The Routledge Handbook of Religion, Spirituality and Social Work

Beth R. Crisp

Spiritual competence

Publication details

David R. Hodge

Published online on: 27 Mar 2017

How to cite: David R. Hodge. 27 Mar 2017, Spiritual competence from: The Routledge Handbook of Religion, Spirituality and Social Work Routledge
Accessed on: 14 Dec 2023

PLEASE SCROLL DOWN FOR DOCUMENT

Full terms and conditions of use: https://www.routledgehandbooks.com/legal-notices/terms

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
Spiritual competence
The key to effective practice with people from diverse religious backgrounds

David R. Hodge

Introduction

It is increasingly recognised that spirituality is an important dimension of human existence that frequently intersects service provision (Hodge 2015a). For example, a substantial and growing body of research indicates that spirituality tends to facilitate health and wellness (Koenig et al. 2012; Koenig and Shohaib 2014). As a result, social work practitioners frequently seek to identify and operationalise clients’ spiritual assets to help them cope with, and overcome, the challenges they face.

In the process of addressing client spirituality, social workers often encounter people from diverse religious backgrounds. Such differences can represent an obstacle to effective service provision (Sue and Sue 2013). Clients’ spirituality typically informs a diverse array of beliefs and values that intersect service provision, from communication styles to gender and marital interactions to medical care (Richards and Bergin 2014). Dissimilarity in beliefs and values can negatively impact service provision. Indeed, such differences – if not addressed appropriately – can even accentuate clients’ problems.

To provide effective services with such clients, sufficient levels of spiritual competence are necessary (Hodge 2015a). Spiritual competence is the vehicle that allows practitioners to overcome the obstacles presented by dissimilar value systems. Although working across different value systems is typically a complex endeavour, developing one’s level of spiritual competence can position practitioners to successfully navigate this potentially challenging task.

What is spiritual competence? Spiritual competence can be understood as a form of cultural competence that deals with spirituality and religion, specifically clients’ individually constructed spiritual worldviews (Hodge and Bushfield 2006). In a manner analogous to cultural competence, spiritual competence is characterised by three, interrelated dimensions: 1) an awareness of one’s own value-informed worldview along with its associated assumptions, limitations and biases; 2) an empathic, strengths-based understanding of the client’s spiritual worldview; and 3) the ability to design and implement interventions that resonate with the client’s spiritual worldview.

Spiritual competence is not a fixed entity. Rather, it is an ability that can be developed over time (Furness and Gilligan 2010). More specifically, spiritual competence is a dynamic set of
Spiritual competence
attitudes, knowledge and skills that practitioners can acquire regarding different religious groups or traditions (Sue and Sue 2013).

To help practitioners understand and implement spiritual competence in their work with clients, each dimension of spiritual competence is discussed. Before beginning with the first dimension, however, the concepts of spirituality, religion and culture are defined. Sketching out some general definitions for these terms may help readers understand the subsequent content.

Spirituality, religion and culture
It is important to note that clients define spirituality and religion – and the relationship between these two constructs – in a variety of ways (Hodge 2015b). Some view spirituality as the broader construct, while others view religion as the more encompassing construct (Crisp 2010). Still others use the terms interchangeably (Ammerman 2013; Gallup and Jones 2000). This diversity of views should be kept in mind in work with clients. Practitioners should seek to avoid imposing their own definitional constructs on client narratives and attempt to work within the parameters of clients' definitional understandings.

For the purposes of this paper, however, the concepts of spirituality and religion are defined as distinct but overlapping constructs. Spirituality is conceptualised as an individual's subjective connection or relationship with the sacred or transcendent (Hodge 2013), often manifested in the form of a relationship with God (Wuthnow 2007). Religion is defined as a culturally-shared set of beliefs, values and practices that have been developed over time by those who share similar experiences of transcendent reality (Praglin 2004). Thus, religion is one manifestation of culture, which can be defined as a value system or worldview shared by a relatively large group of people (Scollon et al. 2012). Put differently, religion is a spiritually animated culture, or a culture that is characterised by certain ideals, principles and practices that have a spiritual purpose.

Understood in this manner, spirituality is an individually-constructed entity while religion is a communally-constructed entity (Derezotes 2006). People develop their own spiritual value system that tends to be informed by their participation in religion. Put differently, religion tends to mediate spirituality. In many cases, full mediation occurs. In other words, individuals' spirituality is essentially completely shaped by their religion. In addition to religious participation, other factors inform individuals' relationship with the sacred, such as race or ethnicity. These thumbnail definitions provide a foundation for understanding the three dimensions of spiritual competence, the first of which pertains to one's personal worldview or value system.

Awareness of one’s own value-informed worldview and biases
The first dimension of spiritual competence is developing an understanding of one's own value-informed worldview, in tandem with its assumptions, limitations and biases. Everyone views reality through the prism of an individually-distinct worldview. These worldviews serve important functions, such as helping adherents understand and interpret life experiences (Soenke et al. 2013).

Although personal worldviews play an essential role in making sense of life experiences, they also function to refract reality. Every worldview rests upon certain assumptions, which, in turn, serve to highlight particular information while simultaneously obscuring other data (Kuhn 1970). People tend to be unaware of this process. It is a dynamic that largely occurs at an unconscious level (Scollon et al. 2012). Consequently, it is important to engage in self-examination to develop awareness of the limitations of one’s worldview and its potential biases.

Perhaps the most prevalent worldview in Western nations is secularism (Hodge 2002). As the
dominant worldview in Western societies, it serves as the cultural default (Smith 2003). Other worldviews are implicitly judged in terms of how they compare to secularism.

To be clear, many other worldviews exist in addition to secularism. Religions can also serve as worldviews for devout adherents (Pargament 2013). Common examples in Western nations include charismatic or pentecostal Protestantism, traditional or orthodox Roman Catholicism, Islam, Hinduism and, in certain manifestations, the New Age or syncretistic spirituality movement. These cultural belief systems often provide adherents with a unique value system that serves to guide and shape adherents’ personal beliefs and practices. Nevertheless, these value systems tend to function as subordinate worldviews in Western nations where secularism dominates discourse (Smith 2003).

Due to secularism’s status as the cultural default, it can be difficult to comprehend its influence. Because secularism permeates contemporary Western discourse, its values are implicitly assumed to be normative (Sue and Sue 2013). Table 31.1 depicts values that are commonly affirmed in Western secular culture. The origins of this culture can be traced to the Enlightenment, an eighteenth-century movement that originated in Western Europe. Enlightenment thinkers explicitly rejected transcendent worldviews. In their place, they affirmed worldviews characterised by materialistic value systems that privileged the notion of the autonomous, secular individual (Gellner 1992).

The values delineated in the first column of Table 31.1 are likely familiar to most readers. To be clear, this is not to say that readers will necessarily personally affirm all the values listed. Rather, the point is that social workers will likely have some degree of familiarity with the listed

<table>
<thead>
<tr>
<th>Western secular culture</th>
<th>Islamic culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material/naturalistic orientation</td>
<td>Spiritual/eternal orientation</td>
</tr>
<tr>
<td>Individualism</td>
<td>Community</td>
</tr>
<tr>
<td>Separateness</td>
<td>Connectedness</td>
</tr>
<tr>
<td>Self-determination</td>
<td>Consensus</td>
</tr>
<tr>
<td>Independence</td>
<td>Interdependence</td>
</tr>
<tr>
<td>Self-actualisation</td>
<td>Community actualisation</td>
</tr>
<tr>
<td>Personal achievement and success</td>
<td>Group achievement and success</td>
</tr>
<tr>
<td>Self-reliance</td>
<td>Community reliance</td>
</tr>
<tr>
<td>Respect for individual rights</td>
<td>Respect for community rights</td>
</tr>
<tr>
<td>Self-expression</td>
<td>Self-control</td>
</tr>
<tr>
<td>Clothing used to accentuate individual beauty and sexuality</td>
<td>Clothing used to operationalise modesty and spirituality</td>
</tr>
<tr>
<td>Sensitivity to individual oppression</td>
<td>Sensitivity to group oppression</td>
</tr>
<tr>
<td>Identity rooted in sexuality and work</td>
<td>Identity rooted in culture and God</td>
</tr>
<tr>
<td>Egalitarian gender roles</td>
<td>Complementary gender roles</td>
</tr>
<tr>
<td>Pro-choice</td>
<td>Pro-life</td>
</tr>
<tr>
<td>Sexuality expressed based on individual choice</td>
<td>Sexuality expressed in marriage</td>
</tr>
<tr>
<td>Explicit communication that clearly expresses individual opinion</td>
<td>Implicit communication that safeguards others’ opinions</td>
</tr>
<tr>
<td>Spirituality and morality individually constructed</td>
<td>Spirituality and morality derived from the shari’a</td>
</tr>
<tr>
<td>Food consumed in accordance with individual tastes and preferences</td>
<td>Food consumed in accordance with Islamic values to honour God and community</td>
</tr>
</tbody>
</table>

Adapted from Hodge (2005)
values. In addition to being widely disseminated in popular culture, they animate educational programmes throughout the helping professions. In such forums, they are also implicitly associated with healthy functioning (Jafari 1993). As noted previously, however, no worldview is neutral. Every worldview has an associated set of limitations (Lyotard 1979/1984).

Take, for instance, the value of explicit communication that is commonly operationalised in the form of ‘I statements’. Social workers are frequently taught to accept the assumption that explicit communication that clearly expresses individual opinion engenders salutary functioning. While this may be true among many secular adults in Western societies, it is not a universally affirmed value in all cultural contexts (Yarhouse and Johnson 2013). In some cultural value systems, explicit forms of communication are viewed unfavourably. For instance, some Hindus may prefer more indirect communication styles that safeguard others’ feelings (Hodge 2004). Direct communication may be perceived as self-centred and lacking in respect for others.

In addition to helping address more overt value conflicts, developing an awareness of one’s personal beliefs and biases assists practitioners deal with potential conflicts that are of a more covert nature. Take, for instance, the issue of spiritual countertransference (Vogel et al. 2013). Countertransference biases can damage therapeutic relationships by distorting perceptions, creating blind spots and engendering detrimental emotional responses (Hepworth et al. 2013). To cite a common example, marriage and family practitioners from divorced families may attempt to work through any unaddressed negative experiences in their work with conflicted couples.

In a similar manner, negative feelings about past spiritual events can result in spiritual countertransference (Vogel et al. 2013). Practitioners may attempt to resolve deleterious spiritual experiences with their clients. Attempts may be made unconsciously, or even consciously, to use therapeutic relationships to address unresolved spiritual needs to the detriment of clients.

Working with clients from traditions practitioners have personally rejected may trigger spiritual countertransference biases. Although people leave the religious traditions of their family of origin for a variety of reasons, some leave due to what are perceived to be negative experiences (Chaves 2011). For instance, some data suggests a significant percentage of therapists reject the theistic beliefs of their family of origin and report negative sentiments regarding their childhood religious experiences (Hodge 2003; Shafranske and Cummings 2013).

In much the same way that practitioners from a divorced family may experience countertransference biases when working with couples considering a divorce, the unresolved sentiments associated with negative childhood experiences can elicit spiritual countertransference biases. Animosities rooted in childhood experiences may be projected onto clients, resulting in increased negative appraisals and a less empathic posture. Practitioners may attempt to pathologise clients’ values, implicitly frame them as unhelpful or attempt to convert them to the values affirmed by the dominant culture. In some cases, these biases may be projected upon all clients who affirm values that differ from those affirmed in the dominant secular culture (Yancey 2014; Yancey and Williamson 2012).

To help mitigate such biases, self-examination is necessary. It provides a vehicle to identify the ways in which one’s values may impact the therapeutic conversation. Identification is the first step in the process of ensuring that one does not impose one’s values in detrimental ways. Developing awareness of one’s beliefs and values is the first step in developing spiritual competence. It also aids in the process of developing the second dimension of spiritual competence.

**An empathic understanding of the client’s spiritual worldview**

The second dimension of spiritual competence is to develop an empathic, strengths-based understanding of the client’s spiritual worldview. To be clear, this understanding goes beyond
mere knowledge of clients’ beliefs and values. Rather, the goal is to develop some degree of psychological appreciation for, and identification with, the client’s value system.

Clients’ spiritual worldviews can affect a host of areas that intersect with service provision (Richards and Bergin 2014). These areas include beliefs and practices that stretch from birth to death, including child birth and care, schooling, gender interactions, diet, clothing, communication styles, marital relations, emotional expressiveness, celebrations, finances, recreation, coping practices, health, healing, wellness, medical care, burial practices and grieving. As this list implies, spirituality can inform virtually every facet of existence across the lifespan.

Given that values permeate social work practice, it is to be expected that differences in values will emerge between practitioners and clients. Indeed, such value conflicts can be expected to occur with some frequency when working with clients from different religious backgrounds. In some cases, practitioners may strongly disagree with clients’ spiritual values.

It is important to note that agreement with clients’ values is not a prerequisite for effective service provision. For instance, the American-based National Association of Social Workers’ [NASW] (2001) Standards for Cultural Competence in Social Work Practice state that it is not necessary to personally concur with the values of clients who affirm culturally different worldviews. It is, however, essential that practitioners appreciate clients’ worldviews as legitimate understandings of reality. The goal is not agreement, but to understand the worldview’s internal logic and why adherents find the value system so compelling, at both a rational and affective level.

Developing this type of empathic resonance can be particularly challenging when clients’ spiritual values differ from those affirmed in the broader secular culture (Snyder et al. 2008). As the dominant cultural worldview, secularism is understood to represent the natural state of affairs. It is often implicitly assumed that all reasonable, intelligent people share the values depicted in the first column of Table 31.1. Western secularism is assumed to represent the cultural centre. As a result, its values are typically viewed as normal, legitimate and health-promoting.

To the extent that other cultural value systems deviate from the cultural centre, they tend to be viewed as abnormal, illegitimate and even detrimental to clients’ welfare. Since practitioners have typically been socialised to see Western secular values as normative, it is often difficult to see the strengths of other worldviews (Smith 2014). Indeed, the more religious cultures depart from the conventions of Western secularism, the greater the difficulty practitioners can have in developing an empathetic understanding of culturally different worldviews.

The potential difference in values between the dominant and alternative cultures is illustrated by comparing the first and second columns in Table 31.1. In addition to depicting Western secular values, the table features common Islamic values. As can be seen, Muslims often affirm values that differ substantially from those affirmed in the dominant secular culture (Husain and Ross-Sheriff 2011). For instance, Islam places a relatively greater stress upon values such as community, complementary gender roles and modesty.

Given this difference in value systems, what might an empathic understanding look like in practice? The value of modesty may serve as a helpful case example. Modesty is operationalised by many Muslim females through the practice of veiling or hijab (Sloan 2011). From within the worldview of Western secularism, it can appear that this value is oppressive to women by, for example, restricting their ability to express themselves. Indeed, veiling is often understood to symbolise the oppression that women are assumed to experience within Islam.

From within the vantage point of an Islamic worldview, however, things can look radically different (Graham et al. 2010). From the perspective of many Muslim women, it is not Islamic values, but Western secular values that lead to the oppression of women. In support of this position, these Muslims highlight how women are treated in secular Western societies. To cite some examples, they might point to the Commodification of women as sexual objects in
Western discourse, elevated levels of eating disorders among females, popular music that extols the humiliation of women and high rates of physical and sexual violence targeting women on universities and other secular settings (Hodge 2005).

Muslim women argue that such oppression is comparatively rare in Islamic societies where women, they contend, are treated with respect and dignity. In Qatar, for example, humiliating sexualised depictions of women are virtually non-existent, as are instances of rape (Sloan 2011). Moreover, hijab can also have a protective effect in Western societies. In Britain, research suggests Muslims who wear the hijab have more positive body images, place less importance upon appearance and are less reliant on Western media messages regarding beauty ideals (Swami et al. 2014). Even in the ideological surround of oppressive Western secularism, Islam is emancipatory for women.

Recognition of the limitations of one’s worldview helps in the process of developing an empathetic understanding of culturally different worldviews. To follow up on the previous example, recognising how the secular culture can oppress women tends to free up cognitive space to acknowledge, and then appreciate, that Islam can have a liberating effect upon women. It is at this point – when one develops an empathetic understanding of the client’s construction of reality – that one is equipped to operationalise the third dimension of spiritual competence.

**The ability to design interventions that resonate with clients’ spiritual worldview**

The third dimension of spiritual competence is the ability to design and implement interventions that resonate with clients’ spiritual worldview. This dimension is intertwined with the other two dimensions. For instance, the creation of therapeutic strategies that resonate with clients’ values is typically contingent upon developing an empathetic understanding of the internal logic of clients’ value system.

It may be helpful at this junction to reiterate that, for the purposes of this chapter, spirituality is an individually constructed entity while religion is a communally constructed entity. Accordingly, formalised religious value systems are rarely adopted without some qualification. In other words, individuals rarely incorporate every facet of their religion’s teachings into their personal spiritual worldview. Rather, their worldviews are typically individualised to some extent. An individual’s unique impulse to connect with the sacred or transcendent shapes the specific religious values that are incorporated into their personal spiritual value system. Other factors that shape the construction of clients’ personal spiritual worldview include ethnicity, nation of origin and perhaps most importantly, the degree of assimilation to the dominant secular culture (Loewenthal 2013). These factors, in tandem with clients’ religion, all serve to shape and influence the parameters of clients’ unique spiritual value system.

Accordingly, when considering interventions it is important to focus on clients’ individualised spiritual worldview as opposed to their reported religious affiliation. Therapeutic strategies should make sense within the matrix of clients’ personal belief system. Such interventions are associated with a number of potential benefits (Hepworth et al. 2013). Included among these are the protection of client autonomy, enhanced therapeutic rapport, increased likelihood of intervention adoption and implementation, and reduced likelihood of perpetrating harm.

What does an intervention that resonates with clients’ spirituality look like? To some extent the answer to this question will depend upon the specific therapeutic context. A variety of factors influence the selection and construction of interventions, including the nature of the presenting problem, practitioners’ theoretical orientation, and of course, clients’ spiritual values.

Bearing these qualifications in mind, Table 31.2 provides a couple of examples that might
be used with a Muslim client dealing with issues related to self-worth and self-acceptance. The examples are based upon a cognitive behavioural theoretical (CBT) framework, one of the most widely used evidence-based modalities (Hepworth et al. 2013). The table features three key components: 1) secular self-statements drawn from the work of Ellis (2000), a prominent founder of CBT in Western discourse; 2) the therapeutic issue the self-statement is designed to address; and 3) statements that have been modified to incorporate Islamic values.

As can be seen in Table 31.2, the underlying therapeutic concept reflected in the secular self-statements has been ‘repackaged’ in terminology drawn from an Islamic worldview. Practitioners work with clients to express a salutary therapeutic concept in language that makes sense within the context of their Islamic value system. The end result is the creation of an intervention that resonates with the beliefs and values of the Muslim client. Additional information on spiritually modified CBT is available from a number of sources (Hodge 2008; Hodge and Nadir 2008; Nielsen 2004).

**Conclusion**

As noted previously, spiritual competence is not a fixed entity, but a dynamic set of attitudes, knowledge and skills regarding different religious worldviews that can be developed over time. Toward that end, practitioners might consider obtaining some of the various texts developed to assist practitioners in understanding the internal logic of various religious cultures (Koenig 1998; Koenig 2013; Pargament 2013; Richards and Bergin 2014; Van Hook et al. 2001). Similarly, self-assessment can be facilitated through introspection and consultation with spiritually competent supervisors (Furness and Gilligan 2010). This process can be facilitated through the administration of self-assessments using various diagrammatic assessment tools, such as spiritual lifemaps, genograms, eco-maps and ecograms (Hodge 2015a).

Like other important practice attributes, it takes time and effort to develop spiritual competence with the various groups practitioners regularly encounter in their work. This expenditure is well worth it, however, as it lays the foundation for ethical and effective practice with religiously different clients. Spirituality is often a touchy subject and even the most well-intentioned social workers can inadvertently offend clients. Spiritual competence assists practitioners in circumventing these potential minefields, establishing therapeutic rapport, and developing effective interventions that are more likely to be implemented. Indeed, it is the key to effective practice with clients from different religious backgrounds.
References


