humanitarianism was not a significant predictor of religious affiliation is not surprising since the imperative to help each other is a command in all religions and is considered a universal characteristic of humans (Ferris, 2011).

This study suggests that attitudes of othering may be an impediment to enlisting the helping natures of many congregations within faith-based organizations. For example, if Christian congregations believe that immigrants are a threat to the U.S., then how likely are Christian congregations to extend help to immigrant groups struggling with poor social support, poverty, and other human needs? Yet, faith-based organizations and faith-based communities such as Catholic Charities and Lutheran Services help to resettle approximately seventy per cent of all refugees to the U.S. today (Eby, Iverson, Smyers, & Kekic, 2011). While the majority of Christian individuals may hold discriminatory views, a minority of Christian groups is actively engaged in supporting the refugee population.

One explanation for why Christians are more associated with othering attitudes than non-Christians could be that Christians are demographically different than immigrants, refugees, and Muslims in several respects, and these demographic differences are what separate people into categories when met with “us versus them” anxiety. For example, Christians are less likely to be immigrants themselves or have parents who were immigrants—approximately 73% of Christians have an immigration status of third generation or higher, compared with those from other religions (Buddhism, Hinduism, Judaism, and Islam) who have a collective average of only 35% being third generation or higher (Pew Research Center, 2014). Thus, Christians may have less first-hand experience or sympathy for the causes of immigration and the financial and social struggles of being an immigrant in the U.S., while additionally placing themselves in a different category of people than the “immigrant.”

Another possible explanation for the higher association between othering attitudes and Christians could be that the respondents who make up “Non-Christians” may themselves include more immigrants, refugees, Muslims, or other non-majority groups, making this group more aware of and sensitized to subtle discrimination. Attitudes of othering may be easily justified or dismissed by majority groups, and not recognized as an act of discrimination (Verkuyten, 2013). Qualitative analyses of interviews in Britain (Phillips, 2006), Sweden (Borell & Gerdner, 2011) and Austria,

Bulgaria and Italy (Kutay, 2015) have revealed a societal discourse that Arab and Muslim immigrants are unable to acculturate to the West, and uninterested in acculturating. According to the othering process, this is an example of attributing intrinsic and fixed characteristics to a person based on one aspect of his or her identity.

However, Borell & Gerdner's study (2011) in Sweden found that while the discourse among social service agencies was that Muslim congregations were uninterested in acculturating and wanted to provide their own social services, interviews with Muslim congregations revealed that they were indeed interested in partnering with Swedish services, or were actually already making referrals or partnering with Swedish social service agencies. In other words, the Muslim congregations were perceived by the community as self-segregating due to the Swedish community's attitudes of othering, when in actuality, the Muslim congregations felt they were pushed away or discouraged from engaging in cross-cultural partnerships.

By engaging in othering attitudes, Christians in the U.S. may be perpetuating—rather than advocating against—the discrimination towards immigrants, refugees, and Muslims that exists in U.S. society. Research has documented that since 9/11, Muslims and refugees in the West have experienced verbal threats, physical attacks, social exclusion, economic marginalization, and restricted civil rights (Amawi, 2012; Baker, Stockton, Howell, Jamal, Lin, Shryock, & Tessler, 2006; Faragallah, Schumm, & Webb, 1997). Discrimination has negative effects on nearly every facet of human life, from poor mental health and unemployment to political instability and terrorism (Caprioli & Trumbore, 2003; Goodwin, Chenhall, & Bilbrey, 2015; Kessler, Mickelson, & Williams, 1999; Piazza, 2011).

### **Recommendations**

For social work, this study offers insight into the increased need to address the subtle discrimination that may be negatively affecting Christian community engagement with disenfranchised immigrant, refugee, and Muslim groups. For social work educators, this research provides a springboard for discussion in the classroom regarding the integration of the Christian faith and the social work profession, such as how students' own religious affiliations may interrelate with their social and political worldviews. Social work educators should teach and discuss theory in the classroom in order to increase students' awareness of the othering process and subtle discrimination.

Theories such as categorization (Verkuyten, 2013), out-group psychology (Verkuyten, 2013), new realism (Prins, 2002), and essentialism (Borell & Gerdner, 2011) can help students to critically consider the justification of discrimination in political and societal discourses. Students from privileged

or majority group backgrounds may be less sensitized to the more subtle forms of discrimination, and social work educators can nurture awareness in these students through discussions about the othering process and the ways that it lessens humanity. For example, discussions could explore beliefs about whether one culture is able to adapt or modify to another culture, or whether identity can be multifaceted (i.e. Arab and Western).

Social work educators and practitioners also need to examine their own assumptions and essentialist beliefs about immigrants, refugees, and Muslims. For example, social workers are more liberal than the general U.S. population (Hodge, 2002; Hodge, 2003), but have an ethical duty to provide services that are sensitive to clients' cultures and to differences among people and cultural groups (Reamer, 2003). Being more liberal, social workers may need to examine their own assumptions about the compatibility of Muslims living in the West. Hodge, Baughman, & Cummings (2006) examined social work textbooks for religious sensitivity and found that Muslims were nearly invisible in textbooks, and when they were mentioned in texts, they were depicted in a negative light.

Outside of the classroom, social work practitioners can increase cross-cultural understanding through organizing cross-cultural interchanges within their places of worship or within faith-based community agencies. For example, a Christian church could partner with a Muslim mosque, or a predominantly American congregation could partner with a Christian church that has a predominately immigrant congregation and host a cross-cultural interchange. Cross-cultural interchanges can take a variety of forms such as a monthly meal together or a joint community service project.

Finally, while Christianity in the U.S. has a history of being at the forefront of the modern humanitarian movement, it also has a more egregious history of validating colonialism when working cross-culturally (Ferris, 2011). Being mindful of the othering process can help buffer against unintentional colonialism for Christian social workers and faith-based agencies crossing cultural boundaries, both in the U.S. and abroad.

### **Conclusion**

The current sociopolitical atmosphere and collective anxieties have an effect on all people. This paper aimed to uncover some of the perhaps unconscious bias within the faith community that may be preventing a greater response of helping behaviors with the immigrant, Muslim, and refugee populations. As the world becomes increasingly interconnected, social workers and Christians will have to continually examine their attitudes towards people who may look, speak, and act very different from them if they are to fulfill their professional and spiritual missions. ❖

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**Keywords:** religious affiliation, humanitarianism, othering, discrimination

*Editor's Note: We are pleased to publish the above article, which won the inaugural Social Work & Christianity Graduate Student Paper Award competition. 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 or other professional concerns that have relevance to Christianity.*

*A panel of anonymous reviewers judged the submitted papers on several criteria—relevance for integration, significance, originality and innovation, research methodology, implications for social work practice and/or education, and writing style—and offered editorial feedback. Subsequently, the winning author used this feedback to revise her manuscript for publication. We hope this award with encourage other graduate students to conduct research related to their interests and the mission of Social Work & Christianity, make the extra effort to write it up, and take the risk of submitting it for evaluation. This is how scholars and their scholarship develop.*

# “Living in the Tension In-Between”— Faculty Members Talk About Faith and Transgender Issues in Christian Social Work Programs

*Dirk H. de Jong*

*This article reports on a qualitative study of transgender issues in conservative Christian social work programs. Six faculty members participated in semi-structured interviews, answering questions about the role of faith on their views and in their teaching with respect to gender variance. The responses were analyzed according to frameworks provided by Virtue Ethics and Ethics of Care theories, as well as Yarhouse’s (2015) framework for understanding “gender identity concerns.” The findings indicate a perceived congruence between Christian values and professional values in terms of a general acceptance of transgender persons, aspects of which reflect both Virtue Ethics and Ethics of Care. However, the findings illustrate the ongoing struggle of several of the study’s participants to reconcile conceptualizations of transgender and nonbinary identities with faith and with institutional values and expectations. In that context, the challenges provided by Yarhouse’s “integrated framework” are discussed.*

**T**HE TRANSGENDER RIGHTS MOVEMENT HAS MADE SIGNIFICANT strides during the past decade. As of the summer of 2016, eighteen states and the District of Columbia, as well as more than 200 local governments, had enacted legislation specifically protecting transgender rights (American Civil Liberties Union, 2016). Additionally, the Secretary of Defense has announced that openly transgender persons will be able to serve in the military (Rosenberg, 2016), and the US Department of Education has issued strongly worded guidelines directing public school districts nationwide to provide all students access to programs and facilities congruent with their gender identity (Hirschfeld & Apuzzo, 2016). These

initiatives were meant to address the discrimination and marginalization of transgender individuals as articulated by various advocacy groups and documented in research (see Grant et al., 2011; Greytak, Kosciw, & Diaz, 2009; Seelman, 2014). The new laws and policies were preceded by changes in clinical perspectives, indicated most notably by the replacement of the diagnosis of gender identity disorder with that of gender dysphoria in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). This change is an acknowledgment of the role of marginalization with respect to the distress that some transgender people may experience. Furthermore, there has been a cultural counterpart to the legal and clinical developments, manifested by the increased visibility and positive portrayal of transgender people in the media.

What has also emerged, however, is a backlash against the historical events briefly sketched above. Thus, legislators in a number of states have challenged the new transgender rights protections by introducing so-called bathroom bills, limiting access to restrooms based on biological sex. Additionally, 21 states have brought legal action in federal court against the administration's interpretation of Title IX with respect to its guidelines on facility use by transgender public school students (Bidgood, 2016). Furthermore, in the area of higher education, the US Department of Education released a list of private colleges and universities that have applied for exemptions to Title IX (which prohibits discrimination based on sex). As of January 2017, 248 such exemptions were granted, while another 30 were pending (Religious Exemption, n.d.). As previously reported, these applications are made primarily due to a perceived conflict between the requirement to protect and accommodate transgender students, while a smaller number also express concern about the legal mandate to protect gay rights (Human Rights Campaign, 2015). Of interest to social workers is the observation that a number of the colleges and universities that were granted these exemptions house social work programs accredited by the Council on Social Work Education (CSWE), demonstrating a renewed tension between professional and religious values, reminiscent of earlier debates about homosexuality (Beless, 2001; Reamer 2013; Vanderwoerd, 2002).

The present study was designed to investigate the potential value conflict with respect to transgender issues among social work faculty at conservative Christian schools. Previous research (de Jong, 2016) regarding these issues found relatively few differences between the attitudes and teaching practices of faculty members in either secular or religiously affiliated programs (the latter making up 37% of all BSW programs at that time). A subsequent study (de Jong, 2017) explored the beliefs of social work faculty in conservative Christian schools belonging to the Council of Christian Colleges and Universities or CCCU (approximately 10% of all accredited BSW programs are in this group). Generally, this study

suggested a positive engagement with transgender issues, although less positive beliefs were found with regard to transgender faculty. However, it also yielded a considerable number of responses that fell in such categories as “not sure” or “depends,” leading to the speculation that the questions asked were too vague, or -- alternatively -- that the respondents struggled with some ambivalence. The current qualitative study was meant to find some clarification in these matters and to get a better understanding of the possible nuances in beliefs. This paper describes and discusses its findings.

Qualitative research is concerned with the concept of reflexivity “... as a way of emphasizing the importance of self-awareness, political/cultural consciousness, and ownership of one’s perspective” (Patton, 2002, p. 64). In that spirit, just a few words about me, the researcher. I teach in a BSW program at a Catholic liberal arts college in the Northeastern United States. I am interested in helping to advance transgender rights generally and accommodations for transgender college students in particular. That said, I came to the subject of transgender issues in conservative Christian social work programs because I was, and continue to be, intrigued by the moral dimensions of this topic. I wanted to listen and learn. Thus, for the purpose of this study, I tried to be more of a “social worker anthropologist,” than an advocate.

### **Literature Review**

Social work as a profession is heavily value-based, in spite of attempts to formulate evidence-based practices and helping technologies. Practice and policy making with respect to new and potentially controversial issues, such as social work with transgender clients, magnifies the values component. This is demonstrated by the controversy surrounding Title IX exemptions, which have been described as discriminatory (Human Rights Campaign, 2015). For these reasons, it seems particularly appropriate to examine the moral perspectives from which social workers and social work educators approach transgender issues.

Previous research on social work and transgender issues (de Jong, 2014) employed a conceptual framework provided by a multicultural practice model rooted in Virtue Ethics (Fowers & Davidov, 2006). The theory of Virtue Ethics is based on the view that cultivating a virtuous character will lead to moral actions. The main attraction of this perspective as applied to social work was thought to be the requirement for personal transformation in pursuit of empathic understanding and engagement with clients who are different (e.g., transgender clients). A number of authors have argued that the theory of Virtue Ethics is indeed quite compatible with both social work values and Christian values (Adams, 2013; Chamiec-Case, 2013; McBeath & Webb, 2002; Schreiber, Groenhout, &

Brandsen, 2014), while Pullen-Sansfacon (2010) views it as a potentially important element of social work education. However, the initial analysis of data from the current qualitative study seemed to indicate that a number of emerging themes could not be captured by the Virtue Ethics perspective alone. A further review of the literature led to two additional frameworks: Ethics of Care, and a specific “integrated framework” (Yarhouse, 2015), from which conservative Christians may view “gender identity concerns.” These two perspectives are described below, while their relevance to some of the themes uncovered by this study’s analysis is discussed later.

The Ethics of Care framework originated with the work of Carol Gilligan (1982) and other feminist writers whose critique viewed social justice as based on rights and obligations to be inherently masculine, resulting in technocratic solutions to social care (proponents of Virtue Ethics are equally critical of this outcome). By contrast, the Ethics of Care perspective focuses on relationships, power differentials, and vulnerability (Campbell, 2015; Held, 2006). It has been argued that Virtue Ethics and Ethics of Care are complementary (Thomas, 2011), and Ethics of Care can certainly be considered an extension of Virtue Ethics in that it is less relativistic and suggests more focused action to alleviate disparities. In the words of Held (2006): “To be a caring person requires more than the right motives or dispositions. It requires the ability to engage in the practice of care. And the exercise of this ability” (p. 51). On a macro level, Tronto (1995) argued that Ethics of Care provides a more practical approach to political judgments than abstract moral theories of justice. Relative to social work, Constable (2012) suggested that Ethics of Care can be integrated with ethics as justice within a Judeo-Christian context. Since notions about taking care of the vulnerable and the marginalized emerged at multiple points in the current study, the Ethics of Care model would seem to be a useful (and practice-relevant) framework to conceptualize how social workers and social work educators approach transgender issues.

Yarhouse (2015), a psychology professor at Regent University, distinguishes three conceptual frameworks, elements of which can be combined into a hybrid and personalized “integrated” model:

1. The integrity framework, according to which gender and biological sex align based on a biblical interpretation of “maleness” and “femaleness” as “essential” and “sacred” (p. 46).
2. The disability framework, according to which gender identity issues are a consequence of “the fall” (the original sin), like various mental disorders and other conditions not chosen by the individual and therefore not issues of morality.
3. The diversity framework, according to which gender variance is to be honored and celebrated. Yarhouse distinguishes a strong (perhaps more political/activist) diversity framework that aims to

deconstruct the gender binary and a weak (seemingly more clinical) version that focuses on providing identity and community for those who are transgender or gender variant.

The relevance of Yarhouse's conceptualization to the current study lies in its direct application to the beliefs of Christians regarding gender identity. Thus, analyzing the responses from the research participants provides a way, however tentative, to differentiate the viewpoints within a seemingly homogeneous sample, thereby explicating the nuances lacking from previous data. At the same time, it may explain some of the ambivalence (regarding accommodations for transgender students, religious freedom, institutional mission) suspected under the surface of those prior findings.

Given the issues raised by previous research and the context provided by the theoretical concepts described above, the research question guiding the present study was formulated as follows:

How do faculty members in conservative Christian BSW programs integrate their religious values with professional social work values in teaching about issues of gender identity and about practice with transgender clients?

### **Methodology**

The targeted participants for this study were faculty members teaching in undergraduate social work programs at schools that belong to the Council of Christian Colleges and Universities (CCCCU), a coalition of conservative Christian institutions. Participants were recruited using e-mail addresses that appeared on the websites of these schools. An attempt was made to specifically focus on full-time faculty teaching primarily at the undergraduate level. As a result, six participants volunteered for the study. The data were collected by way of semi-structured interviews that included questions about the influence of faith and the Bible with respect to the interviewee's roles as social worker and social work educator; perspectives on transgender issues as informed by faith and the Bible; beliefs about teaching students about these issues in the context of a conservative Christian institution; views on religious freedom and its potential tension with social work values; and experiences with and views on the role of social work programs as advocates within conservative schools (see appendix). The interviews were conducted by phone, lasted approximately one hour, and were audio-recorded. The participants came from different regions of the United States. When asked about their gender identity, none of them identified as transgender or gender variant. Other demographic information was not solicited because it would not be relevant to the particular analysis used in this study and could risk participants being identified. Since the

topic of transgender accommodations is a sensitive one on some college campuses, extreme care was taken to ensure that the participants' identities would not be revealed in any written material resulting from the research. Thus, information about specific institutional circumstances or particular career paths is not cited in this report. As a way of "member checking" (Creswell & Miller, 2000), a draft of the manuscript was sent to the study's participants for feedback prior to its submission for publication.

The interviews were transcribed by the researcher, after which the audio recordings were erased. The interviews were analyzed using a method of constant comparison, based on a two-tiered approach labeled "interpretative phenomenological analysis" (Brocki & Wearden, 2006; Smith, 1996; Smith, Jarman, & Osborn, 1999; Smith, 2004). This approach explicitly provides for an analysis based on "sensitizing concepts" derived from existing theory, and "indigenous concepts" as they emerge from the data (Patton, 2002, pp. 454-457). As noted in the literature review, the analysis was initially aided by concepts from Virtue Ethics theory, but was then expanded to include notions from an Ethics of Care perspective and from Yarhouse's (2015) conceptual frameworks for analyzing gender identity issues. Since interpretative phenomenological analysis is considered to be an idiographic method (Smith, 2004), this manuscript contains a considerable number of verbatim quotes to illustrate the individual perspectives.

### **Findings and Discussion**

In his book on gender dysphoria, Yarhouse (2015) quotes an unnamed source: "If you know one transgender person, you know one transgender person" (p. 81). Similarly, with respect to perspectives on transgender issues, the current study would suggest that if you have heard from one faculty member in a Christian social work program, you have heard from one faculty member in a Christian social work program. As the interviews demonstrated, perspectives differ, in small ways and in more significant aspects. Nevertheless, there were some commonalities in the responses that should be noted (although, of course, it would be inappropriate to generalize beyond this small sample). For example, all participants expressed, in one way or another, the compatibility they perceived between social work values and general Christian values, such as dignity and worth of the person and acceptance of "where the person is." Additionally, all stated that their department typically is at the edge of social change issues within their respective institutions. Several respondents added that their institutions expect them to play that role and allow for that. All six participants acknowledged that the student population at their school includes gender-variant individuals and all said that students generally are aware of transgender issues and talk about them. All participants also noted that transgender issues are discussed

institution-wide, primarily in the context of Title IX requirements. Besides these rather concrete findings, more conceptual themes became clear during this study as well. Some of them were prompted by the interview questions (related to a priori theoretical notions) and then elaborated on by the respondents, others emerged more spontaneously as the participants shared their insights and the researcher attempted to find a theoretical framework to place them in. Thus, the notions of moral character and transformation, articulated within the Virtue Ethics framework, manifested themselves at various points, as did concerns about social justice and the call for action embodied by Ethics of Care. The interview responses did not reveal clear adherence to Yarhouse's integrity framework (the belief that gender identity is determined by biological sex), but did include statements supporting his disability and diversity frameworks. Additionally, one prevalent finding concerned the ambivalence in quite a few of the responses, which – as will be suggested – seems to be inherent in Yarhouse's integrated model. These themes and their linkages to the larger constructs are discussed below.

### **Virtue Ethics**

The concept of a moral character, as the focus of Virtue Ethics, was easily recognizable in terms of how the participants responded to questions about the role of faith in their professional lives. It also seemed to form a natural bridge between religious and social work values. In that regard, the phrase “accepting people where they are” was used multiple times, for example as shown here:

So again, at the foundation of Christianity is the life of Jesus ... and everything else put aside, what the Scripture says is to love one another, period. So that covers everything. So, we have to respect people right where they are, which is a core value of the social work profession ... so that's how I approach everything that I do ...

The idea of transformation, described previously as central to a proposed Virtue Ethics model of practice (Fowers & Davidov, 2006) was referenced frequently as well. Noteworthy, given the synthesis of religious and professional values, transformation seemed to have come from both religious reflection and social work experience, as illustrated by the following quotes:

I think the power of the Bible to renew my mind informs how I treat others ... so that I'm not operating out of my own understanding or lack thereof, but I'm being informed by the Word as it transforms my mind ... and I'm able to therefore take on the character of Christ as it were, as the

Word transforms me from the inside out, so that the words that come out of me are a direct result of what's been poured into me by the Holy Spirit.

I think that it started in undergraduate school... then my Masters program and especially internships and actually working with people caused me to ask a lot of really hard questions and kind of have ... (...) actually almost a decade.... of "I can't reconcile what I thought I believed with what I'm actually experiencing"... (...) and seeing like just the real-life stuff that growing up middle or upper class you don't really get exposed to. So yeah, I would say that it was definitely a huge part of my spiritual journey and formation and understanding...

### **Ethics of Care**

As suggested before, the Ethics of Care perspective can be thought of as complementary to Virtue Ethics in that it provides practical guidance for moral behavior. In particular, it encourages a concern with vulnerable populations, clearly an imperative for social workers, as well as an explicit call for many Christians. Not surprisingly therefore, the participants often mentioned help for vulnerable and marginalized individuals and communities as the mission of Christian social work practice, as illustrated below.

I felt like the kind of evidence that Jesus provided for his ministry really meant we need to care for and engage and work with the poor and marginalized in ways to create a more just and caring society ... so my faith is the central reason why I do what I do and it's always integrated ...

... I would describe myself as a progressive Christian and I understand the Christian Gospel as being about social justice, about love and unconditional acceptance ... and about envisioning a world in which inequality, oppression and injustice don't exist ... I mean that's the presence of God that we strive for on earth ... to me, it's totally in sync with social work values ... all through Christian scriptures are condemnations of perpetrators of injustice ... and advocacy, explicit advocacy for the poor, for redistribution of wealth, for years of jubilee ...

### **Disability Framework**

In regard to the participants' understanding of transgender issues, none of their responses seemed to reflect an outright belief in Yarhouse's integrity

framework (the view that gender identity is determined by biological sex, meaning that a transgender or nonbinary identity cannot be validated). By contrast, the disability framework conceptualizes a transgender identity as one of many conditions resulting from the Fall. In this view, while a transgender identity has a negative connotation, it is not considered sinful. Nevertheless, how such an identity, or the dysphoria associated with it, is responded to might be considered a moral choice. Thus, theoretically, some who subscribe to the disability framework might judge a gender transition (an intentional act) as a sin, thereby applying the argument of “accepting the sinner, but not the sin.” While most of the study’s participants tended to differentiate gender dysphoria and the act of transitioning from an abstract notion of sin, the following statement from one of the respondents seems to reflect the idea that acting on gender dysphoria is sinful:

I don’t categorize sin, if that’s your question ... I don’t see that sin [a gender transition] as any different as somebody who steals, or somebody who tells a lie, if you understand what I’m saying ... sin is sin ... and I don’t think God sees it differently either ... I think we as humans are prone to categorize sin, but God sees it all the same.

This quote suggests that the disability framework can in fact accommodate more conservative views on transgender issues (arguably not that different from those contained in the integrity framework), as further illustrated by additional comments from the same respondent:

... I mean, as I interview potential students to come in, I hear all kinds of sundry social problems, issues ... this, that, and the other ... I haven’t come across any that I couldn’t advocate for if I needed to ... and I know there may be others who do self-identify as transgender ... and if they announce it as they come through the door, I think that presents another challenge, especially for the administration or other people who are hearing that message as they come through the door ... I think it becomes harder to advocate at that point, because that person is using it as their emblazoned-on-their-chest kind of thing ... and want to make a big deal about it. The [transgender] student that I spoke about earlier just wanted to be a social worker and didn’t have that emblazoned on his chest ... that’s very different than somebody who is saying, “Okay I’m here and I’m going to be the poster child for this particular thing” ... I think that’s way different ... and I think that’s probably not where I would want to advocate for ... (...) I’m willing to help the person who needs the help and who is vulnerable,

and without that help might be discriminated against ... but I think it's a totally different thing if a person has an agenda.

As noted however, most of the study's participants seemed troubled by labeling a gender transition as sinful and most rejected the "accept the sinner, not the sin" argument, as illustrated in the following statement:

You know, I have mixed feelings about that statement. I think it can be useful in helping us to see people as something beyond just what they've done, right? ... so when you think about, like, working with felons or trying to figure out how to approach people who have done some really horrible things ... now when it comes to things like transgender issues or homosexuality, that makes it more complicated and less useful to me ... because if this is who they are and this is who God made them to be, then is expressing that wrong? Is that a sin? I have a hard time with that ...

### **Diversity Framework**

Yarhouse's diversity framework posits that the identities of transgender and gender-variant persons should be fully validated and celebrated. Support for the strong version of this view (the deconstruction of the concept of gender) was briefly hinted at during one of the interviews for this study:

... so, it's like, what is this to begin with? ... it's a social construction, this notion of gender and gender role in particular ...

Also, one interviewee expressed dissent with respect to the concept of "gender complementary," which supports essentialist views of "female" and "male" as portrayed in the Bible's account of creation:

... that gender complimentary is not there ... evangelicals have been reading that into the Bible for decades ... I mean ... again, there is really good, solid evangelical scholarship debunking that right now, right and left ... so even evangelicalism is moving away from that ... I feel very strongly about this.

Less radical, the idea of acknowledging transgender identities seemed to resonate more widely among the study's participants and can be thought of as a precursor to fully subscribing to the diversity framework, although, given the context, it can also remain within the disability perspective. The following response from one of the faculty members seems to go further

than acknowledgement. While still representative of the weaker iteration of the diversity framework, it supports transitioning and mentions “honoring uniqueness”:

... so, I definitely can say that I don't in any way feel like the Bible teaches against transitioning or honoring the uniqueness of how everyone was created ... I think that that actually pushes people away from wanting to connect with God or church or just spirituality ... and it is such a disservice to say “there is no place for you here ...”

### **Ambivalence**

One observation that cuts across theoretical perspectives and emerged as a major theme concerns the ambivalence and uncertainty in quite a few of the statements from the study's respondents, as demonstrated in the following quotes:

...so, I mean ... well, it's a cop-out answer, but I don't know ... I don't know if being transgender per se is a sin, because I don't see transgender listed anywhere ... and ultimately, if we are created in the image of God, then what does that mean ... how do we deal with people who are, say, intersex ... does that mean there are multiple notions of identity of who God is?... God is beyond me ... I don't get to define or shape who God is ... I believe God revealed Himself in Jesus, who is also God ... but beyond that, I don't know... I don't know how that plays out ... so I'm comfortable in the ambiguity or the lack of preciseness when it comes to that ... to allow God to be God.

At the same time there are things in Scripture that indicate ... like yeah, it seems like there was an intention in creation to have man and woman and ... now, what does that all mean and how do we understand that within our cultural context?

Clearly, ambivalence is not always considered a bad thing. For example, in the context of Virtue Ethics, Carr (2009) views moral ambivalence as unavoidable and necessary. In terms of social work education, some respondents in this study similarly described ambivalence as part of the process of reflection and learning, an indication of humility, like in this quote:

I think the way that it shows up for me in the classroom is actually just more modeling what it means for me to be a Christian social worker ... and that doesn't mean answers,

and black and white, and rigidity, and how to ... it works more like creating space to ask really hard questions ... and could it be okay to not have answers ... and teaching students that God can be found in the grey...

As may be expected, the most obvious instances of ambivalence were evident in discussing the current controversy regarding the tension between transgender rights and religious freedom. However, a couple of respondents were adamant in their disagreement with respect to the requests for exemptions to Title IX, as reflected in this comment:

When you talk about Title IX you're talking about educational institutions that receive federal money ... I mean, it's totally unacceptable that public monies would go to discriminatory purposes, even as they are being passed as religious purposes ... to me, this ought to be the choice for these institutions: "Fine, you want to continue to discriminate, that's your right under the banner of religious freedom ... you may not have any public money to do that ..." it doesn't make any sense to me ... I think that we have no business using public monies for discriminatory purposes ... you can't have separate and equal ...

More common were statements indicating ambivalence on this issue, like the ones below.

I don't know that I know the answer ... but in general ... I'm kind of mumbling and not clear ... in general, I think religious institutions should have a right to have some protection that is rooted in their theological beliefs ... so I do believe that ... at the same time, I think religious institutions should try to engage people who are different and try to have conversations with them ... it seems like too many people want to say, "Oh, no way, we exclude everybody," or "You have to include everybody" ... and I'm not sure that I think either is exactly right ... I think somewhere in between.

... so I think sometimes social work values and ethics get interpreted in a particular manner and are read as, you know, you tolerate absolutely everything ... but at the same time, it's kind of like, "Can we allow people to have their own opinions that are a little bit different and still care about service and social justice?" ... it feels like there is a one-way sort of look ... that we don't ... we just don't give grace and interpretation to every position ... just as people on the

non-progressive, the conservative side, have no space for, no tolerance for people who see differently, people on the liberal side have no tolerance or no space for people who see differently. In many ways, that's the fundamental crux of the problem in our world today, that we can't listen and hear and try to understand and honor and provide dignity and worth to people who see differently. I think it comes from both directions, quite frankly ... and so, somehow I probably feel like I live in the tension in-between ...

I think people's rights should be protected and preserved, but at what level do some of those rights then impinge or infringe on almost everybody else's rights? I don't know that I know the answer to that. So, probably my answer is that I would advocate for certain rights to be respected and for identities to be respected, but I don't know how far that goes, because I think it is way more complicated than we might want to say ...

The anguish of trying to reconcile seemingly opposing arguments is especially evident in this interview segment:

Well, I understand what the tension is ... in terms of ... so, okay, are we going to get to the point in society where you really can't take a stand on anything? ... you really can't have a belief in anything that might be in opposition to somebody else's belief? ... is that what we're trying to do? I understand that question, how people of faith are starting to feel like, "Okay, we're not going to actually be able to believe what we believe" ... I don't want to just have this watered down ... relativistic ... like, "Hey whatever anybody thinks is totally fine ..." at the same time, I feel like it's kind of incongruent to be saying your civil rights are infringing on my religious freedom ... that makes me uncomfortable ... I'm not sure ... I want people to be treated with respect and dignity and love, and I don't know how to ... I don't exactly know how to reconcile all of that with ... (hesitates) ... yeah, I don't know, the answer is I don't know. This is what I *do* know ... that is, I want to err on the side of grace ... so I would rather have people included that maybe shouldn't be, or whatever ... than to exclude. If there is going to be an error, I'd rather err on the side of grace and inclusion. I just kind of feel like ... God is not going to be like, "Shame on you for including that person ..." that just doesn't really seem like

God. He is a breaker of division ... and of dividing walls  
and the things that separate us ...

Without revealing the status of possible Title IX exemptions at the institutions of the study's participants, it is clear from the responses that, generally speaking, these social work educators felt uncomfortable with the idea of discriminating in some way against transgender students. As noted, some of the respondents rejected the idea of exemptions. However, others acknowledged limitations to transgender accommodations because of the school's mission and its restrictive code of conduct, the practical problem of providing appropriate housing options, and the power of conservative stakeholders. In terms of placing this ambivalence in a theoretical framework, it clearly fits better with Virtue Ethics (and its emphasis on personal intentions rather than behavior and results) than the Ethics of Care framework (which would be more directive with respect to goals and action). Furthermore, Yarhouse's integrity and disability frameworks allow for ambivalence regarding institutional change, while the diversity framework does not.

### **Conclusion**

Transgender students are appearing even on conservative Christian college campuses. Students, including those from conservative Christian homes, are talking about issues of sexuality and gender and are more aware of nonnormative identities and behaviors because of exposure through social media ("You are not alone", 2017). While many in society at large consider the fight against transgender discrimination as a civil rights concern, in conservative Christian environments the debate also goes to the core of certain religious values. In the midst of all that, the faculty members interviewed for this study seem to be pushing the envelope in terms of the dialogue about gender identity, in spite of their own ambivalence about this issue or the constraints imposed by their host institution. They see faith as transformative and as accepting of difference. They see faith as congruent with social work values, faith as a frame of reference to understand—or struggle with—the phenomenon of gender variance.

Where do the beliefs of these faculty members fit with respect to the frameworks described before? As noted, it would seem that the Virtue Ethics model, with its inherent subjectivity, would be the most accommodating of some of the ambivalence found in this study. Additionally, the Ethics of Care perspective manifested itself in the findings by the way it seemed to provide guidance in attempts to address discrimination and marginalization. However, some respondents would limit those attempts on the basis of religious freedom, indicating an area of potential conflict between Virtue Ethics and Ethics of Care. Furthermore, elements of Yarhouse's dis-

ability framework, as well as his diversity framework, were represented by the views of the participants. However, contrary to Yarhouse's suggested integration of these frameworks, certain conservative Christian beliefs seemed instead to lead to ambivalence on the part of several of the study's participants in terms of how to conceptualize transgender identification and how to respond to it on an institutional level.

Ambivalence can have both emotional and cognitive components. As stated before, the emotional aspect can represent flexibility and be growth-seeking, and it can lead to the transformation suggested by the Virtue Ethics practice model. However, the cognitive element typically consists of a degree of dissonance, of thoughts that cannot easily be reconciled. In this context, it could be argued that Yarhouse's own attempt to integrate conservative Christian values (the integrity framework and the disability framework) with a transgender-affirmative perspective (the diversity framework) demonstrates inconsistency of thought. For example, in terms of "prevention and treatment," he suggests the validity of approaches that actively redirect cross-gender feelings and behavior, interventions clearly at odds with a diversity perspective and with best practice recommendations (World Professional Association for Transgender Health, 2011). As an aside, the idea of "prevention" obviously does not fit in the diversity framework, except when it comes to preventing gender dysphoria that results from societal marginalization.

While Yarhouse makes a laudable effort to engage conservative Christians with transgender issues, he is hesitant to more fully embrace the diversity framework, even though, as he himself points out, "the sociocultural context in which we live in the West is rapidly moving in this direction" (p. 5). The question remains—whether the diversity perspective can be truly integrated (in an internally consistent manner) with conservative religious views if essentialist assumptions about gender, implicit in both the integrity and disability frameworks, are left unexamined. Until the cognitive dissonance is resolved, the ambivalence is likely to persist. For now, it may be that this ambivalence preserves the big tent (or "bubble," in the words of one of the study's participants) of conservative Christianity that seems to have accommodated diverse perspectives on transgender issues, even if not comfortably so.

### **Limitations and Future Directions**

Clearly, the sample for this study was small and self-selected. However, the value of qualitative research lies not in the generalizability of its findings, but in the richness of the data. Social desirability can limit the credibility of findings based on interviews, and it could have been a factor in this study, given the sensitivity of the issue. Neutral phrasing of the questions and

measures to safeguard the participants' privacy and confidentiality were employed to counteract that tendency.

Hopefully, this study has contributed to our understanding of how some social work faculty members in conservative Christian schools think and teach about transgender issues. The participants in this study are unique individuals, but their struggles to marry social work values, changing cultural norms, and religious beliefs are not unique. Further research in this area, across time frames, is suggested, since it might reveal to what extent the various strands of ethics and thought will or will not coalesce into an integrated perspective. ❖

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## APPENDIX

### Interview Protocol

(These are prompts, meant to encourage conversation.

Follow-up questions may be necessary.)

1. What role does your faith play with respect to your identity as a social worker? With respect to your identity as a social work educator?
2. To what extent does the Bible inform your practice as a social worker and/or an educator?
3. It has been said that certain passages in the Bible suggest that acting on a transgender identity is a sin. What parts of the Bible help you in your thoughts and actions with respect to transgender issues?
4. What do you think of the principle “accept the sinner, not the sin”? To what kinds of sins would you apply that principle?
5. Some social workers might find it difficult to wrap their heads around the concept of a transgender identity. In that case, how would that worker engage with a transgender client?
6. Two psychologists (Fowers and Davidov) developed a model of multicultural practice based on virtue ethics that might have applicability to understanding and working with transgender clients. The model suggests the need for total transformation on the part of the therapist. They say: “... cultural competence is not simply the possession of self-knowledge, information about culture, and behavioral capacities that may or may not alter the psychologist as a person. Rather, one must internalize and embody this knowledge in a profound way, making it part of one’s character, not just an addition to one’s behavioral repertoire.”

7. What kind of transformation do you think it might take for a Christian social worker/social work student to fully engage with a transgender client?
8. How do you reconcile notions of religious freedom with the protection of civil rights, particularly with respect to trans\* persons?
9. What are your experiences regarding potential conflicts between social work values and certain demands of your institution?
10. How do you advocate for social work values within your institution?

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# “Love everybody, keep your mouth shut, don’t have an opinion”: Role Expectations among Seventh-day Adventist Pastor Spouses

*Rene Drumm, Laurie Cooper, Marge Seifert,  
Duane McBride, & David Sedlacek*

*While many Christian church members and social workers would most likely agree that the role of the pastor’s spouse is central to church life, few are able to define exactly what the pastor spouse role entails. Examining the pastor spouse role from the perspective of the participant, this qualitative study identifies a number of defining elements associated with being a pastor spouse. These features include (a) providing emotional support for the pastor (her spouse); (b) conforming to particular standards of appearance; (c) being capable in specific ways such as music, hospitality, career; (d) attending church events; (e) being an example to others; (f) keeping quiet; and (g) doing things like or being like the former pastor’s spouse. This study provides a starting point for advocacy and future research for Christian social workers who are passionate about fostering a healthy congregational life.*

## **Case Scenario**

**T**HE SOCIAL WORK PROFESSION HAS A LONGSTANDING LEGACY OF helping people in need through religious organizations. Indeed, providing services through charitable institutions has been cited as a precursor to the social work profession itself (<http://ssw.umich.edu/about/history/brief-history-of-social-work>).

As social work advanced and became more professionalized, social workers maintained their connections with faith organizations in several ways. For example, social workers have been active in training church members and clergy about suicide prevention, HIV prevention, intimate partner violence, foster care advocacy, and many other types of outreach (Adedoyin

& Salter, 2013; Stennis, Purnell, Perkins, & Fischle, 2015; Tan, 2013).

What is less clear is social work's involvement in the professional or personal development of members of the clergy and their family members, specifically clergy spouses. For decades researchers and writers have documented life experiences of clergy spouses (Baker & Scott, 1992; Burton, 1999; Currow, 1995; Finch, 1980; Frame & Shehan, 1994; Gleason, 1977; Gunter, 2011; Hack, 1993; Knight Johnson, 2012; McMinn et al., 2005). With varied research and educational agendas examining issues such as physical and emotional well-being, life and role stressors, coping behaviors, marital satisfaction, and family functioning, the findings provide a concerning picture of life as a clergy spouse (Blanton & Morris, 1999; Blevins, 1997; Brackin, 2001; Darling, Hill, & McWey, 2004; Gleason, 1977; Gunter, 2011; Hartley, 1978; Hileman, 2008).

Particularly disturbing are the research findings related to the stress associated with the clergy spouse role (Gleason, 1977; Hack, 1993; Hileman, 2008). The types of stressors that researchers, writers, and journalists document as accompanying pastor spouses include boundary-related stress, role expectation/confusion, lack of time/time pressures, loneliness, lack of privacy/fishbowl effect, financial strain, lack of social support, and employment and educational challenges (Hill, Darling, & Raimondi, 2003; Lucas, 1992; Ross, 1980). The stressors experienced by clergy spouses are often chronic and can negatively affect mental and/or spiritual wellbeing.

While research confirms the presence and effects of the numerous stressors related to the clergy spouse role, a close examination of these studies reveals the lack of a consistent description of the components defining the role itself (Hack, 1993; Huebner, 1999; Jenkins, 2005; Knight Johnson, 2012). In general, researchers have varied and generalized meanings attached to the notion of "clergy spouse role," typically utilizing broad categories of undefined expectations. As a result, though research has endeavored to measure and demonstrate the impact of stress on individuals living with the role expectations of a pastor spouse, a precise understanding of those expectations remains unspecified. Therefore, studies examining the clergy spouse role provide an incomplete and inconsistent picture of the precise elements forming the context for the role that researchers intend to investigate and measure.

This lack of defining elements of what comprises role expectations leads not only to a mixed approach in measurement in related research, but on a more personal level for this population, reveals an issue that may have negative implications for clergy spouses' emotional health and life satisfaction—the question of role ambiguity. When individuals lack clarity about their social and work roles, they experience role ambiguity. Research points to an association between role ambiguity and increased stress and job burnout, and decreased life satisfaction (Cheek & Miller, 1979; O'Brien-

Pallas, Murphy, Shamian, Li, & Hayes, 2010; Pasupuleti, Allen, Lambert, & Cluse-Tolar, 2009).

Because little has been done to identify the specific form in which these role expectations play out in the intersection of the personal and church lives of pastor spouses, an important question remains: How are these role expectations specifically defined, described, and experienced by this population?

This study fills a significant gap in the research literature in three ways. First, it identifies a number of social role expectations as articulated by pastor spouses themselves. Recognizing these role expectations allows for evidence-based strategies to be developed to address the well-being of those married to clergy, with a fuller understanding of the role context. Second, identifying specific social role expectations provides an opportunity for researchers to initiate research endeavors using a set of common components when measuring concepts related to the clergy spouse role. And third, it articulates a role for Christian social workers to play in intervening with this population-at-risk.

## **Methodology**

### **Research Design and Procedures**

These data originate from a larger mixed-methods study on pastor family stress. The original study included a quantitative survey as well as qualitative focus groups with pastors, pastor spouses, and adult children of pastors in the Seventh-day Adventist Church in North America.

The Seventh-day Adventist Church is a mainstream Protestant denomination with approximately 19 million global members. Adventists are considered part of the conservative evangelistic faith tradition.

The analysis for this article solely uses the pastor spouse focus group data. The investigation seeks to understand the social role expectations associated with being a pastor spouse from the perspective of participants.

Specifically, we seek to address the research question, "What are the perceived social role expectations associated with being a Seventh-day Adventist pastoral spouse?"

### **Sample**

Our research team conducted six focus groups with pastor spouses. Each focus group consisted of five to ten participants with a total of 39 individuals contributing to this analysis.

The sample consisted of 39 females and one male. While demographics were not gathered for all participants, the sample contains individuals

from Hispanic, African American, Caucasian, and Asian backgrounds. The sample contained individuals whose ages spanned from 26 to 71 years.

Researchers recruited participants through purposive and convenience sampling techniques. The inclusion criteria included self-identification as a spouse of a Seventh-day Adventist pastor and being 18 years of age or older. Study participants were offered a \$10 gift card to honor their participation and acknowledge their contribution to this research endeavor.

### **Data Collection**

Prior to collecting data, the research team received permission to conduct the study from Southern Adventist University and Andrews University's Human Subjects Review Board and followed standard guidelines to protect research participants.

The research team developed a moderator guide to facilitate and center the focus group discussions. The moderator guide offered open-ended questions about potential stressors and stress alleviators. The topics included spirituality, finances, role expectations, stress management, social support, and conflict resolution. The focus groups ended with asking if there were any other topics that the group members would like to discuss. Data gathering occurred for pastors and spouses at conference-level retreats.

Research team members, family life professionals, and university professors conducted the focus groups. The focus groups lasted from 45 to 90 minutes to facilitate an in-depth discussion of the topics.

### **Data Analysis**

To allow for verbatim transcription, the focus groups were audiotaped. The first step in organizing the raw data was to transcribe the recorded focus groups. The research team members then reviewed the transcriptions for completeness and accuracy.

The analysis approach used the classic constant comparison method (Glaser & Strauss, 1967). Initial analysis was accomplished by coding participants' themes throughout the data. As the analysis progressed, researchers examined specific instances of the codes to clarify similarities and differences between the researchers' use of these codes. This procedure helped to increase inter-coder reliability. Researchers addressed the issues of credibility and trustworthiness of the data by using peer debriefing and conducting negative case analysis (Lincoln & Guba, 1985).

As these data are reported, it may be helpful to clarify that the unit of analysis resides on the focus group level rather than the individual level. The verbatim transcripts note what was said either by a participant or the facilitator, but the data cannot distinguish among individual participants.

Therefore, the supporting quotations from participants will be identified by a focus group number, such as FG 3.

In addition, we note theme predominance through the number of focus groups reporting a particular phenomenon rather than the number of individuals. Therefore, we will identify, for example, that a particular theme emerged in three of four focus groups and so forth.

### **Findings**

This analysis addresses the long-neglected research question of how clergy spouses define the social roles and expectations that make up the fabric of their everyday lives. While these pastor spouses experience varying degrees of “buy-in” of the role expectations, our analysis offers important insights into the collective perceptions of the social demands experienced by this group of people.

Please note that these findings are representative of only female focus group participants. As noted in the methods section, the sample included only one male spouse of a pastor. In response to the comments regarding role expectations given by the women in his focus group, this one male participant shared:

I guess I feel in some ways blessed to be a male pastoral spouse, because they [the church members] don't know what expectations to have, so they let me do my thing.... I don't have those stereotypic expectations of the [female] pastor's spouse. Are there expectations? Sure, but they are dramatically different, it feels like. And so, I am blessed. (FG5)

### **Defining the Pastor Spouse Role**

Researchers asked the study participants how they would define the role of a pastor spouse. The analysis revealed seven primary categories of characteristics that the participants identified as social role expectations connected to being a pastor spouse. These defining elements of the pastor spouse role were providing:

1. emotional support for the pastor (her spouse);
2. conforming to particular standards of appearance;
3. being capable in specific ways such as music, hospitality, career;
4. attending church events;
5. being an example to others;
6. keeping quiet; and
7. doing things like or being like the former pastor's spouse.

As the focus group participants described their role, their responses conveyed both internal and external expectations. Participants revealed

perceived external expectations from others in church congregations and the denominational organization, as well as their own internal, personal ideas that define what living out the role of the wife of a pastor should be or look like.

### *Providing emotional support for the pastor*

A role expectation clearly stated by a number of participants was the responsibility to provide emotional support to their husband, the pastor. When asked, “How would you define the pastor spouse role?” one participant immediately summarized her role perception by saying, “Support. Support of your husband, support of his ministry, support of the church family” (FG2).

This type and level of support emerged as a category distinct from the general supportive activities in which a pastor spouse might engage to bolster the pastoral ministry of her husband. Here is how one participant described the emotional support she feels she needs to give to her spouse:

I think that as a pastor’s wife, for me I feel like my responsibility is to be a soft place to land for my husband, you know. When he comes home ... I know that he’s had a stressful day and my job is to be a listening board, a comfort, and just a helpmate for him. (FG1)

Another participant described the way her supportive role plays out—as being both an encourager and a behind-the-scenes advisor to her husband:

I look at the pastor’s wife’s role as being supportive. Now sometimes you may be the only cheerer in that whole group—that smiling face that your husband can see .... So, I look at it as being supportive and being the ears and the eyes and giving advice to our husbands.... You can give that female touch. And it helps them alleviate a lot of problems that you see coming their way. (FG1)

Participants in four of the six focus groups mentioned a joint “calling” to the pastorate along with their husbands. For example, in response to the focus group’s discussion about being supportive, this participant shared her opinion that support to the level of “calling” is an essential aspect of role identity for a pastor spouse (referred to from here on as “spouse”):

I would say as far as my observation in over 30 years of pastoring, it is helpful if both are called. It is a great burden if the wife is not called and feels thrust into the ministry, because I think that can cause a lot of resentment. Because in a sense you are not your own. I totally agree about the support. (FG2)

### *Conforming to particular standards of appearance*

Participants conveyed an understanding that an aspect of their social role expectations as the wife of a pastor was to maintain a certain standard in appearance. Here is how one woman summarized it: “Whether you are on the platform or not, people [in the congregation] are looking at you because you are the pastor’s wife” (FG4). Another participant described a delicate balance she felt she needed to navigate with her appearance: “You know you wear the same dress every Sabbath and people say things, and then you break down and buy another dress and then they say things about that” (FG4).

The spouses recalled being told by church administrators and congregants alike about what was expected of them, including personal grooming and clothing choices. One participant was given the following advice by a denominational representative:

I sat down at my first conference with a female conference officer and [was] informed that I needed to have my teeth fixed and whitened, and if that meant that we had to go into debt for it, then that is what we needed to do. That I needed to cut my hair and to re-vamp my wardrobe or my husband was not going to be able to go further in the ministry. (FG5)

This appearance expectation in some cases extended to the pastor’s children as well, as articulated by this pastor spouse: “I mean there is just this huge pile of expectations and your kids have to be perfect when they arrive [at church]....Then there is the expectations of what the family should wear” (FG5).

One member of a focus group defended her view that appearance is part of her supportive role as a pastor spouse, comparing it to expectations found in other careers:

We find that even within the secular world. People who are in particular positions—their family is looked at, their family is scrutinized, their wives do dress and act a certain way in order to support their husband. So, I don’t find that to be stressful for me. This is a role that we chose. (FG2)

This defense of special expectations for these spouses contrasts with another participant’s view that such expectations are unwarranted:

I think that for me, when I really, really think about the role of a pastor’s wife, it is actually the same role as every Christian.... I struggle with being a pastor’s wife as a special calling, because I feel like every Christian has the same calling. (FG2)

*Being capable in specific ways, such as music, hospitality, and career*

The interviewed participants shared additional stereotypical expectations frequently associated with spouses that focused on particular types of skills or capabilities. These expectations included musical competencies like singing or playing the piano, cooking and entertaining skills, or being trained for a career viewed as flexible or complementary to their husbands' ministry. One woman's response succinctly describes the skill expectations the spouses heard from church members:

We are all supposed to play the piano, sing like a lark, make great potluck dishes, be ready to feed anybody at any time as much as they want, host anybody in our homes at any given time if they just decide to show up, teach Sabbath School. (FG5)

A participant in another focus group shared a similar list of expectations, along with the pressure placed on her, both externally and internally, to meet those expectations:

The pastor's wife has to play piano. She has to cook and invite people over. It is so huge that when my husband got the call to ministry my parents said, "You need to get a new wardrobe. You've got to take piano lessons." ... It's kind of intimidating. It becomes stressful in and of itself, because you feel like, "Oh, because I don't play piano, immediately I'm down a notch, so I'll have to make it up in cooking." (FG2)

Certain careers are seen by church members as more desirable than others for spouses: "One of the expectations of congregations is that the wife... has a college degree or be degreed in some field where they can utilize her at some point in time" (FG3). A focus group member shared her sense of feeling overwhelmed as a new wife, with the expectations placed upon her:

It was really a learning curve for me and I experienced the whole gamut of: you are supposed to wear this, you are supposed to talk like this, you are supposed to play the piano, you are supposed to be a nurse.... In my mind I thought, "Am I called?" (FG2)

*Attending church events*

Most parishioners within a congregation feel free to decide whether to attend a church event or not. The spouses participating in this study experienced a certain amount pressure to attend church events without exception, as expressed here by a focus group member: "All the expecta-

tions for all the stuff that your husband is doing. The wedding—you've got to bring a present to this wedding.... I'd be thinking, well maybe if I were staying home, but you know I can't do that" (FG5). Moreover, if there is a series of related church activities, just making an appearance is not an option for the pastor spouse: "They want you to come out there every night to the evangelism meetings" (FG2).

In one case, the participant felt that the church members offered little leeway for being present at church events, even when attending to an ailing parent:

My mother was dying. We lived in a split-level home but the church members expected me to bring my dad...and my mother who was becoming bedridden to that split-level home and live there and take care of them there.... I couldn't change their mindset but I knew that I was going to keep the fifth commandment. I was going to honor my father and mother because my dad would kill himself trying to take care of mom and so it wasn't an easy situation for my husband at all. They thought that I was being a bad wife and I had to deal with it. I was away from [the church] for eight months, but I never regret the stand I made. (FG2)

In addition to dealing with the expectations from church members regarding attendance, the pastor himself sometimes has expectations with which the wife must grapple:

I think that the husband has a totally different perspective of what your job is. And that can be stressful. I mean he does expect you to be there.... We say the members put a lot of pressure on you, but my husband wants me at prayer meeting, too. He wants me there when he's speaking. He likes to see my face, and I want to sleep and be watching a television show on Wednesday nights sometimes, you know? (FG1)

### *Being an example to others*

The spouses' responses reveal that they feel they are observed by congregants and that their behavior is expected to be an example that can be followed by others. One participant demonstrated this role expectation by sharing, "I knew we lived in a glass house" (FG3), while another stated plainly, "We are to set an example for other people to look at" (FG4).

As she reflects on observed church dynamics over the years, this focus group member equates the pattern of spouses being watched and imitated as a form of respect:

I noticed a trend that when the pastor's wife would come in with a certain hair style, certain sisters of the church would come in with the same hair style. It perplexed me, but it showed the respect and the admiration that the other women had for who she was and how she conducted herself. (FG3)

Another participant connects her perceived behavioral expectations to a biblical mandate:

The Bible holds up certain standards—the kind of moral behavior that a pastor's wife and family should have. . . . There are things that, like Paul said, perhaps are permissible for me to wear or to do, but I choose not to because, whether it is fair or not, I have a position that requires me to be an example, and whether or not I have chosen to be an example, I am looked at and observed and emulated to some extent. (FG2)

### *Keeping quiet*

It was with some frustration that the focus group participants expressed the social expectation to remain quiet in various types of situations. This spouse shared that she does not feel free to lend her views to discussions of church business and ministry planning:

I think, "I am contributing to the church, you know, and I have just as much say." I'm a member, but I don't get to. . . . come to a business meeting and voice my opinion on a particular hot item in a church. I don't think that's fair to us as pastors' wives, that we are expected not to say anything or not to even participate in board meetings or business meetings or things like that. I think that is unfair to us as spouses. (FG1)

Even in the circumstance of being provoked, the spouse may feel it is not appropriate to respond or stand up for herself:

You know Lord, you are going to have to learn to shut this [mouth] because I'm a very outspoken person and if somebody is going to jump in my face, then I was really just quick to jump right back into theirs, and I knew being a pastor's wife I could not do that. I could not speak my mind. At least that is what I thought. (FG5)

The perception of pastors' wives being expected to keep quiet within the church community is concisely summarized by this participant's statement: "Love everybody, keep your mouth shut, don't have an opinion" (FG5).

### *Doing things like or being like the former pastor's spouse*

A common experience of the interviewed spouses was an expectation that they would in some way be like the former pastor's wife in whatever congregation they were assigned to. This participant revealed the responsibility she has felt to follow in the footsteps of her predecessor:

Every [church] district we have been in, there were a little bit different expectations and a lot of times it was based on who was there before you.... There was a pastor's wife before us and I just really admire the lady myself, but they were coming towards their retirement time and here I was, coming pregnant with our fifth child and I was like, "I can't do all the things that she did before." ... That is what you will hear when you get there, "Well, you know, Vera did this when she was here." ... And that would make me feel kind of like, "Oh, I probably should be able to do that, too," but I just can't. (FG5)

Describing a fellow spouse's experience, a focus group member shared:

There are the pastors' wives who have told her what she has to do. She's come up with some crazy stories, you know? "You have to start on this side of the church and work your way around and greet everybody." I mean, someone told her that!" (FG1)

Recognizing the pervasive tendency of this role expectation, one participant shared that she attempts to be proactive in alleviating the pressure that might otherwise be placed upon her successor:

There are some things that people kind of assume—the expectations that I have found have sometimes been because the former pastor's wife did this, so then you'll probably do this. I always try to tell people when we leave, don't expect the next wife to do what I do. (FG2)

### **Limitations of the Findings**

While these findings offer insights into the experiences of a group of Seventh-day Adventist pastoral spouses, the study findings are limited in several ways. First, it is important to note that our sample focused on a single denomination rather than a broad cross section of pastoral spouses. It could be that these participants hold many commonalities with spouses from other denominations, but there could be profound differences as well. Future research should focus on broadening these findings.

Second, because the research approach utilizes qualitative focus groups, the intent is not to generalize these findings to other populations, but rather to gain a more in-depth understanding of the perspective of these participants. Again, further study using quantitative methods is needed to capture a sample that could be used for the purpose of generalizable findings.

### **Discussion: Implications for Christian Social Workers**

This study examined the various behavioral expectations that Seventh-day Adventist pastor spouses identified as part of their social role and identity.

As with every research study, we are left with lingering questions that are best addressed through further research. These results offer insights into the thoughts of one group of pastoral spouses in terms of their often-internalized sense of what is expected from them as pastoral spouses. An important next step for researchers would be to measure to what extent these expectations may be shared across denominations or theological traditions. We believe from our read of the literature, that the findings from this study may apply to those other conservative evangelical traditions as well. In addition, researchers need to understand the specific ways pastoral spouses find the expectations as impinging on their daily lives, levels of stress, and life satisfaction. Answers to these questions will give further direction for Christian social work interventions.

Several key questions arise from the analysis such as, “How are these behavioral expectations unique?” “Do not all spouses experience role expectations with which they must identify and learn to cope?” “How might these expectations add to or detract from these individuals’ sense of wellbeing and quality of life?”

The research team grappled with these questions throughout the analysis. As a result, we included only those role expectations that pertained uniquely to pastor spouses and not spouses in general. For example, some spouses identified juggling their careers and family roles as challenging. These types of role expectations were not included in these findings since work-life balance is a common struggle for many people.

Likewise, there are some spouse groups who experience similar behavioral expectations, such as spouses of political figures. However, in general, for individuals whose spouses are engaged in working class employment, or spouses of other professionals or executives, these same expectations generally do not impinge on their everyday lives.

It is clear from the participants’ responses that these spouses sense a number of social and behavioral expectations attached to their role as the wife of the church’s minister. By virtue of the fact that they happen to have a familial connection to the pastor, a set of special requirements is automatically placed upon them. These expectations set them apart from

others, including other church members. It can be concluded, therefore, that for this population, their involvement in church life as a “system” includes the presence of some or all of the defined expectations described in their interview responses.

While members of the focus groups generally acknowledged the existence of systemic role expectations, the participants varied in their level of “buy-in” regarding those expectations. On one end of this spectrum, some pastor spouses appear to confidently agree with the external expectations of the church system, as voiced in this participant’s statement: “Whether it is fair or not, I have a position that requires me to be an example and whether or not I have chosen to be an example, I am looked at and observed and emulated to some extent” (FG2).

Even when not fully buying in to the system’s expectations, some participants show evidence of acquiescence to the inevitability of behavioral requirements from the church community. One focus group member expressed a desire for advanced warning from the denominational administration about the coming expectations, but in her statement, she did not seem to request any intervention from the leaders to eliminate unfair expectations:

One of the things I would suggest [would be for the denomination] to help ministers’ wives and I think it is excellent if they have a course or at least a realistic approach to let them know that your children will have a difficult time because people have these high expectations for them and that they [are supposed to] do no wrong. (FG3)

For others, the imposed expectations seemed to be in conflict with their sense of healthy identity: “The expectations placed upon us are a result of sin and a result of the way we are organized.... [They are] such a man-made thing” (FG2). It is interesting to note that on both ends of the buy-in spectrum, the Bible is used as a guide:

It is somewhat a shame that sometimes you kind of run into expectations that people do have.... I personally don’t feel a pressure to meet those expectations because of my understanding of scripture, and that everyone has to follow what God has called them to do. (FG3)

Why should Christian social workers be interested in and concerned about these role expectations for this group of people? Reviewing the implications of these expectations will answer this question.

As we examine the social role expectations as a whole, something very concerning to Christian social workers emerges. This analysis suggests that the pastor spouse role expectations described by study participants may lead to a compromise of personal authenticity and an individual identity.

When spouses conform to their role expectations without question, they relinquish at least part of their own individuality for the survival and existence of their husband and his job. In turn, congregants and church leaders see pastor wives as extensions of the pastor rather than the individuals that God intended them to be. Thus, the spouse becomes invisible as an individual and her value as a human being decreases.

Research on living lives of authenticity indicates how important achieving a sense of personal congruence is for our well-being, particularly in a work-related role (Ménard & Brunet, 2011; van den Bosch & Taxis, 2014). Further, when personal authenticity is lacking because of perceived role expectations, anxiety, depression, and stress increase (Sheldon, Ryan, Rawsthorne, & Ilardi, 1997). Therefore, the issue of authenticity for pastoral spouses is of central importance.

The social work profession holds the dignity and worth of individuals as a primary value. These research findings depict a group of women who are often called upon to sacrifice or submerge their own personal identities with a preformed, prescribed identity—that of being “the pastor’s wife.” Therefore, Christian social workers must strive to understand and subsequently advocate for change on behalf of this often overlooked population.

These findings serve as a call to action to Christian social workers dedicated to service within their congregations. First, the findings of this study identify a number of role expectations as described by the study participants. It may be affirming for the other pastoral spouses to be introduced to these perceptions as identified by a group of peers. Recognizing these concepts may assist pastor spouses as they make decisions about whether to hold on to or discard these expectations in their everyday lives. Similar research on boundary ambiguity (Carroll, Olson, & Buckmiller, 2007) notes that it is helpful for professionals to identify and name the situation in order to normalize the experience.

Second, Christian social workers should be active in promoting a healthier and more realistic set of pastoral spouse expectations to congregants in their churches. Studies on pastor role expectations reveal that congregants often lack understanding of the pastoral role and this results in unrealistically high expectations (Proeschold-Bell et al., 2011). By actively educating congregants about appropriate pastor spouse roles, Christian social workers can play a part in rightsizing congregant expectations.

Third, using these findings, Christian social workers could actively advocate on behalf of the spouses in their denominations. For example, social workers could prepare a presentation for church administrators to educate them about the stress and potential harm arising from social pressures to conform to these role expectations.

Christian social workers can make a difference in the lives of this group of people who often sacrifice a great deal for the mission of the church. By

taking action and educating congregants, administrators, and even your pastor about the pitfalls of these expectations, you will be a powerful force for healing. ❖

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## APPENDIX

### Spouse Focus Group Guide

Introduction: Our research group, in partnership with the North American Division, has engaged in an initial investigation into the stresses that Adventist pastors, their spouses, and adult children experience. We would value your insights about the stresses pastor spouses experience to help us understand some of our preliminary findings arising from the survey data.

**I. Pastor Spouse Expectations.** The research findings indicate that pastor spouses experience stress as a result of the expectations church members have for pastors as well as the pastor spouse. In addition, pastor spouses may have expectations for themselves in their spouse role. These findings raise questions about what the pastor spouse role actually is, where these expectations come from, and how the expectations are communicated to and internalized by pastor spouses.

1. How would you define the pastor spouse role? What are the primary elements or requirements of a pastor spouse? (note what is and what should be)
2. How did you learn what these elements or job expectations are?
3. What could have been done to better prepare you for becoming a pastor spouse?
4. How does your congregation, church members or your spouse shape your views of the pastor spouse role?
  - a. How might those expectations impact marriage and family life?
  - b. What strategies exist for ameliorating this impact?
5. How might church leadership help pastor spouses with expectations and roles?
  - a. Education on boundaries?
  - b. Policies from the church?
  - c. Educational programs for pastor spouses or congregations?
6. When you are achieving a healthy balance between your personal/family life and your pastor spouse role, what are you doing? What are some successful strategies?

**II. Social Support.** Results from the survey noted a lack of social support (a network of trusted friends and family) for pastor spouses that sometimes resulted in loneliness and isolation.

1. What has been your experience with the availability of social support or a social network that you connect with?

2. For pastor spouses who experience loneliness or alienation, what help is or could/should be available to them?
3. Conference role?
4. When you are connected socially to others, how do you achieve this for yourselves?

**III. Dealing with conflict.** The research findings revealed that organizational challenges at the local conference, division, and General Conference lead to high stress in pastors and their spouses. It appears that many pastor spouses perceive a lack of support from the upper levels of the organization. In addition, there are local church issues such as conflicts over worship styles, church discipline, and/or passive-aggressive resistance to the pastor's program that can be stressful for the spouse as well.

1. What could be done at the organizational levels of the church to reduce the stress placed on the pastor spouses?
  - a. Involve pastor spouses more intentionally in the decision-making process?
  - b. Find safe ways for pastor spouses to express their frustrations with administration without fear of reprisal?
  - c. Create safe places for pastor spouses to share their personal struggles without fear of their spouses losing their jobs?
2. When there is conflict in the local church, what role do you take in its resolution? When you are at your best, how do you handle local church conflict?
  - a. Supportive role to pastor spouse?
  - b. Leader in conflict mediation?
  - c. Stay out of the controversy completely?

**IV. Finances.** The results from the survey questions about finances indicated that the majority of pastor spouses experience moderate to severe levels of financial stress. In fact, finances were associated with higher levels of stress than any other issue.

1. How would you characterize where this stress comes from?
  - a. Inadequate income
  - b. High cost of living
  - c. Unsure about how to manage money
  - d. Pressures to engage in charitable giving
  - e. A mindset or pressure to "keep up with the Joneses" or live beyond your means
  - f. Lack of a two-income situation due to you being unable to get work or not able to work because of pastoral spouse duties

2. What do you or other pastor's families that you know well do to alleviate financial stress?
  - a. Additional part time jobs—self and/or spouse
  - b. Financial help from other family members (parents/relative) for such things as tuition in SDA schools to vacations?
3. When you, as the pastor spouse, engage in outside employment to help make ends meet, how does that impact your stress level?
  - a. Alleviate stress
  - b. Add to other stresses
  - c. Irritate the congregation since you may be less available
4. What could be done to alleviate these financial stressors?
  - a. Increase salaries
  - b. Improved retirement
  - c. Increase tuition support

**V. Spiritual Struggles.** The data we've gathered suggest that a significant proportion of pastor spouses struggle with personal spiritual issues that range from Sabbath keeping to attending to personal devotions. Struggling with personal spiritual issues is most likely a common challenge for many people. Yet, the expectation for pastor spouses is that they have strong spiritual lives.

1. In your experience, either personally or with close friends of yours who are pastor spouses, how would you describe the factors that come together to create a situation where pastor spouses struggle with personal spirituality? What is it about being a pastor spouse that interferes with your spiritual life?
  - a. Spouse's schedule and work demands
  - b. Unreasonable congregational expectations
  - c. Marriage or family situations
  - d. Issues or attitudes of the conference or other church leadership
2. When your spiritual life is on track and you are enjoying a strong spiritual life, what types of situations/events/life circumstances lend themselves to spiritual wellness?
  - a. Personal situations (What are you doing or have you done that strengthen spiritual life?)
  - b. Family situations (What is happening in the family to help your spiritual life?)
  - c. Congregational situations (What is happening in your spouse's churches that enhances your spiritual life?)

3. When your spiritual life is on track and you are enjoying a strong spiritual life, what types of internal factors (thoughts, attitudes, and spiritual practices) lend themselves to spiritual wellness?
  - a. Experiencing personal peace with God despite external challenges?
  - b. Experiencing God personally in daily communion with Him?
  - c. Recognizing God's call on my life as a pastor spouse?

**VI. Stress Management.** People handle stress in both positive and negative ways. Some negative ways revealed through the survey centered on addictions (internet and media, food, substance use, pornography).

1. What constitutes an "addiction" to you? How or at what point does an interest or indulgence become addiction?
2. What is at the root of addictions among pastors or their spouses?
3. How does coping with stress connect to addictions?
  - a. Media use
  - b. Food
  - c. Substance use
4. What do you see as the consequences of addiction for pastors or their spouses?
5. When you are managing stress well, what healthy coping mechanisms are you using?

**VII. Prioritizing Stressors.**

1. Of the stressors we discussed today, what would you recommend to the church leadership as a place to start in terms of pastor spouse stress reduction?
2. Beyond getting started, what do you think church leadership could then build on and accomplish in pastor spouse stress reduction?

# Social Work Professional Identity and Catholic Identity: A Critical Exploration of the Source of Conflicts

Paz M-B Zorita

*Pluralism is not pretending that our deepest differences make no difference. Pluralism, rather is engaging those differences within the bond of civility. Pluralism requires mutual respect for persons, not indifference to truth (Neuhaus, 1999, pp. 72–73).*

SOCIAL WORK HAS DEEP ROOTS IN A CHRISTIAN UNDERSTANDING of the human person. In fact, the Christian faith inspired the vocation of many of the profession's founders (Magnuson, 1977; Smith, 1957). There is a fundamental resonance between Christianity's understanding of its mission and social work's avowed values—social justice, service to the needy, and the dignity of the individual. These seemingly shared values continue to this day to attract Christians to the profession. And yet, Christians often experience a profound alienation between the professional outlook and the Christian roots of their professional calling (Harris, 2008; Ressler, 2000; Ressler, 2002). Many Christians, once they enter the professional culture, find themselves having to choose between their Christian identity and a professional social work persona. They find that rather than complementing each other, the two identities are sometimes in opposition and, that if they are not vigilant to keep them separate, they risk professional embarrassment or worse (Cnaan, 2006; Eckardt, 1974; Elliott, 1984; Gaddis, 2011; Hodge, 2002; Ressler, 2002)

This tension, though common among social workers of all Christian denominations, is particularly problematic for Catholic social workers because the Catholic Church has a carefully defined and authoritative moral code, immune to the moral emotivism and relativism that shapes today's progressivism—progressivism that defines much of professional social work's commitments. The purpose of this paper is to explore the origins and implications of this alienation from a Catholic perspective and tentatively offer some suggestions.

Exploring the tension between social work and Catholic identities is more urgent than ever. For a long time, the issues confronted by all social workers, Catholic or otherwise, were mainly about meeting corporal needs: food, housing, child protection, resource development, community support, and resistance to racism and discrimination. This common ground was ample enough to accommodate any willing hand; the philosophies that motivated those who joined the effort seemed to matter less than the practical results of taking care of those in great need. Today, some common ground remains, but beyond it looms a large area in which the professional and religious identities of the Catholic social worker are in deep conflict. Issues related to bioethics, human sexuality, autonomy, human rights, and the individual conscience of professionals are deeply contested throughout society. Neither the social work profession nor the Catholic Church are mere bystanders vis-à-vis these questions.

Social workers, whether by professional compulsion or by default, often lend their hands to policies and programs that may conflict with their own sense of the good. It is necessary to make explicit the source of those conflicts, not only for Catholic professionals seeking their own moral integrity, but for non-Catholic professionals as well. The clarification is also necessary for employers, who need to understand what it means to have a diverse labor force in which Catholics may reclaim their voices. The clarification is even more important for the most vulnerable in the professional chain, the recipients of services, whose own integrity may be compromised by powerful bureaucracies and professional authorities they cannot sidestep (let us think, for instance, how easily providers of youth services can sideline the authority of parents in guiding the sexual awakening of the young). The critical issue is: what options, on ethically laden issues, are presented to clients as the default or as more "rational"?

In this paper, I use *Social Work Speaks* as a basic document of the profession's positions on social issues and as an expression of its self-understanding and aspirational social and political goals. *Social Work Speaks*, published by the National Association of Social Workers (NASW), together with state laws that establish professional licensing boards, is considered "the primary authority on Social Work practice" (Brenden, 2007, p. 474).

For an exposition of the Catholic view of social issues I will refer to Catholic Social Teaching (CST), an authoritative corpus of papal and conciliar documents dealing with social, economic and cultural conditions as they present themselves in time. A total of thirteen Encyclicals, together with *Gaudium et Spes*, a document from the Second Vatican Council, form the canon of CST. The foundation of this teaching is a unified and coherent understanding of the human person, his origin, his telos, and his relation to society. The foremost principle of CST is the affirmation of human dignity and defense of human life. From it, five principles flow:

1. The pursuit of the common good in a spirit of service.
2. The development of justice with particular attention to situations of poverty and suffering.
3. Respect for the autonomy of worldly realities, for example, scientific knowledge, political arrangements.
4. The principle of subsidiarity (matters ought to be handled by the smallest, lowest, or least centralized competent authority).
5. The promotion of dialogue and peace in the context of solidarity. (Compendium of the Social Doctrine of the Church, section 565. Quoted by Spitzer, 2011, p. 191).

CST is highly relevant to the field of social work because it goes beyond the sphere of faith into cultural and socio-economic affairs, addressing all people of good will. It is also deeply rooted in the philosophical and religious traditions that animated the birth of social work. As such, it contributes to a complete self-understanding of the social work profession. Furthermore, CST is philosophically dense and remarkably coherent, and is able to provide a solid philosophical support for many of social work's ethical positions, as well as present a sophisticated challenge and critique of others.

### **The Professional Challenges to Christians in Social Work and a Variety of Responses**

Social work scholars have often pointed out presumed difficulties in relation to Christianity. First, it is claimed, Christianity and social work do not mix easily because social work aspires to be scientific, and faith, given its doctrinal underpinnings, is seen by some as retarding the scientific development of social work (Clark, 1994; Popple & Leighninger, 1999). Second, the relationship is also problematic because Christianity includes a mandate to evangelize (Popple & Leighninger, 1999). Third, Christians are presumed to be moralistic since they prioritize saving souls above helping people with their material needs (Lowenberg, 1988; Ressler, 2002). Fourth, Christians are perceived as resisting what some may see as social progress (Keith-Lucas, 1974; Kuhlmann, 1974; Moberg, 1977). And

fifth, conflict between religious ministries and social work practice arises because the latter is considered as necessarily a secular activity (Imre, 1982; Loewenberg, 1988). However, these difficulties are thought to only exist vis-à-vis certain types of Christians. Social work, it has been argued, has not had difficulties with mainline/liberal Protestant churches, nor, until very recently, with Catholicism. The problem is, according to the critics, with “traditional Christianity,” or what some call “conservative” Christianity (Poppo & Leighninger, 1999).

Christian social workers have responded to these professional challenges a variety of ways: by agreeing with the critics by acknowledging Christians’ failures, calling fellow Christians to greater authenticity (Keith-Lucas 1972; Ressler, 2002); by sustaining what has increasingly become a difficult dialogue (Hanawalt & Lindberg, 1994; Hodge & Wolfer, 2008; Hodge et al., 2009; Magnuson, 1977; Vanderwoerd, 2011); by presenting empirical evidence of social work’s own prejudices against Christianity (Hodge, 2002; 2003; 2013; Ressler & Hodge 2006); and by courageously defending Christian social work educators’ right to sit at the professional table (Ressler, 2002). These responses are all consistent with a Christian point of view, however, I will argue that some of these responses have substantively accommodated the secular outlook of social work at the expense of diluting the Christian mission. This type of response is troubling for many Christians and certainly for Catholics. An exposition of the Catholic case may be illuminating beyond the Catholic courtyard.

### **The Professional Challenges of Catholic Social Work: The Management of Contradictions**

The existence of a deepening conflict is not only surprising, but also unsettling, given the contributions of Catholicism to social work in America and elsewhere. The Catholic Church operates the largest private network of independent social service agencies in the world (Hehir, 2010). Catholic Charities USA is a large employer and its professional ranks are staffed with thousands of social workers, many of them non-Catholics and many of them not shaped by a Catholic Social Work program. Catholic educational institutions impart undergraduate and graduate degrees accredited by the Council on Social Work Education (CSWE), including doctoral degrees. Catholic social agencies are recruited as field agencies by social work programs at public universities. A respected journal of social work, the *Journal of Religion and Spirituality in Social Work: Social Thought*, was founded by the Catholic University of America. For over 100 years, there has been no field of social work in the United States that has not been imprinted by Catholic initiative, effort, scholarship, and resources (Hehir, 2010). For a long time, social work and Catholic structures have made plausible the proposition that a harmonious relationship between social work and Catholicism exists.

And yet, any careful observer cannot fail to see a progressive four-decade rift between secular and Catholic social work. The sources of this deepening rift are the fundamentally opposed views about the human person of contemporary secular social work as expressed in *Social Work Speaks* and Catholic anthropology as expressed in CST. Both views are powerful, albeit for different reasons. The point of view of secular social work has the strength of the zeitgeist; on the other hand, the strength of CST rests in its philosophical coherence and its extended rational engagement with the world. It offers to its critics “the most systematic and thorough attempt by a religious faith to articulate its positions on social policy” (Brian Rusche quoted in Brenden 2007, p. 477.) In other words, CST is a very hard nut to crack. So much so, that denying and dancing around the difficulties has been the *modus operandi* of both Catholic professionals and mainstream social work. I will examine how these contradictions have been managed at Catholic charitable institutions, in Catholic scholarship, and at Catholic universities.

Because of the high level of co-operation between professional social work and Catholic institutions, there is a great need to smooth potential areas of conflict. Students from public universities are placed in Catholic agencies in spite of injunctions at those agencies against providing certain services that are not only legal, but deemed rightful by the profession. Catholic agencies hire non-Catholic social workers as long as these employees promise to abide by Catholic rules, regardless of how distasteful those rules may be to the worker or how they may clash with her private life. The non-Catholic social worker in a Catholic agency may be asked to put her values aside in the same way that the profession of social work asks Catholic and other religious social workers to put aside their religiously informed values in order to abide by a client’s lawful requests.

Catholic social services collaborate with the vast majority of agencies, provided the object of collaboration does not directly go against Catholic teachings (examples include abortion and contraception, third-party conception services, assisted suicide counseling, advocacy for vital organ donation before death, and adoption/foster-care services for gay couples). A Catholic social agency may refer a client to a provider that may render services contrary to Catholic ethics as long as the mission of the agency is not in direct opposition to Catholic ethics. For instance, a Catholic agency may refer a pregnant woman to a mental health agency even knowing that the agency may in turn refer the woman to an abortion clinic. The social worker from the Catholic agency that accompanies the client to the clinic discreetly keeps out of the conversation, implicitly conveying the notion that she does not want to know what the recommendation might be. The contradiction between CST and referrals for abortion and sterilization is sometimes dismissed as “manageable,” as McCarty (2012) does in describing her work at a Catholic Worker House.

Catholic scholars have, for the most part, kept a comfortable relationship with secular social work by studiously avoiding the sensitive moral issues that trouble many Catholic social workers. Even at times and venues in which a full-throated exposure of the contradictions between Catholic and professional social work identities would be expected, one finds silence. For example: in 2012, *Social Work & Christianity* dedicated a full issue (v. 39, n. 2) to the theme of CST and social justice. In it, an article on practice with people with disabilities mentions the shortcomings of social work vis-a-vis this population (Mayer, 2012), and yet, no mention is made of the participation and collusion of professional social work in genetic counseling and reproductive health clinics where the disabled person is selected for elimination. Thus, an area of deep conflict between professional social work and CST is avoided. In another article on CST, natural law, and racial disproportionality in social work, the staggering disproportion of victimization of African American babies and their mothers by the abortion industry is not mentioned (Belanger & Smith, 2012). Another article dedicates a full section to “The Respect for Human Life in Its Fullness at All Stages of Development” (Constable, 2012). The author calls for “protection of vulnerable people and human procreation” (p.166). Although it is an affirmative article on CST, the author fails to call abortion by name. The reticence is difficult to explain. In a different issue of the same journal there is an article with an attention-grabbing subtitle: “Birth to the Word of God in Social Work Education” (Epple, 2010, p. 85). Given the association of this language with Mary as tabernacle of the Word made Flesh, as well as the article’s explicit reference to Mary as the “dwelling place,” one would expect that the author would count, among the grievous ills she mentions, the massive destruction of nascent human life in maternal wombs. Yet, this is not the case.

Catholic social work scholars sometimes discount and trivialize their beliefs. One observes the reticence of scholars, (professionals and students) in publicly acknowledging their Catholic identity except for declaring their disagreement with the Church—precisely on those issues in which assent would bring personal and professional opprobrium. One sees it as well in Catholics’ silence when slanderous affirmations against the Church are made, such as its alleged complicity in the spread of AIDS at the height of the epidemic. Catholic scholars may pay lip service to hot-button issues, particularly those related to life and human sexuality, but often dispatch them in a few lines or a single paragraph rather than allowing them a structural role in the discussion. CST is rich and abundant, but taken in fragments, it offers a handy stage for make-believe. The trick is to pretend that the contentious issues between social work and Catholic morality do not really matter, that it is a question of time or more dialogue for Catholicism to come to its senses, and that the issues

can be ignored without compromising the foundations and intelligibility of the whole.

While Catholic social agencies tend to manage the contradictions by compartmentalizing strategies, and Catholic scholars by avoidance, Catholic educational institutions focus on the lexical similarity between the two value systems, creating a smokescreen that hides the contradictions in the content. Catholic Schools of Social Work feel keenly the pressure to both maintain their religious mission as well as conform to the opposing demands of accrediting bodies. Some schools have made leading efforts to integrate CST into their curricula, such as the National Catholic School of Social Service (NCSSS), and the notable and well-documented example of the College of St. Catherine and University of St. Thomas School of Social Work (CSC/UST School of Social Work).

Since 2006, CSC/UST School of Social Work has engaged colleagues and students in integrating CST in the curriculum and practice (Brenden, 2007; Brenden & Shank, 2012; Shank, 2007). The effort rests on the premise of the fundamental compatibility and complementarity between CST and social work's philosophical principles (Shank, 2007). Quoting selectively from the deposit of CST and from the educational standards of the CSWE, Shank (2007) concludes, "Social Work education in many respects represents the actualization of Catholic social teaching ..." (p. 15). And in 2012, "it could be argued that a social work education program is, in fact, a potentially vital component of a Catholic university if it is to fully realize its responsibility to Catholic identity" (Brenden & Shank, 2012, p. 130). None of the issues that separate mainstream social work from the Catholic understanding of the human person, human life, family, freedom, sexuality, self-determination, and conscience are mentioned in these leading articles. After shuffling phrases like justice, respect for the human person, rights, responsibilities, family, interdependence, values, self-determination, and the like, Shank and Brenden find no contradiction between CST and the current ideology of Social Work.

The CSC/UST School of Social Work reaffirms the notion that secular social work has nothing to fear from Catholic social workers or faculty, and by implication, that Catholics can blend their professional and Catholic identities without trouble to their consciences. Brenden (2007) acknowledges that social work faculty and students at CSC/UST School of Social Work objected to the integration of CST into the curriculum, but the difficulties, she argues, stem not from irreconcilable philosophical anthropologies, but rather from the Church's practices vis-à-vis women, ("unequal treatment"), GLBT persons ("lack of full affirmation") (p. 484), and oppressive "reproductive policy" (p.483). It is the Church, Brenden implies, that is inconsistent with its own social teachings on human dignity. She affirms that integration of CST and social work curriculum is pos-

sible. She recommends more dialogue, as “solutions to our challenges will emerge from dialogue that embraces different perspectives” (p. 496), and interpreting disagreements as differences in degree rather than on “starkly opposing principles” (497). The expectation that the Catholic Church should change is not accompanied by a parallel expectation that secular social work should examine its premises.

When confronted by secularist educators with objections to the qualifier “Catholic,” promoters of CST resort to the argument that it is important “[not] to confuse Catholic Social Teaching with other elements of Catholic doctrine” (Brenden, 2007, p. 489; Donaldson, 2008; emphasis added). What those “other elements” are is left unsaid. The lexical shift from “Catholic Social Teaching” (which is acceptable) to “Catholic doctrine” (which is not acceptable) is significant. It splits the whole corpus of CST into two camps: the parts of CST which are subsumable to professional social work ethics, and those parts which clash with it. The implication of this purely verbal distinction is that “doctrine” is a religious matter, a question of faith. Such “doctrine” becomes extraneous to professional concerns and inappropriate for professional discourse, except for guarding from its incursions. Catholics know, however, that although CST is grounded in doctrine, it does not depend on it. It is derived from a philosophical view of the human person that can be understood on rational grounds and forms a coherent whole. The artificial split of CST into two camps papers over the conflict between CST and professional social work ethics. The olive branch extended by the Catholic educators at CSC/UST School of Social Work to their secular colleagues is in fact a surrender wrapped in language that elides and conceals the very real disagreements.

The language of equal rights is often used to criticize Catholic practices, particularly reproductive rights. Catholic social work educators trying to integrate NASW ethics and CST avoid naming the bones of contention relative to those rights: abortion and fertility technologies, and yet NASW’s position on those issues is clear (NASW, 2006, pp. 144–151). Not considered enough is the fact that reproductive rights are vigorously defended by CST with its opposition to bans to interracial marriages, the exploitation of poor women’s fertility via maternal surrogacy and egg sales, forced sterilizations, and its strong defense of family autonomy vis-à-vis the state. The understanding of reproductive rights by professional social work and CST differs in many instances, but because CST has a high level of internal coherence and stands on rational grounds, it provides a powerful counterpoint to professional social work ethics that ought not to be glibly dismissed as simply a matter of faith. The failure to examine the concept of human rights with intellectual rigor makes it impossible to address the dysfunction at the heart of integration of NASW ethics and CST, impoverishing the field of social work as a whole.

### Critique of Secular Social Work

Social work claims to embody values. Professional social work enjoins its members to filter their values through the sieve of the NASW frame, and set aside those that conflict with it. Discussing the faith-based issues around sexual orientation, gender identity and expression, and reproductive rights—“the very large elephant in the middle of this room,” Reamer (2013) says:

Social workers are free to embrace whatever religious tradition appeals to them or none at all ... In the final analysis, however, individuals who choose to obtain social work degrees and call themselves social workers have a duty to uphold the profession's core values ... Social workers who are people of faith do much to support those in need, and for this we should be grateful. But if their actions and pronouncements violate the profession's core values, they are not practicing social work as the profession has chosen to define it—and that is unethical. (Reamer, 2013, n. p).

Reamer affirms as a non-negotiable core value, not just the injunction against discrimination based on sexual orientation, gender identity or expression (NASW, 20008, Code standard 4.02), but also its expanded interpretation by the NASW Board of Directors commanding support for gay marriage. It should be noted that Reamer's position was not based on the current legality of gay marriage, for it preceded the striking down by the Supreme Court of US of the Defense of Marriage Act of 1996 (26 June, 2013) and the Supreme Court Decision *Obergefell vs. Hodges* (June 26, 2015).

Professional social work also claims to be an objective bystander vis-à-vis values proposed by other moral traditions. The profession uses its avowed neutrality to disarm moral arguments that oppose its own. This strategy has worked extraordinarily well. Even those whose moral stance has been sidelined may come to be convinced that social work values belong to a more encompassing order of discourse with which their own moral positions are not to compete. It is the stance that says “I personally oppose it but as a social worker, I must support it.” Professional social work positions itself over and above other ethical traditions by claiming objectivity for itself while asserting that religiously informed moral claims are subjective and matters of personal belief. Appeals to freedom of choice and tolerance as goods to which any reasonable person can easily assent, veil, both from professionals and students, what the nature of the choice is or what is to be tolerated (McGinley, 2014).

The paradox of this state of affairs is that non-religious social workers have no reason to doubt their own competence when working with Catholics or other Christians. Empirical evidence attests to this self-confidence,

confidence not shared by some potential Christian clients (Pellebon & Caselman, 2008; Canda & Furman, 1999). A telling example of the confidence in their religious and moral neutrality and ability to counsel people of any religious or moral orientation, is that professionals rarely see the need to be explicit about their own beliefs. Popular web sites on how to build up a clinical social work practice, recommend the practitioner to include in marketing materials all kinds of information: contact, fees, qualifications, languages spoken, therapeutic approach, but nothing about the world view or religious affiliation of the worker. And yet, clients keep asking their workers: Are you married? Do you have children of your own? What do you think of divorce? What would you do if you were me? All expressions of concern not so much about the skills or qualifications of the professional, but rather what kind of a person she is, what kind of values she upholds, what it is that she believes.

By way of contrast, social workers who hold a moral stance at variance with the NASW's, are expected to be explicit about this difference and express it as a limitation. This is evident with regard to pregnancy services, which, in some states, if they do not include abortion, must advertise that limitation, while services that provide abortion are advertised as "comprehensive," without specifying the set of limitations that such "comprehensiveness" entails. A limitation would be the inability of the secular social worker to provide a philosophical coherent argument about why one choice would be morally better than the other. Pellegrino (2002) makes a powerful case for physicians of all persuasions to be explicit about what they can do or not do for their patients. A dying patient may not want the ministrations of a professional whose conscience is closely aligned with the right-to-die movement. And this holds true for the reverse case.

Many social work students experience cognitive dissonance between what they are supposed to facilitate and what they believe. To still this cognitive strain, psychological strategies are pointedly suggested to the future professional. One strategy consists of splitting identities: the professional identity from 9 to 5, and the moral-self the rest of the day. This psychological schism seriously violates the integrity of the person (Pellegrino, 2002). And, yet, many Catholic social workers, even perhaps the majority, have acquiesced to this radical privatization of their core identity in favor of their public professional role. Consistent with the extant qualitative research (Ressler & Hodge, 2006; Thyer & Myers, 2009), I frequently see Catholic and other Christian students developing prejudices against their own moral codes and beliefs or struggling, oftentimes alone, about what to do with them (Barker, 2013; Harris, 2008). Many are convinced that they have to put their own beliefs aside during the working hours, that such a stance is the ethical, mature, and courageous thing to do. I know very few social work instructors who disabuse them of this prejudice against

themselves, or help them to mount a cogent argument on their own behalf. Professionals and students are pushed—effectively shamed—into a Catholic or other religious closet. Often, they are encouraged to become activists against their own roots, or at least “to grow” or to begin a path of “self-transformation and discovery” on issues that contradict Catholic or Christian ethics. A few times the push has proceeded into coercion, as in the case of Emily Brooks, a Christian social work student at Missouri State University in 2005 (Cooperman, 2007; National Association of Scholars, 2007). Such actions are supplemented by powerful macro-level forces that frame Catholics (Jenkins, 2003), and other Christians in a negative light (Skill & Robinson, 1994).

Should socialization into the professional identity fall short, students are told they have an obligation to refer clients to professionals who would do what they themselves would dare not. In this regard, the problem of cooperation with evil is never part of the educational program, not even in the abstract. The assumption is, of course, that adherence to NASW mandates shields workers from danger of such cooperation, and that education about conscience protection is unnecessary for well-trained and well-socialized social workers. Students are encouraged to join, at a good discount, the NASW. Many join without ever having been encouraged to examine beforehand the positions endorsed and lobbied for by the association. Many believe they have to join it in order to practice as social workers. These new recruits become unwitting hands in an enterprise that perhaps they would not have joined if invited to consider what the enterprise stands for, and the permissible and non-permissible levels of cooperation with evil—an extraordinarily developed line of thought in the Catholic ethical tradition.

Social workers who have been programmed according to the CSWE and NASW parameters go on to serve, often with public money, populations who may object to their secular ethics. And yet, clients cannot easily sidestep public services, and often are mandated to subject themselves to them. Schools of social work and social agencies claim to be pluralistic, but it is a prepackaged pluralism, one arranged along dimensions and protocols that preempt the possibility of pondering alternative diversities. Furthermore, it is a pluralism that in practice is totalitarian and brooks no dissent, particularly on issues of life and sexual ethics.

### **The Challenge Offered by CST to Professional Social Work**

The issues that divide professional social work and the Catholic moral tradition are not, as the culture at-large pretends, “single,” “narrow,” or confined to special areas of our civic and professional life. In fact, those issues touch every strand of human rights discourse. Massaro (2012), not easily charged with fundamentalist leanings, says:

The Catholic tradition of reflection on human rights is also special in that it always situates rights within human communities. In comparison, purely secular doctrines of rights have no similar foundation in a compelling portrayal of human nature and its origin. In this sense, they are ‘thin’ doctrines, lacking a solid theory or cosmology behind them. (p. 83)

While acknowledging that perhaps this state of affairs is a necessary concession, Massaro (2012) laments it as “a troublesome shortcoming” (p.83). For instance, when discussing human dignity, social work and CST may appear to be in perfect harmony. But the similarity is only in the choice of terminology. Human dignity has a very different meaning in social work than it does in Catholic anthropology. For social work, human dignity is predicated on radical individual autonomy, which, unavoidably, from the viewpoint of CST, “crushes the weak, the inconvenient, and the dependent” (Kruggel, 1998, p. 25). McIntyre (1984) makes this point when he demonstrates that the ethics of the last two hundred years, in all its variations and apparent opposing schools, resulted in unbridled emotivism, with recourse only to power rather than reason. Ultimately, what counts is the power of the strong. For Catholicism, on the other hand, the dignity of the human being is predicated on being the *imago Dei*, from conception to natural death, regardless of size, age, ability, merit, or blameworthiness. Therefore, each human being’s dignity is an innate given. Human beings are rational and free, but dependent beings. This understanding is foundational in shaping interpersonal relationships and social arrangements (Hodge & Wolfer, 2008).

The battle today in the political arena is precisely over who is sheltered by that concept of “human dignity,” who deserves to be called human, to be protected, to be claimed as one of us. The crux of the question is which human rights are derived from natural law and which are simply affirmations of will to power. In Catholic anthropology individual dignity is relational, never severed from the claims that others have upon us. Catholic teaching shows that “[i]n our freedom and individuality we are entrusted to one another. We only know our dignity and worth through our relationships with one another” (Kruggel, 1998, p. 25). It is not incidental that Martin Buber, inheritor of a tradition that predates modernity, makes a similar point when he declares the I-thou relationship as ontologically basic (Buber, 1996) [1923].

The marginalization of the Catholic moral tradition in social work has resulted in an impoverishment of the professional vocabulary and discourse. While Catholicism has more than paid its dues to the field of social work, it has little to show in return for its engagement. In spite of the effort to accommodate the professional worldview, or perhaps because

of it, Catholicism is not a significant voice in the profession. Catholic social thinkers are practically absent in our bibliographic corpus. Concepts wrought in the Catholic social tradition that should have enriched the profession's understanding of social justice and human rights are rarely, if ever, mentioned in our basic textbooks. For example, in one of the most utilized textbooks on social welfare, Catholicism gets little attention (Watts, 2007). Professional social work has successfully silenced the Catholic voice, to the impoverishment of both.

### **Signs of Rupture**

The coexistence achieved between secular social work and its Catholic counterpart has hidden from view the deep disagreements between Catholic anthropology and the philosophical underpinnings of social work. It has been an arrangement of convenience agreed upon by both parties, oftentimes more implicitly than explicitly. Both parties have agreed not to look too deeply into the chasm. However, the apparent harmony is showing signs of dissonance. A "stunning" example, using the language of Patricia Wen from the Boston Globe, has been Boston Catholic Charities' decision in 2006 to close its adoption services rather than provide services to gays and lesbians (Wen, 2006). "Stunning" is the right modifier, for Catholic Adoption Services has been part of the social fabric of Boston for 100 years.

Another recent example that shows that not all is well between Catholic social work and secular-inspired policies, such as those supported by the NASW, has been the defunding by the Department of Health and Human Services (HHS) of programs run by Catholic Charities supporting victims of sexual trafficking. Steve Wagner, former Director of the Human Trafficking Program at the U.S. Department of HHS described the Catholic Charities program as "hands down the best agency working to assist victims of human trafficking in the U.S." (Desmond, 2011). The justification for defunding was that Catholic services do not provide contraceptive and abortion services to trafficking victims or refer them for those services. The defunding took place even though the Catholic position, according to Wagner, is "consistent with the law and the needs of victims" (Desmond, 2011. <http://www.ncregister.com>). The victims, Wagner argues, continue to be under the control of their exploiters, cannot exercise free choice, and abortion and contraceptive services re-victimize them while strengthening the grip of the exploiters on the victims (Desmond, 2011). Sadly, funds were given instead to agencies without much experience and training to do the task.

This incipient rending of the relationship between Catholicism and the profession may be traced to two developments. One is a bolder affirmation of CST in all its fullness by the majority of U.S. Bishops, who, until recently, have been careful neither to break ranks with each other nor with

the liberal wing of American politics. The second is the spectacular success of groups advocating for liberalizing life choices and sexual options (from abortion to assisted suicide; from third party assisted conception to the use of embryonic mother cells; from public schools' sexual education to marital ethics; the full gamut of sexual identity politics). Social work and social work education often finds itself at the forefront of those liberalizing efforts.

Recently, an important Catholic voice from social work has dared to publicly dissent from the vast majority of the social work academy and the profession, and act upon his dissent. Will Rainford, Dean of the NCSWS of the Catholic University (CUA) of America, has cut ties with NASW, "based solely on NASW's overt public position that social workers should advocate for access to abortion" (Kelly, 2013). The professional association affirms as a principle that: "Every individual, within the context of her or his value system, must have access to family planning, abortion, and other reproductive health services" (NASW, 2006, p. 148). Social workers who choose to restrict the provision of or support for services, are obliged to "disclose the limited scope of their services and to assist clients in obtaining comprehensive services elsewhere" (NASW, 2006, p. 148). Dean Rainford informed students: "such a concrete and public declaration by an institution is completely incongruent with Catholic Tradition and thus renders the organization out of bounds for the school as an institution" (Kelly, 2013). His decision did not go uncontested by some constituencies of the School, a remarkable reaction given the fact that CUA is not any Catholic University, but a Pontifical University, that is, founded with the direct approval of the Holy See.

Another example in which the breach between professional social work and Catholic social work is becoming more explicit is Massaro's book of 2012, *Living Justice*. This book includes in the corpus of CST, John Paul II's (1995) *Evangelium Vitae*, a document that brings into proper focus the "the culture of death." This is in contrast with Massaro's book of 2007, *United States Welfare Policy. A Catholic Response*. In that book, the relevant but culturally uncomfortable document, *Evangelium Vitae*, is not listed (p. 41).

### **Is There a Way Out of the Morass? Some Reflections**

Religious pluralism has been proposed as a solution to the tensions between social work and Christianity (Sherwood, 2000; Vanderwoerd, 2011). The scholars who are doing the heavy lifting in this regard are non-Catholic Christians. Catholics for the most part continue with practical accommodation. In spite of the sheer number of Catholic institutions involved in social work, there has not been a professional Catholic association until very recently. The Catholic Social Workers National Association was founded in 2005 and remains a very small association. By contrast,

the North American Association of Christians in Social Work, NACSW, has been in existence since 1954, has continuously published its journal since 1974, and continues to do the work of integrating professional practice and Christian belief.

Pluralism, of course, is the way to sustain dialogue, but dialogue requires clarity about non-negotiable disagreements, what McIntyre called “incommensurabilities” (1984). I have been puzzled by examples of scholars who have shied away from discussing those non-negotiables. Perhaps this is changing for the better as I have discussed above with the example of Massaro.

How to operationalize an authentic pluralism is a great challenge. Social work is a publicly sanctioned enterprise. The CSWE educational standards are the default. For instance, the U.S. Department of Health and Human Services hires only graduates with degrees from CSWE accredited programs (National Association of Scholars, 2007). Thousands of social workers formed within a uniform worldview serve with public money a population with very diverse points of view. Social work has a monopoly in many public services and a monopoly about what diversity entails.

Perhaps the first challenge is to question the belief that social work’s current philosophical underpinnings offer any neutral stance on which diverse points of view can thrive. As McGinley (2014) argues about political life, we must uncover the falsehood “of moral agnosticism” under which deep ideological commitments find protection, and the first step “is to challenge the vocabulary that is the linguistic foundation of liberal neutrality” (p. n/a).

Concerned social workers and faculty need to argue, with courage in the face of risks, that the profession’s current stand on key issues is just one among other competing “orthodoxies” (George, 2001; George, 2012). The profession’s current stand is not one of a higher order, overarching a diversity of essential belief. Indeed, the profession’s positions, derived from positivist law and political power, depend on metaphysical, faith-like presuppositions that deserve as much scrutiny as the positions derived from natural law, the basis of Catholic ethics (McGinley, 2014; Slife & Williams, 1995). The conversation should be open in classrooms, journals, faculty assemblies, and professional conferences. Textbooks ought to be challenged regarding the often-stated position that social workers’ first moral allegiance belongs to the profession, rather than to any other philosophy that may form their consciences. This is not to say that allegiances cannot be changed, traditions questioned or discarded. It means, simply, that the positivist underpinnings of the liberal tradition, and by implication of social work, need to be uncovered and examined. Other traditions, such as CST and Jewish social thought, need to be examined for a better understanding of the deep, varied, and complex roots of social workers’ professional activity. This includes examination of how agnosticism, atheism, indifferentism,

liberalism, progressivism, or any other worldview may impact educational and professional practices (Gunn 1998).

Of paramount importance in the classroom is the care for those whose consciences are troubled by mainstream professional expectations. Students need to be exposed to the ethical complexities of referring clients for services they find morally abhorrent (Hodge, 2013). The examination of the different levels of cooperation with evil and the way in which such cooperation may compromise a person's integrity needs to be examined in the classroom in all its fullness. Physicians (Pellegrino, 2002) and pharmacists have been at the forefront of these ethical challenges. For instance, pharmacists in Illinois gained conscience protection when the court held that the Illinois Health Care Right of Conscience protects pharmacists from dispensing emergency contraceptives against their conscience (Manion, 2012). More recently in the State of Washington, pharmacists have been seeking legal protection, albeit unsuccessfully, against mandates to sell abortifacients, based on their conscientious objections. (Alliance Defending Freedom, 2016). We can learn from them. Social work students should be critically exposed to the richness of differing points of view, based on anthropologies of the person and society, so that they are fully aware of the ethical context of their professional choice.

Perhaps the time has arrived in which Catholic social workers are ready to crack open the CST's treasure chest in its fullness and generously and courageously share it with others. This is not a narrow call. CST is a towering intellectual achievement that belongs to anyone who wants to claim it as a guide. Non-Catholic Christian social workers or social workers who adhere to other religious traditions may find in the Catholic tradition a vocabulary that may enrich their own. Secular social workers may find a compelling challenge to their own positions and thus be willing to consider the claims of religiously informed professionals. ❖

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*Social Work & Christianity* welcomes input from our readership. We encourage our readers to submit letters with their response to articles in the journal. These letters in turn are forwarded to the original author(s) of the article so that they can write a response if they wish. Below is a response by Dirk de Jong to Paul Adams' "Gender Ideology and the Truth of Marriage: The Challenge for Christian Social Workers," which appeared in the *Spring & Summer, 2017* special issue on *Christianity and Social Work Practice with LGBTQ Clients* (SWC 44: 1–2, pp. 143–169), followed by a response by the original author, Paul Adams.

# Letter to the Editor: The Truth Behind “Gender Ideology”

*Dirk H. de Jong*

Dear Editor,

I read with much interest the recent issue of *Social Work & Christianity* regarding LGBTQ topics and I am pleased to have been one its contributors (de Jong, 2017). I fully understand the editor's rationale for including different perspectives (particularly in the section "Point of View") on a topic so important to social work and so controversial in certain faith communities. However, as someone who has been involved in research related to transgender issues in social work and in social work education, I feel I need to respond to some of the ideas articulated by Paul Adams in his essay "Gender Ideology and the Truth of Marriage: The Challenge for Christian Social Workers" published in that same issue of your journal (Adams, 2017).

In his essay, Dr. Adams makes far-reaching claims about conscience and truth, based on "a givenness to nature and to human being" (p. 153). In so doing, he draws on a variety of biased sources in an attempt to

promote this particular view and debunk findings that contradict it. However, as we are all learning in the current political climate, facts matter, and a shared understanding of reality is facilitated by the common foundation of ever-expanding scientific knowledge. In that context, use of the term “gender ideology” in a discussion of sexual orientation and gender identity is unfortunate. “Gender ideology” is a label used by conservative religious groups around the world to disparage gender-variant identities and same-sex marriage (Campoy, 2016; Wilkinson, 2017). By contrast, I would argue that changing views on gender identity (and homosexuality) are based on scientific inquiry and increased understanding. In my opinion, those *criticizing* the so-called “gender ideology” are themselves proposing the imposition of a conservative, value-based perspective on policy and practice.

I will not address here the comments by Dr. Adams regarding “the natural family” and marriage, objectionable as I find them, but will instead reply to his views on gender dysphoria. Jonathan Merritt (2016) has said that conservative Christians “will lose the transgender debate” because they emphasize ideology, scripture, and fear, while ignoring people, science, and facts. I believe that the essay by Dr. Adams illustrates this problem. I will respond to a number of his assertions, comparing them with the current state of scientific knowledge and the facts regarding “best practice”, particularly with respect to transgender youth.

- In terms of the etiology of gender dysphoria, Dr. Adams refers to an article by Mayer and McHugh (2016) as “a careful review”, showing “inconclusive evidence and mixed findings regarding the brains of transgender adults” (Adams, 2017, p. 146). The article in question appeared in the *New Atlantis*, which is not a peer-reviewed journal, co-published by the conservative Ethics and Public Policy Center. Contrary to the opinion expressed by Mayer and McHugh and to concerns about “family dynamics and social contagion” (Adams, 2017, p. 146), there is growing evidence that gender identity has a strong neuroanatomical component, even if the specific contributory processes are not yet clear. As stated in a recent literature review, published in the (refereed) journal *Endocrine Practice*: “Current data suggest a biologic etiology for transgender identity” (Saraswat, Weinand, & Safer, 2015, p. 202).
- Dr. Adams’ reference to “underlying problems” that, by his account, cause or contribute to gender dysphoria (Adams, 2017, p. 158) cites as its source an article by Bradley (2016) that appeared in the online journal *Public Discourse*, published by the conservative Witherspoon Institute. This journal is not peer reviewed and the article in question does not provide any

documentation for its assertions. By contrast, evidence from a Dutch study of 105 adolescents with gender dysphoria did not show comorbidity with respect to internalizing or externalizing conditions in the majority of its sample (deVries, Doreleijers, Steensma, & Cohen-Kettenis, 2011). Furthermore, while it is clear that gender dysphoria potentially leads to a number of stressors, it is noteworthy that another study by the team of researchers in The Netherlands found improved psychological functioning among adolescents following the use of puberty blockers (deVries, Steensma, Doreleijers, & Cohen-Kettenis, 2011). Additionally, a study by researchers at the University of Washington with regard to a sample of young transgender children whose parents supported their social transition (but who did not yet undergo any medical intervention) found no differences in levels of depression and anxiety when compared to control groups of nontransgender siblings and peers (Olson, Durwood, DeMeules, & McLaughlin, 2016).

- To posit that family pathology is a cause or contributing factor in the development of gender dysphoria does an incredible disservice to the parents who support their gender-variant child. As stated on [Healthychildren.org](http://Healthychildren.org) (2015), the educational website of the American Academy of Pediatrics: “There is no evidence that parenting is responsible for a child having a gender identity that is not in line with his or her biological sex. Experiencing childhood trauma will not cause a child to become gender non-conforming, transgender, or homosexual.”
- In a couple of instances Dr. Adams refers to positions taken by the American College of Pediatricians, particularly their rejection of gender transitions at a young age. The American College of Pediatricians, in spite of its impressive name, is actually a fringe organization opposing LGBT rights and labeled a “hate group” by the Southern Poverty Law Center (Southern Poverty Law Center, 2016). It is interesting to contrast the position of the American College of Pediatricians with that of the reputable and mainstream American Academy of Pediatrics (which, incidentally, has 66,000 members). For example, while acknowledging different trajectories in the development of gender dysphoria, AAP’s [Healthychildren.org](http://Healthychildren.org) (2015) offers the following advice: “Research suggest that children who are persistent, consistent, and insistent about their gender identity are the ones who are most likely to become transgender adults. It is important to support and follow the lead of the child.” The same approach has also been recommended by the American Psychological Association

(n.d.), noting: “This gender affirmative model is grounded in the evidence-based idea that attempting to change or contort a person’s gender does harm.”

- With respect to the resolute stance of the American Academy of Pediatrics in its support of transgender youth, it should be noted as well that the AAP recently issued a statement opposing the Trump administration’s actions aimed at eliminating the right of public school students to use restrooms according to their gender identity (American Academy of Pediatrics, 2/23/2017). This right, by the way, is a safety issue for transgender students and is endorsed by national associations of school principals, school psychologists, and school counselors (Gender Spectrum, n.d.).
- To insinuate, as Dr. Adams did, that medical interventions (steps beyond social transitions) are pursued casually is highly misleading. There are strict guidelines promulgated by the World Professional Organization of Transgender Health (WPATH, 2011), safeguarding a cautious, gradual, and deliberate process in the medical treatment of gender dysphoria. This approach has been endorsed by leading experts in the field from around the world and is based on existing research, not ideology. By the way, any kind of conversion therapy, be it with youth or adults, is no longer considered effective or ethical (WPATH, 2011, p. 16). Obviously, more research about the appropriate treatment of gender dysphoria should be asked for and pursued. However, medical interventions are important, as the bioethicist Simona Giordana (2008) has noted with respect to the use of puberty blockers:

If allowing puberty to progress appears likely to harm the child, puberty should be suspended. There is nothing unethical with interfering with spontaneous development, when spontaneous development causes great harm to the child. Indeed, it is unethical to let children suffer, when their suffering can be alleviated. This is not responding with medicine to a problem that is social in nature. This is responding with medicine to a serious medical problem that causes enormous distress to the sufferers and makes them prefer unqualified help, street life and even death, to life with GID [gender identity disorder, now renamed gender dysphoria] (p. 583).

- Dr. Adams is wrong again in suggesting that courts and legislators have been “mandating (...) particular interventions” (p. 165). Instead, the Affordable Care Act has a provision that prohibits discrimination in health care based on sex. Multiple courts have

confirmed that this protection applies to gender identity as well, since it serves to counteract the disparities in health care and insurance coverage that transgender people have faced historically (National Center for Transgender Equality, n.d.; also, see this website of the Office of Civil Rights of the Department of Health and Human Services for examples of relevant cases pursued under this so-called “transgender mandate”: U.S. Department of Health and Human Services, 2016).

In sum: It seems to me that the positions of Dr. Adams with regard to gender identity lack research evidence. Reading his words also makes me realize again that a lukewarm approach to issues of gender variance, along the lines of “condemning the sin, but not the sinner”, is simply inadequate. It is not enough to welcome transgender persons as a step toward “healing” them. Transgender persons, including transgender youth, do not need to be pathologized and ministered to. They just need to be accepted and celebrated for who they are, unconditionally. That is a social work imperative and, in my view, a Christian imperative. It is also an approach that is informed by the available scientific knowledge and by best practice guidelines. Finally, it is clear to me as well that, although it is disheartening to observe how transgender issues have become so polarizing, the dialogue needs to continue. ❖

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# Letter to the Editor: The Truth Behind “Gender Ideology”

*Paul Adams*

Dear Editor,

I am grateful to Dr. de Jong for raising these concerns. I am pleased to respond to them because they touch on important factual, scientific, conceptual, and philosophical issues, even though these cannot all be addressed as they deserve in the scope of this exchange. Questions arise in this contested domain that go to the very nature of the human person and of the relation between body and self – questions that the mutual pursuit of truth in love cannot long evade. For Christian social workers, the commandments of love, of actively willing the good of the other, is also a duty to tell the truth, lovingly and tactfully but without either evasion or scolding and preaching. An obligation to serve others entails a duty to speak truth—even unpopular truth, even when it is unwelcome. To refuse to share the truth with others – clients, colleagues, parents – to collude in falsehood or delusion, or to pretend that there is no truth to discover or share, is not to serve them well or ethically. So it is a pleasure to engage with a colleague who understands the need to face the facts, even though we understand them differently.

Dr. de Jong believes that “changing views on identity (and homosexuality) are based on scientific inquiry and increased understanding.” He says, “facts matter, and a shared understanding of reality is facilitated by the common foundation of ever-expanding scientific knowledge.” I answer that facts do indeed matter, as do a shared understanding of reality – and a shared language of morality and anthropology. The integrity of scientific inquiry needs to be protected against ideological attempts to force conclusions unwarranted by science and to shut down debate by vilifying those who do not share the approved view of the moment.

de Jong writes as if the prevailing liberal secularist worldview were not an orthodoxy at all, but stood neutrally above ideology, concerned

only with facts and the value-free public policy derived from them. In George's (2001) view, by contrast, there is a clash of orthodoxies between Judeo-Christian and secular-progressive (or secular liberal) worldviews—held not only by atheists, but also “those who, though remaining within religious denominations, have adopted liberal ideas about personal and political morality” (George, 2001, p.xiii) – rather than a clash between religious orthodoxy and secular reason. But George's position (and mine) leads him, not to an indifferentism in which one orthodoxy is as good as the other, but to the claim that “Christian moral teaching can be shown to be rationally superior to orthodox secular beliefs” (p.4), that is without appeal to scripture or revelation.

de Jong's letter tries to establish a fact-based, value-neutral stance in contrast to my “bias.” In this effort, the term “conservative” (as in conservative religious groups, publications, authors, and organizations) does important rhetorical work as denoting bias. There is a common but unargued assumption that by calling something or someone conservative, he has thereby already made an argument. By contrast, the word liberal does not appear in the letter, the idea apparently being that the author argues not from a rival ideological position but from reliance on facts, reason, and shared understandings based on them. In this clash of orthodoxies, only one side recognizes itself as an orthodoxy.

The problem with de Jong's “facts” is that they are not factual or, to the extent that they are, they do not translate unproblematically into law or policy as he seems to suggest. He complains about my referring to an “article” (really more a book or monograph) by Mayer and McHugh (2016) as a “careful review” of findings from the biological, psychological and social sciences on sexuality and gender, one of the findings of which is that there is “inconclusive evidence and mixed findings regarding the brains of transgender adults.” He does not show that the review, by a (liberal) professor of statistics and biostatistics and by the former psychiatrist-in-chief at Johns Hopkins University is not careful – even its strongest critics have concluded that it offers a fair and undistorted meta-analysis of a host of valid studies, taking exception rather to certain perceived omissions and failures to discuss how LGBT people live their lives (Ford, 2016). Instead de Jong adopts the familiar move of concentrating, not on what the meta-analysis says, but on where it was published and on the journal's links, in this case to the (conservative) Ethics and Public Policy Center, a Washington, DC-based think tank. He dismisses Mayer and McHugh's assessment that the research on the brains of transgender adults shows inconclusive evidence and mixed findings, as well as of concerns about family dynamics and social contagion.

To support his own more confident conclusion about the growing evidence that gender identity has a strong neuroanatomical component, he

cites one recent review that examines only literature that supports a biologic basis of gender identity (Saraswat, Weinand, & Safer, 2015). de Jong makes much of this conclusion, as if it ruled out other contributing or exacerbating factors and as if it justified (or mandated) ignoring social contagion or family pathology. He claims that this “growing evidence” is contrary to such concerns. But how is it contrary to them? No-one is outraged by the suggestion that alcoholism may have a biologic etiology while at the same time involving the influences of family pathology and social contagion. No-one assumes that if a biological vulnerability or etiology were involved in other body dysphorias like Body Identity Integrity Disorder or anorexia, those conditions would thereby constitute an identity rather than a disorder, or that they should be treated with surgery in line with patients’ subjective feelings or perceptions (e.g., amputation or liposuction).

Mayer and McHugh (2016), in finding the evidence inconclusive, review scientific literature with a range of findings whereas the study that de Jong cites examines only studies that support his preferred conclusion. The method of the Saraswat study runs a serious risk of confirmation bias, the tendency to search for and interpret information in a way that confirms one’s preexisting beliefs or hypotheses. The temptation is overwhelming when science becomes subordinated to advocacy. Mayer and McHugh, on the other hand, adopt a more tentative and careful (that is, a more scientifically conservative stance).

The contrast between the approach of de Jong and that of disinterested researchers may be seen in how the question of family dynamics is addressed. de Jong says, “To posit that family pathology is a cause or contributing factor in the development of gender dysphoria does an incredible disservice to the parents who support their gender-variant child.” In contrast, in their important new discussion of problems with puberty suppression in treating gender dysphoria, Hruz (a pediatric endocrinologist and associate professor of cell biology at Washington University), Mayer (professor of statistics and biostatistics), and McHugh (former psychiatrist-in-chief at Johns Hopkins) discuss the question of the sudden and very dramatic increase in referrals for gender identity issues, even of children younger than six, in Canada, the UK, and the US (Hruz, Mayer, & McHugh, 2017). They note that “The reasons for these rising rates are unclear. It may be that increased public awareness of gender dysphoria has made parents more willing to seek medical help for their children” (p.5). However, they worry,

the medical treatments provided for children with apparent symptoms of gender dysphoria, including affirmation of gender expression from the earliest evidence of cross-gender behaviors, may drive some children to persist in identifying as transgender when they might otherwise have, as they grow older, found their

gender to be aligned with their sex. Gender identity for children is elastic (that is, it can change over time) and plastic (that is, it can be shaped by forces like parental approval and social conditions). If the increasing use of gender-affirming care does cause children to persist with their identification as the opposite sex, then many children who would otherwise not need ongoing medical treatment would be exposed to hormonal and surgical interventions” (p.5).

Is this not a reasonable concern rather than one to be ruled out *a priori*, even as something one might reasonably posit, even as a contributing factor? Is it not just the sort of concern that should come quickly to mind, as a matter to be investigated rather than dismissed, by any social worker concerned with the social environment of human behavior?

Typical of de Jong’s approach to correcting me is his claim that I cite Bradley (2016) as my source for referring to potential “underlying problems.” He points out that Bradley’s essay was published in an online journal published by the (conservative) Witherspoon Institute. It is true that *Public Discourse* is an online publication by fellows and associated scholars of the Witherspoon Institute, a publication meant to be available and accessible to a general audience. Its authors are typically legal scholars, philosophers, and social scientists. It is not juried or footnoted, despite very useful links, and is not a journal of empirical research. Gerard V. Bradley is a distinguished legal scholar and ethicist who co-edits the *American Journal of Jurisprudence*.

So why do I cite this law professor, writing for a general audience about the intersection of law, policy, and the misuse of science in the political arena—rather than some empirical studies by Dutch researchers—as my source for concern about “underlying problems” associated with gender dysphoria? I don’t. I cite him for his argument about the relations between science and ideology in the political sphere, specifically how President Obama had come into office preaching the subordination of ideology to science but was himself now conducting an ideological “war on science” in rushing to impose, unconstitutionally, far-reaching measures and promoting radical treatments unwarranted by the state of the science. The point was the pressure of activists and their political allies to utilize the power of the federal government to foreclose debate and rush from preliminary and contested studies to bureaucratic mandates and regulations reaching deep into civil society.

Another tactic of LGBT advocacy and of my critic here is to smear professional organizations that dissent from the orthodox line, ascribing guilt by association. Thus he describes the American College of Pediatricians (ACP), which I cite as offering one view on gender transitions at a young age. He says that the ACP, “in spite of its impressive name, is actually a fringe organization opposing LGBT rights and labeled a ‘hate group’ by the Southern Poverty Law Center (Southern Poverty Law Center, 2016).”

The ACP is indeed a group of pediatricians and related healthcare professionals that dissents from the official position of the much larger American Academy of Pediatrics (AAP) with respect to the importance for children of being raised by a mother and father, and where possible, by their own two biological parents. Its position in that respect is – though not uncontested – well supported by social science (e.g., Allen, 2013; Allen, Pakaluk, & Price, 2012; Fitzgibbons, 2015; Potter, 2012; Regnerus, 2012) and does not differ from that of the not-so-fringe Roman Catholic and Eastern Orthodox churches and most Evangelical communions. All these Christian bodies reject the “revolution in parenthood” that, in this as well as other aspects of the sexual revolution, subordinates the interests of children to the desires of adults (Eberstadt, 2012; Esolen, 2014; Marquardt, 2006; Novak & Adams, 2015).

As for the Southern Poverty Law Center (SPLC), it is, as Carol Swain – a Black scholar, public intellectual, political scientist and expert on race relations with much direct experience of Southern poverty and racism – has argued, a classic case of mission creep. Straying far from its early mission and focus, the SPLC now labels as hate groups a wide range of morally conservative Christian groups, against which it incites hostility. Writing in the not-at-all conservative *Huffington Post*, Swain (2009/2011) concludes, “Rather than monitoring hate groups, the Southern Poverty Law Center has become one.” The SPLC has long ceased to be a reliable source of information on hate groups, but its continued vilification of conservative and Christian scholars and organizations alongside Nazis and the KKK still has an insidious influence in promoting hate and thuggery on campuses and in shutting down free speech, civil discourse, and scientific inquiry (Bier, 2017; James, 2017).

The relation of scientific inquiry and “facts” to policy is problematic, as Cass (2017) discusses in his new article on “evidence-based policymaking.” The article, tellingly, is titled “Policy-Based Evidence.” Both the generating of evidence to inform policy and the use of policy and political processes to produce the evidence are anything but straightforward. “Apparently,” the author drily observes of one study that failed to come up with the desired results, “a question is deemed ‘answered’ only if the answer is the right one.” Nowhere is the transition from research to policymaking more fraught with problems, or the relation between activists and scientists more problematic, than in the realm of LGBT issues. No-one who has studied the processes by which the American Psychiatric Association (APA) came to modify (and later remove altogether) any mention of homosexuality – a term coined in the nineteenth century to denote a psychosexual pathology – in its *Diagnostic and Statistical Manual of Mental Disorders* could believe that these changes resulted simply from disinterested scientific inquiry. They came after a campaign of disruption of professional meetings and

research presentations. As Bayer (1987), a professor of sociomedical sciences at Columbia and sympathetic to the activists, wrote in his book on the politics of diagnosis, “Instead of being engaged in a sober consideration of data, psychiatrists were swept up in a political controversy. . . . The result was not a conclusion based on an approximation of the scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times” (pp.3–4). Many other accounts, whatever their view of the outcome, confirm that the decision to remove homosexuality as a mental illness from DSM had little or nothing to do with scientific inquiry.

The tactics of the activists, from disrupting meetings to demonizing and excluding critics and dissidents, have become familiar elements of the LGBT march through the institutions. They have been replicated many times since, most recently in February 2017 at the inaugural “scientific” conference of the US Professional Association for Transgender Health (a US region of WPATH, a heavily surgery-oriented organization which de Jong cites as authoritative). Hasson (2017), an attorney and fellow at the Ethics and Public Policy Center and admittedly not a sympathetic observer, provides a stunning account (with video) of how the conference was manipulated to exclude speakers and points of view that did not toe the party line. Responding to one lesbian critic’s characterization of transgenderism as a religious cult, Hasson (2017) comments:

Cult or not, it’s clear that the alliance of trans activists, blind wounded followers, and willing dupes in the medical community controls the airwaves, so to speak, of modern medicine. They have arrogated to themselves the right to rewrite history, silence critics, brand their own ideologically driven opinions as “fact,” and deny a hearing to researchers, clinicians, victims, and families whose evidence and experience run counter to their mandated cultish beliefs.

There are, at the least, surely, grounds for concern about the politicizing of science by LGBT activists from the 1970s to the present and for skepticism about de Jong’s framing of differences over the nature of transgenderism and the best therapeutic and policy responses to it as a conflict between science and religion, disinterested researchers and fear-mongering peddlers of Bible quotations. de Jong’s method is to set up a conflict between science and religion, an opposition between faith and reason of the kind advanced in the nineteenth century by academics promoting a conflict model of these relations (Draper, 1874; White, 1896). He sees a battle between a non-ideological understanding of the world based on facts, reality, and science on one side and, on the other, dark forces of conservative Christianity “emphasizing ideology, scripture, and fear.” As George (2001), who emphasizes none of those, argues, the clash of worldviews in disputed issues of love, marriage, sex, children, life, and death pits “morally

conservative Jews, Christians, and other believers against secular liberals and those who, though remaining within religious denominations, have adopted liberal ideas about personal and political morality” (p.xiii). Many of those liberal Christians may share the same conflict model of faith and reason as their secularist allies, but they are wrong to attribute such a view to their conservative opponents like George, Lee, Anderson, and other defenders of the Judeo-Christian moral orthodoxy in the public square, myself included. We see faith and reason, not as rivals but, in the words of John Paul II (1998) as “two wings on which the human spirit rises to the contemplation of truth.” ❖

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## REVIEWS

### ***Confronting Suburban Poverty in America***

*Elizabeth Kneebone & Alan Berube. (2013). Washington, DC: Brookings Institution Press.*

Elizabeth Kneebone and Alan Berube, both of the Metropolitan Policy Program at the Brookings Institution, report on a change in the geography of poverty in the United States. Poverty is no longer primarily an inner city issue in major metropolitan areas. Since the turn of the 21<sup>st</sup> century, poverty has shifted to the older, inner rings of suburbs surrounding the urban core. This is significant for a number of reasons, but primarily because area-based anti-poverty programs have not been designed or structured to respond to this geographical shift.

The first chapter provides a brief history of the suburbanization of America, the public policies that promoted it, state and local opportunity hoarding that isolated poverty in the inner cities, and the deterioration of the first ring of suburbs as housing stock aged and manufacturing declined over the last 25 years. This chapter also provides a brief introduction to the six chapters that follow.

The second chapter documents the shift in poverty from inner city to suburb with a dazzling display of charts, maps, and tables. The analyses are based on U.S. Census data which clearly show that the pace of poverty growth in the suburbs began to outpace the inner cities three decades ago. The authors term this the *regionalization* of poverty and note that more than a third of the suburban poor live in concentrated poverty. The demographics of suburban poverty are a close parallel to the inner city.

The drivers of suburban poverty are explored in the third chapter. Two recessions during the first decade of the 21<sup>st</sup> century shifted jobs further from the city while the number of regional jobs shrank in many occupational categories. Aging housing stock attracted new waves of immigrants to the suburbs even as gentrification pushed the poor away from the cities. Housing Choice Vouchers dispersed inner city poor; subprime lending enabled home purchases for many; and the demolition and redevelopment of public housing projects all contributed to the geographical shift. Suburbs became poorer as residents suffered financially in the housing crash, coupled with increased in-migration of lower income families.

Chapter four may be the most important in the book. Here the authors challenge the perception that suburbs are free of poverty, pointing to the mismatch between access to jobs, inadequacy of hub-and-spoke public transportation networks to support suburb-to-suburb commutes, and the under-developed suburban institutional provision of social services.

Opportunity structures in first ring suburbs mimic the inner city as public schools face the same challenges, but suburbs are not monolithic. While 988 of the 1,817 suburbs in the 100 largest metropolitan areas had a significant increase in poverty, some have the resources to respond due to rising populations and employment (n = 305). Those with below average population growth are *at-risk* even with employment gains (n = 149) or *distressed* due to low employment (n = 372). Even suburbs with rising populations can be *strained* if employment opportunities are inadequate (n = 162).

Existing federal area-based anti-poverty programs and policies are documented in the fifth chapter that critiqued them as urban-focused and administratively unresponsive to the geographical shift to the suburbs. The delivery of services to suburban residents is hampered by the absence of suburban institutional capacity and local silos hindering regional collaboration.

Federal policies blind to the suburban challenges have been successfully countered, in the authors' view, in a few regional collaborations that have achieved sufficient operational scales to warrant imitation. Houston's Neighborhood Centers has an annual budget of \$275 million from dozens of federal, state, and private sources to deliver high-capacity human services. The Chicago Southland Housing and Community Development Collaborative joined 23 municipalities with a \$25 million budget to address housing needs and community development. New funding vehicles are required and the Mortgage Resolution Fund's public-private model and Social Impact Bonds may suggest future direction for anti-poverty practice.

In the last chapter, the authors propose a top-down federal program they label the *Metropolitan Opportunity Challenge* patterned after the educational innovation Race to the Top. By retargeting 5% of the current anti-poverty budget, that is \$4 billion, the authors believe that state-level reforms will be stimulated to develop regional strategies, expand regional capacities, and leverage new resources to impact regional poverty.

Social workers interested in the alleviation of poverty will be most interested in this book. Awareness of the regionalization of poverty, the need for collaboration across jurisdictional boundaries, and funding innovations may be useful to programs and agencies working with low-income people. The major weakness of the book is the unbalanced approbation implied by the authors of area-based anti-poverty programs. Expansion of these programs across jurisdictions into the suburbs is unlikely to have a greater affect in the suburbs than the same programs have had on the inner city. *Confronting Suburban Poverty in America* does a better job of exposing suburban poverty than solving it. ❖

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### ***The Concept of Justice: Is Social Justice Just?***

*Thomas Patrick Burke (2012). London & New York: Bloomsbury Academic.*

This book on social justice challenges all of us who use the concept and consider it at least potentially coherent and useful. The author argues against any view of social justice as a state of affairs, a regulative or utopian ideal against which existing states of affairs should be judged and found wanting. Such views provide so-called “social justice warriors” with an all-purpose justification for any new or expanded government program or state-enforced right while dismissing opponents as supporters of injustice. To this extent Burke agrees with many conservative and libertarian social critics and legal scholars as well as with the critique by Michael Novak and me (2015).

We also accept the critique of social justice as state of affairs tradition. Unlike most conservative and libertarian critics of “social justice,” Burke, Novak and I also examine the tradition of Catholic social teaching in which the concept of social justice developed in the 19<sup>th</sup> century. But while Novak and I argue that the tradition has been misinterpreted and wrongly applied by Catholic liberals who support an enlarged role for the state in bringing about their desired state of affairs, Burke rejects the tradition as well as the concept of social justice altogether. He criticizes Catholic social teaching severely for falling since 1931 into fallacy, incoherence, and a category mistake by treating social justice (or injustice) as a situation rather than a matter of justice as ordinarily understood.

Burke pays close attention to the Catholic tradition of social justice that originated with the work of Italian Jesuit, Fr. Luigi Taparelli, in the 19<sup>th</sup> century. He not only knows the literature well but is highly critical of it. In Burke’s view, papal documents took a seriously wrong turn in Pius XI’s 1931 encyclical (*Quadragesimo Anno*), which introduced the term into official Catholic teaching. In that and subsequent papal documents influenced by a Marxist or socialist understanding, the confusion about social justice has gone from bad to worse. Contrasting this debased understanding (as he sees it) of social justice with the ordinary sense of justice, Burke concludes that social justice, as the term is currently used, is inherently unjust. It violates the very heart of justice.

“Genuine justice,” argues Burke, has four defining characteristics.

- First, it involves an ethical judgment and can only describe the *actions* of individuals and not states of affairs. If a man is born blind, one may think that a sad or bad state of affairs, but it is not unjust if no one was responsible for it. In the same way, poverty or inequality is not in itself unjust unless it results from unjust actions. (In this spirit, Leo XIII, author of the first papal encyclical on Catholic social teaching in 1891, rails against egalitarianism.)

- Second, for an action to be just or unjust (as only an action can be), there must also be an element of intent or *will, a mens rea*. An involuntary act, e.g., one committed while sleepwalking, cannot be just or unjust.
- Third, justice and injustice entail individual accountability and *responsibility*, which implies the first two characteristics, purposeful actions that are a product of the will.
- Fourth, all these first three, action, will, and responsibility, imply freedom of the will.

But social justice actively denies all four of these characteristics of ordinary or genuine justice. Those who seek social justice and denounce a state of affairs like relative poverty or inequality as unjust may seek to hold accountable those they blame for this state of affairs (as may those who hold the individuals themselves responsible for their own situation); but the problematic state of affairs may involve no purposeful action or intent or blame. If I switch my business from a local bookstore (along with other customers) to Amazon, the local owner may be impoverished, but we customers had no such intent and are not accountable for the unintended effect of the business owner's ruin. Nor are we or the state obliged, as a matter of justice, to reverse the situation.

If the seeds of an incoherent view of social justice can be detected as early as 1931 when Pius XI first used the term in papal writing, as Burke argues, there are also seeds of an older line of thought deriving from Aquinas. It is an understanding of social justice as a virtue, a form of the cardinal virtue of justice that was also and more commonly called legal justice or general justice. As a virtue, it involved habits of the heart that inclined individuals to give the common good of the *polis* its due. From this perspective, Michael Novak and I argue (2015) that social justice is a special form of the virtue of justice, social in the double sense of inclining individuals to join together and to do so for the common good. It is a particularly modern virtue—the distinctive virtue of civil society—where people have the freedom and initiative to join together to improve things.

But Pius XI was not a statist or collectivist like modern “social justice warriors.” Rather, he argued that collectivism and individualism were not opposites, but two sides of the same coin. Between them, they squeezed out the vital space of civil society, of the institutions that mediated between individual and state. For him, as for Leo XIII in 1891 and John Paul II in 1991, the real alternative was a vibrant civil society, to which both individualism and collectivism were threats. ❖

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***America's Blessings: How Religion Benefits Everyone, Including Atheists.***

Rodney Stark (2012), West Conshohocken, PA: Templeton Press.

In 2007, I entered the social work profession as an aspiring social worker. It was not long before I experienced the "antireligious biases of academia" (Stark, 2012, p. 46) and "learned" that religion is associated with social problems like terrorism and violence at macro and micro levels, domestic violence, exclusion of people and groups, and mental health challenges. Although these beliefs did not originate within the mainstream social work profession, they are widely embraced in it. As prolific sociologist Rodney Stark points out in his very intriguing book *America's Blessings: How Religion Benefits Everyone, Including Atheists*, these beliefs about the socioeconomic detriments of religion are commonly held in American society. I argue this is also true in societies and the social work profession elsewhere (e.g., in Canada, some parts of Europe).

In sharp contrast to these mainstream and academic beliefs, Stark contends that religion is a "blessing" to America on both micro and macro levels (p. 3). Further, Stark makes clear that religion benefits *all* society's citizens, not just those who are themselves religious. For instance, Stark argues religious persons are more civically involved (e.g., in community affairs, politics, volunteer activities, donations to charity, etc.) than those who are non-religious, but their actions improve entire communities and society in a variety of social, political, and economic ways. On this, and other issues, Stark skillfully juxtaposes current debates and misconceptions about religion's (negative) influence on America with a plethora of empirical evidence refuting them (and substantiating his position).

I will say, perhaps controversially, that I found Stark's unapologetic challenge of social issues and behaviors intellectually stimulating (whether I agreed with his conclusions or not). For instance, Stark challenges the social acceptance of promiscuity, arguing there are links to other problematic issues like unhealthy attitudes toward sex, and pre- and extra-marital sex. Using empirical data, Stark concludes religious persons have healthier sexual attitudes and behaviors and, therefore, "bless" America by reducing the social and economic costs of things like divorce and pornography. In a similar fashion, Stark attends to a variety of social and economic issues. This makes his book useful for social workers in various fields, and readers from a wealth of human science disciplines. Social workers who are concerned with sexuality, crime/delinquency and prosocial behavior, family, mental and physical health, civic engagement, education and employment,

will find Stark's insights useful for highlighting religion's (positive) influence on many—often intersecting—social issues. Having said this, the extensive coverage meant only a small portion of information could be presented on each topic. There was little opportunity for Stark to elaborate on methodological and analytical considerations. While Stark only uses “good research” (p. 7) reporting studies with “random samples of a relevant population” (p. 7) and “reliable data” (p. 8) (e.g., data from large national samples/databases) as well as “studies that meet professional standards of analysis” (p. 8), I found it difficult to put trust in the findings with so little detail about how he used these data, analyses, and studies to arrive at his conclusions. As such, I found some conclusions questionable.

Further to this, it is never fully clear what, for Stark, encompassed “religion” (e.g., practices, beliefs, etc.). More importantly, it is not clear which specific *religion* is being discussed. Christian biblical verses were offered and Christian terminology was used [e.g., “blessed” (p. 3), “God” (p. 3), “churches” (p. 6), “prayers” (p. 127)]. Hundreds of references are also made to Christians and various Christian denominations [e.g., “Evangelical Protestants” (p. 5), “Episcopalians and Lutherans” (p. 10), “Quakers” (p. 50)]. Yet, there is also reference to Judaism (see pages 62, 68, 107 and 114), Buddhism (p. 114), and Hinduism (p. 114). Stark, then, could have more clearly articulated whether he was concerned with how religion generally, or the *Christian* religion specifically, benefits America, and whether (and which) studies and data represented all religions versus Christianity.

Nevertheless, I feel Stark's findings are interesting and insightful enough to evoke intellectual action, namely more careful critique of the negative assumptions that abound about religion in academia, the media and greater society. He encourages readers to more carefully consider (1) the (negative) ideas and research presented about religion, (2) how these ideas become popular in academia and the mainstream, and (3) the quality and authenticity of the research informing these ideas. While some intellectual and academic debates and jargon are never explained, Stark overtly challenges a number of prominent thinkers like Sigmund Freud (p. 93), Albert Ellis (p. 93), Gordon Allport (p. 99), and Max Weber (p. 134) as well as research that perpetuates antireligious bias. As such, I feel Rodney Stark offers a particularly brave critique of scholars, thinking and research in relation to this highly controversial subject (religion) and inspires courage.

Since Stark has used only the best quality research, this book is useful for those who would like to (or need to) make a case for the benefits of religion but are strapped for time, do not have access to quality research, or would not know how to assess the quality of it. Stark's book provides well-articulated, useful (evidence-based) and accessible (easy-to-understand) arguments for the benefits of religion suitable for a wide audience (e.g., church congregants, social work practitioners, students, and academics).

After reading Rodney Stark's book, I am left convinced that the Christian religion is, indeed, a blessing to America—and globally. ❖

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**Connecting Spirituality and Social Justice:  
Conceptualizations and Applications in Macro  
Social Work Practice**

M. J. Sheridan (Ed.). (2014). New York, NY: Routledge.

This compilation of articles originally published as a special issue of the *Journal of Religion and Spirituality* is edited by a social work scholar and clearly reflects the social work perspective throughout. Sheridan's credentials as a researcher on the topic of spirituality and social work lend authority to the book.

The focus of the book is to draw attention to the use and impact of spirituality at the macro level as it connects to justice and advocacy. While the social work profession has made much progress over the last three decades in addressing the importance of spirituality at the micro level, this is newer ground for the profession.

The book is presented in ten chapters, and is book-ended by contributions from Sheridan, who provides an introduction and the final chapter of the book. The other chapters are written by a variety of social work scholars from across the U.S. and Canada, furthering the perspectives offered on this topic. In the introduction, Sheridan provides the historical background of religion and spirituality in social work practice by systematically reviewing the social work literature, and making the case for further developing this intersection between social work and spirituality as it applies to macro practice.

Some of the articles included in this book are theoretical in nature (i.e. Chapter 1, which compares two theoretical approaches to justice from a spiritually sensitive social work perspective). Other articles are research studies, both qualitative (i.e. Chapter 3, which examines spirituality among people with advanced AIDS in a South African township) and quantitative (i.e. Chapter 9, which examines the relationship between spirituality and social justice advocacy in social work students). Social movements are examined (i.e. Chapter 6 focuses on progressive social movements and Chapter 8 focuses on the abolition of slavery movement) for the role that spirituality and

religion plays in providing motivation and strategies for social change. One article (i.e. Chapter 5) is one professional's personal experience of engaging in healthcare reform and is told as a first-person narrative.

This wide collection of different types of articles adds to the usefulness of the book to a variety of social work practitioners. This resource could be used in social work education as reading (in full or in part) for macro practice courses or courses in social justice. The resource could also be useful for social work educators in preparing lectures on the topic of spirituality and macro practice. Practitioners working in macro settings could expand their theoretical perspectives and gain specific ideas for application to their work with clients.

Although the book, for the most part, deals with the broader, more inclusive concept of spirituality and macro practice, many of the articles also address or incorporate religion. Perhaps it would be helpful to include in the introduction a short discussion of these terms and how they are different yet overlap. And as with all scholarly articles, they are most useful to social work professionals when the conclusions drawn can be applied to practice. Several of the articles in this book offer specific applications that practitioners will find useful (i.e. Chapter 4 provides specific implications for research, practice, and education on the topic of promoting an agenda for integrating spirituality and community practice; Chapter 9 provides specific implications for social work education on teaching and learning about social justice advocacy; and Chapter 10 emphasizes the "perils of burnout and polarization" in macro social work practice and how to counter that with spirituality).

In summary, *Connecting Spirituality and Social Justice: Conceptualizations and Applications in Macro Social Work Practice* is an important contribution to social work because of its focus on the integration of spirituality and macro practice. The book offers many stimulating ideas for further research in this specific niche area. Sheridan does a good job of weaving the separate articles together, which could easily feel disjointed by the reader, with her well-crafted introductory chapter and the final chapter of the book, which identifies the ways in which the seven key themes of "engaged spirituality" are reflected in the articles that comprise the book. ❖

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***The Essential Spirit: Providing Wholistic Services to and with Older Adults***

Donald R. Koepke (Ed.) (2016). Eugene, OR: Pickwick Publications.

From his work as a Lutheran pastor and Director Emeritus of the California Lutheran Homes Center for Spirituality and Aging, Donald Koepke argues in his edited volume of essays on services to older adults that the unifying factor of interdisciplinary service to the older adult requires delving deeply into the realm of the spirit. Before turning the book over to others, Rev. Koepke defines its central concept of spirituality as grounded in core beliefs and values that continually evolve. Spirituality is the central core that holds together all other human domains of human life.

The collection is divided into two main parts. Part I covers the conceptual background. Its opening chapter, "Spirituality, the Sacred Domain: Core Concepts and Implications for Practice for Older Adults," introduces one of the author's paradigms (Pargament, 2009) for integrating spirituality into psychotherapy and spiritual assessment. "Finding Meaning in Perceived Meaninglessness" employs Frankl's critical role of meaning in choosing one's attitude as it applies to aging. "Spirituality and the Brain" delves into research on the brain that may be integrated with spirituality, and "Religion: Friend or Foe?" explores some caveats in dealing with a client's religion, particularly if it differs from one's own.

It is Part II that provides the Christian social worker with method and perspective to enable her to live her faith in practice with older adults. In "Fostering Spirituality in Dementia: Looking Beyond Cognition," Cordula Dick-Muehlke questions Koepke's definition of spirituality as grounded in core beliefs and values that continually evolve. She asks, "Does spirituality dissipate when memory and other cognitive abilities needed to sustain a core set of consciously adhered to beliefs and values devolve as in the case of Alzheimer's disease and other dementias, or does spirituality transcend the limits of Koepke's definition?" (p. 75). If, for the Christian, reason and free will reflect the image of God, it follows that persons with dementia would be "assumed to lose their inherent godliness and deemed unable to experience meaning, connection and self-transcendence" (p. 81). She redefines spirituality to be dementia-inclusive and not dependent on cognition or rationality. As a triune God is always in relationship, so human beings reflect that God only in relationship to others, not through dependence on their own capacity for continued reason and thought.

Following that profound understanding of the *Imago Dei*, Giovanna Piazza writes a more lighthearted chapter, "Caregiving: Body, Mind, and Spirit," in which she provides practical advice for informal care-givers. Emphasizing self-care, she proposes a typology of problematic patterns of belief into which caregivers commonly fall and offers remedies. In caring

for another, the Ghost so loses her self that she becomes invisible. Ghosts are advised to seek a new self-vision by such tasks as looking in the mirror and articulating the special gifts the caregiver brings to the relationship. Other types include the Martyr, the Tasmanian Devil, the Perfectionist, and the Superhero. For each, there are amusing but helpful suggestions.

Rabbi Richard Address pulls from his Jewish faith to inform his chapter "Using Rituals to Engage the Spirit." Explaining that rituals sanctify time, he speaks not only of one's familiar religious rituals, but of new rituals created to address a personal situation. He presents a beautiful example of a widower asking his clergy-person to assist in creating a ritual of transition in which friends gather to support him in formally removing his wedding ring.

Jane Thibault, a clinical gerontologist, writes "Transforming Suffering into Spiritual Energy: The Practice of 'Dedicated Suffering.'" Acknowledging that one's later years are a time of multiple losses of things that define us, they often involve great suffering. Rather than dwelling on, "Why doesn't God take me?" (p. 157), she offers a renewal of the ancient Catholic practice of "offering up" suffering as an alternative. She suggests the renamed "Dedicated Suffering" to patients, along with medical interventions, re-conceptualizing suffering "as a source of loving energy for others . . . Why waste this energy? It can be 'harvested' and 'dedicated' (offered) as loving energy for the good of others. This is actually a type of intercessory prayer, where the prayer is given by the body instead of the voice or mind" (p. 162). This provocative practice warrants the thoughtful consideration of social workers who see their vocation through a Christian lens.

In the epilogue, Nancy Gordon and Donald Koepke argue that to work with the elderly, one does not have to *be* old but just be able to imagine it. They quote Nouwen and Gaffney (1974), who advise, "To care for the aging, therefore, means first of all to enter into close contact with your own aging self . . . How can we listen to their pains when their stories open wounds in us that we are trying to cover up?" (pp 97–99). Indeed, when the Christian social worker embraces the concept of wounded healer, she sees Christ not only in her clients, but also in herself, a perspective that can be strengthened by a thoughtful read of *The Essential Spirit*. ❖

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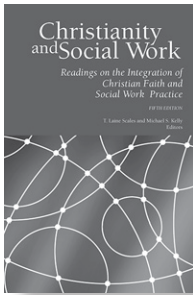
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## PUBLICATIONS AVAILABLE FROM NACSW

### **CHRISTIANITY AND SOCIAL WORK: READINGS ON THE INTEGRATION OF CHRISTIAN FAITH & SOCIAL WORK PRACTICE (FIFTH EDITION)**

T. Laine Scales and Michael S. Kelly (Editors). (2016). 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.

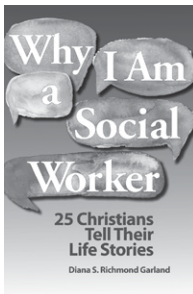


At over 400 pages and with 19 chapters, this extensively-revised fifth edition of *Christianity and Social Work* includes six new chapters and six significantly revised chapters in response to requests by readers of previous editions including chapters on evidence based practice (EBP), congregational Social Work, military social work, working with clients from the LGBT community, human trafficking – and much more! The fifth edition of *Christianity and Social Work* 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. It addresses 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. *Christianity and Social Work* 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 and has an online companion volume of teaching tools entitled *Instructor's Resources*.

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### **WHY I AM A SOCIAL WORKER: 25 CHRISTIANS TELL THEIR LIFE STORIES**

Diana R. Garland. (2015). Botsford, CT: NACSW. \$29.95 U.S., \$23.95 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.



*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:

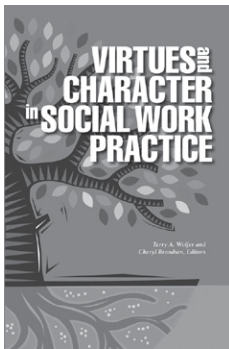
- How do social workers describe the relationship of their faith and their work?
- What is their daily work-life like, with its challenges, frustrations, joys and triumphs?
- What was their path into social work, and more particularly, the kind of social work they chose?
- What roles do their religious 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, recently retired 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.

### ***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.*

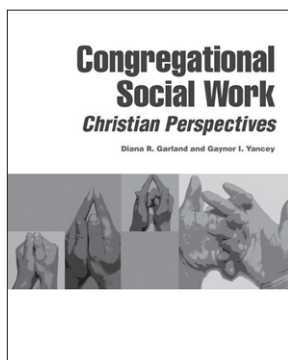


*Virtues and Character in Social Work Practice* offers a fresh contribution to the Christian social work literature with its emphasis on the key role of character traits and virtues in equipping Christians in social work to engage with and serve their clients and communities well.

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**

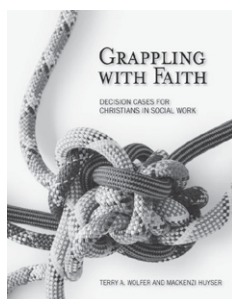
Diana Garland and Gaynor Yancey. (2014). Botsford, CT: NACSW. \$39.95 U.S., \$31.95 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.



*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.

**GRAPPLING WITH FAITH: DECISION CASES FOR CHRISTIANS IN SOCIAL WORK**

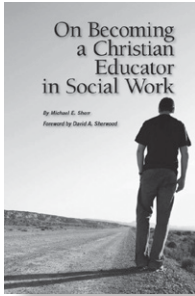
Terry A. Wolfer and Mackenzi Huyser. (2010). \$23.75 (\$18.99 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.



*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.

**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.

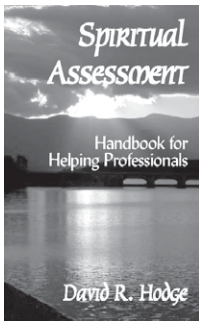


*On Becoming a Christian Educator* is a compelling invitation for social workers of faith in higher education to explore what it means to be a Christian in social work education. By highlighting seven core commitments of Christian social work educators, it offers strategies for social work educators 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.”

**SPIRITUAL ASSESSMENT: HELPING HANDBOOK FOR HELPING PROFESSIONALS**

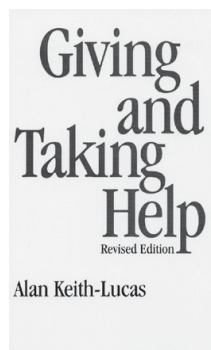
David Hodge. (2003). Botsford CT: NACSW. \$20.00 U.S. (\$16.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

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.



**GIVING AND TAKING HELP (REVISED EDITION)**

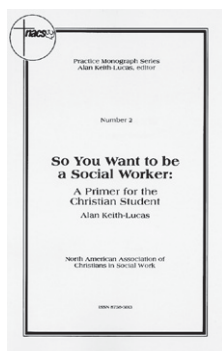
Alan Keith-Lucas. (1994). Botsford CT: North American Association of Christians in Social Work. \$20.75 U.S. (\$16.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



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.

**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.

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**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.

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**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.

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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@nacs.org](mailto:info@nacs.org) or call 203.270.8780.



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