The absent presence of religion and spirituality in mental health social work in Northern Ireland

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Introduction

Northern Ireland (NI) has experienced thirty years of violent civil conflict, the boundaries of which are marked, although not entirely defined, by religious identification. In this way religion is an inherent part of social identification and community construction in NI. Although the violence has significantly decreased since the late 1990s, its legacy remains. Research evidences a complex relationship between religious and spiritual beliefs and mental wellbeing. However, there is a lack of research about how political conflict, in which religion plays a dominant role, may shape the impact of faith on mental health. Literature on religion, spirituality and social work practice suggests the need to examine the social and political processes that persist around this subject in social work practice (Henery 2003; O’Leary et al. 2013; Wong and Vinsky 2009). This examination is appropriate given the role of religion within the political conflict in NI (Brewer et al. 2010, 2011), the impact of the conflict upon social work practice (Campbell et al. 2013), the high incidence of mental ill health in NI (Ferry et al. 2011) and the apparent role of religion and spirituality within mental distress (Gilbert 2010; Koenig and Larson 2011).

An established body of research from the 1980s onwards demonstrates that spirituality, inclusive of religion, is generally associated with greater wellbeing, less depression and anxiety, greater social support and less substance abuse (Koenig and Larson 2001). Research within the United Kingdom (UK), and the Royal College of Psychiatry’s special interest group on Spirituality (RCP 2010) is beginning to explore explanations for these relationships in the UK context (Awara and Fasey 2008; Cook and Powell 2013; King et al. 2013; Pearce et al. 2008; Sims and Cook 2009; Swinton 2001). These studies identify a need for exploring the complexities around this subject in recovery and the importance of engaging with a holistic approach to spirituality within mental health.

Drawing upon empirical research, carried out by the author, and upon other relevant literature, this chapter considers while religion and spirituality are woven into the cultural fabric of NI, and are acknowledged within recovery orientated approaches to mental health, their engagement in mental health social work practice appears to be uncertain, problematic or even absent. Discussion considers if, and in what ways, the conflict and secularisation have shaped how the profession has conceptualised religion and spirituality. Although the chapter focuses...
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upon mental health social work practice in NI, it raises questions about how the social work profession engages with religion and spirituality, as an aspect of holistic care, in societies where religion has been a site of political conflict.

The ‘troubles’ and secularism

Mitchell (2005) explores the role of religion in social identification in NI and advocates deconstructing its meaning in individuals’ lives and in the community. Religion, according to Mitchell, is more than an ethnic marker, and limiting one’s understanding of religion to this overlooks its social and political significance. In particular, religion informs processes of social identification and community construction in NI in four main ways: where it acts as an identity marker; where religious rituals play a practical role; where religious ideas play a symbolic role in the construction of community; and where doctrine can legitimise oppositional social identifications.

Brewer (2011) examined the role of the churches in dealing with the legacy of violence, both for individual victims/survivors and society more generally. A key aspect of his study is the ‘translation of people’s private troubles into public issues’ (Brewer 2011: 2). Brewer’s analysis focuses on how, in the context of a society where religion is inextricably linked with political conflict, religion and beliefs (as he terms it) are brought out of people’s private lives into the public realm. Both Brewer and Mitchell’s work raises questions about whether religion and spirituality as aspects of a mental health service user’s mental health are brought into the public area of social work practice in NI: if issues of spirituality and or religion are important for some people experiencing mental ill health in Northern Ireland, how does the social work profession engage with this in its work with service users?

A key feature of social work in NI, according to Heenan and Birrell (2011), is the impact of the political conflict and sectarianism on social work practice and service delivery. Literature suggests that as a consequence of practicing in a politically divided society, the profession has not addressed issues that have arisen out of the conflict such as sectarianism, the emotional impact of the conflict and aspects of conflict-based forms of oppression (Campbell and McCrystal 2005; Pinkerton and Campbell 2002). Campbell et al. (2013) state that greater understanding is needed surrounding how social work practice is affected by the historical trajectory of violent conflicts. Furthermore, there is a sense of inevitability that as social workers are socialised and then practice in these contexts, they, like other members of society, fit their conflict histories to meet their world view. Despite growing interest in religion and spirituality in the social work profession globally (Crisp 2010; Holloway and Moss 2010), there is a notable lack of literature and research about religion, spirituality and social work practice in NI. This raises questions about how, in a post-conflict situation and as an aspect of experiencing mental ill health, religion and spirituality were engaged with in the mental health social worker/service user relationship. This question points to the interface between the role of the social worker from the public sphere, and the role of religion and spirituality within the mental health service users’ private experience of mental distress.

Not only is it necessary to consider the context of conflict, it is also important to recognise the impact of secularisation. Commentators of secularisation suggest that rather than proposing that interest in religion in Western societies is diminishing, it may be more appropriate to suggest that it is being reshaped (Hay and Nye 2006; Wood 2008). Hay and Nye (2006: 35) coined the term ‘secularization of the intellect’ following research by Hay and Morisy (1985) and Hay and Hunt (2000) on the spirituality of people who don’t go to church. While the secularisation of British culture is occurring very rapidly, Hay (2002: 4) suggests it appears to be ‘only skin deep’, thus a religious understanding of spirituality is still normative for most British
people. This may suggest that while there are large numbers of people who actively choose not to be associated with religious institutions, they may have a strong interest in spirituality. In a similar manner, Hayes and Dowds (2010) found that while there are some signs secularisation is occurring in NI, it appears that religion as a public institution is weakening, but retains a presence in people’s private beliefs and day-to-day practices.

Thus it appears that the secularisation thesis offers a limited picture of dwindling church membership, which does not adequately account for how religion and spirituality are drawn upon within people’s lives. Furthermore, secularisation fails to examine the social and political context surrounding religion and spirituality in contemporary society. The individualistic perspective fails to take account of the wider social context informing how religion and spirituality are understood and experienced: the impact relationships have upon the individual’s spirituality (Wong and Vinsky 2009), the importance of environment and community (Zapf 2005) and the importance of history and tradition (Carrette and King 2005; Wong and Vinsky 2009).

The absent presence of religion and spirituality in mental health social work practice

The purpose of this chapter is to raise questions and encourage discussion about how the social work profession engages with religion and spirituality in a context of both secularism and, more significantly, where religion has been an historical site of civil conflict. The introduction referred to research carried out by the author, which has been discussed elsewhere (Carlisle 2015a, 2015b, 2016). The study was qualitative, small scale and drew upon, in specific ways, both narrative inquiry and grounded theory. Approval for the study was obtained from the author’s university ethics board and the regional Research Ethics Committee (REC). Using a combination of purposive and snowball sampling (Denscombe 2010), 12 mental health service users were recruited from various centres of a voluntary mental health organisation, and 12 social workers were recruited from various integrated community mental health teams. All participants were recruited within various locations within the geographical boundaries of a Health and Social Care Trust (HSCT), which is the statutory provider of health care services. All of the participants took part in a one-to-one semi-structured interview and were invited to bring an object that signified what religion and/or spirituality meant to them to the interview. Half of the participants from each group were invited to a follow-up telephone interview.

This study offers insight into how the conflict dominates the way in which social worker participants engage with religion, spirituality and mental distress and the sensitive quality of the subject in NI. The interviews focused upon locating the participants’ stories within the wider social context regarding religion, spirituality, mental distress and social work practice. Through analysis it became apparent that none of the service users had discussed religion, spirituality and mental distress with their mental health professional. Interestingly, social worker participants stated that the assessment forms used in their practice included a box about the service users’ religious and/or spiritual beliefs. However, social worker participants varied in whether they asked service users about their religious and/or spiritual beliefs. This question on the assessment form may be viewed simply as an equality monitoring exercise, used for statistical purposes in the HSCT.

Arguably, this is the acknowledgement of religion and spirituality at its most basic. It is basic because it simply acknowledges religion in a tick box manner but does not explore its meaning in any depth. Interestingly, the majority of social worker participants did not engage with religion and spirituality even in this most basic form. These social worker participants stated that they did not ask service users about their religion because it was too personal a question to ask at a first meeting, or perhaps it was too sensitive a question to ask at all. Others stated that they...
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did not ask about religion but if the service user offered this information during the interview then they would fill it in on the assessment form.

Social worker participants cited the political conflict and the continued sensitive nature of talking about religion and its link with division, as the basis for not asking service users this question. Analysis suggested that social worker participants readily acknowledged religion on a cultural level in NI and were concerned about issues such as offending service users, revealing their own identity and causing tension within the relationship if they explored religion and spirituality. However, overall they appeared uncomfortable engaging with this as an aspect of meaning-making within their practice with mental health service users. Despite social workers acknowledging its relevance for some service users and although service users were articulate regarding its importance within their experience of mental distress, its exploration within the service user/social worker relationship was marked with questions of legitimacy.

Service user participants expressed concern about offending the mental health professional, and questioned whether the worker could relate to them if they were from a different denomination. Analysis of the mental health service user participants’ stories suggested they placed high priority on knowing what denomination the mental health worker belonged to, and this would apparently enable them to determine whether the worker would understand their religion and/or spirituality within their experience of mental distress. However, despite knowing that the worker was from the same denomination, analysis suggested that the service user would not talk to their mental health worker about religion, spirituality and mental distress. While this cannot be linked exclusively to the political conflict, it appeared that this may be a significant factor within the context of how religion, spirituality and mental distress are conceptualised within contemporary Northern Irish society. It appeared that there is an ongoing sense of religion and spirituality being an absent presence within the mental health social worker/service user relationship and that the legacy of the conflict significantly hinders exploration of the subject.

Existing literature around sectarianism in NI and social work practice suggests that in a climate of conflict, practitioners have sought to be ‘neutral’, not seeming to align themselves with either community (Heenan and Birrell 2011; Pinkerton and Campbell 2002; Ramon et al. 2006; Traynor 1998). This was necessary not only to enable them to work with service users across community divisions but also to work alongside colleagues from ‘opposite’ denominations. Yet avoidance of addressing the impact of sectarianism upon social work practice in NI also presents particular challenges for individual social workers and the profession. This study suggests that the pervasiveness of sectarianism has led to the absent presence of religion and spirituality in practice.

By taking cognisance of the wider social context, analysis highlighted the absent presence of religion and spirituality in mental health social work practice in NI. Analysis suggested that the conflict and seeking to avoid any acknowledgement of it and its sectarian nature within practice, informed its lack of exploration, and purposefully choosing not to offer this choice to the service user, in the majority of the social worker participants’ practice. This lack of choice is significant given that religion is a highly sensitive issue. While a service user may want to discuss religion, spirituality and mental distress with their social worker, they too must navigate this complex conflict terrain and may determine that raising this subject may be too fraught.

Coulter (2014), writing about reintroducing themes of religion and spirituality to professional social work training in NI, states that a practitioner’s ability to practice in a culturally competent manner is based on the practitioner’s self-awareness and both an appreciation and knowledge of the service user’s culture. There appears to be a lack of debate about what religion and spirituality means in the North of Ireland; thus, our understanding of it continues to be restricted to these culturally divisive, political boundaries, and an exploration of it in terms of meaning-
making is missing (Brewer 2011; Brewer et al. 2010, 2011; Hayes and Dowds 2010; Mitchell 2005). This study identifies a lack of permission-giving for service users to explore religion, spirituality and mental distress in their relationship with the mental health social worker and this significantly shapes its lack of exploration within mental health services.

**Social workers do not ask: assumed privacy and individualism**

Earlier I discussed the problem of individualism and the secularisation thesis, and the way in which they fail to take account of how religion and spirituality are drawn upon within an individual’s life. The problem with individualism and privacy, argue Carrette and King (2005: 57), is that it constructs a person as a singular unit, ‘a kind of hermetically sealed and isolated self’ that does not recognise the ‘relational and interdependent self’. This study develops this further and suggests that this may have contributed to how the mental health social worker participants engaged with religion and spirituality within their practice. The social worker participants stated that they were reluctant to ask service users about religion, spirituality and mental distress as they perceived this to be a very private topic and that they would wait for the service user to express this subject, rather than introduce it themselves. Furthermore, social worker participants described being willing to discuss the subject with service users, but because it is a private matter it rarely arose in practice.

Furness and Gilligan (2010) suggest that while social workers may recognise the potential significance of religion and spirituality in their own practice, there is an overwhelming perception of the subject being too personal an issue to discuss in practice. Furthermore, Starnino et al. (2014: 856) discussed professionals stating that service users may perceive exploring spirituality with the professional as ‘too personal’, especially if a trusting relationship has not developed. Similarly, in this study service user participants stated that the subject may be ‘a private matter’ for some individuals, and therefore they may not want to discuss it with a mental health professional. These various reasons highlight both the ‘privatisation’ of religion as an aspect of the secularisation thesis (Henery 2003; Wong and Vinsky 2009), and the idea of assumed privacy, that religion and spirituality within mental distress is a private matter for the service user, as some service user participants in this study expressed. However, that is not to say that it should not be acknowledged in social work practice. Again, the core issue here is service user choice to discuss these issues and the social workers’ willingness to give the service user permission to discuss this culturally difficult subject.

Secularisation proposes a weakening of religion in modern societies where religion is not entirely ‘abandoned’, but is privatised. This perspective suggests that religion may weaken as a public institution, but retains a presence in people’s private beliefs and day-to-day practices (Hayes and Dowds 2010). Hayes and Dowds (2010:4) suggest that while there are ‘creeping signs’ of secularisation in NI, it is only ‘lukewarm’ and points to the ‘privatisation of religion’ rather than a complete shift to secularisation. My study develops this further by examining whether religion and spirituality is understood as exclusively private within the social work profession, which therefore contributes to its lack of exploration within practice. The question of ‘privatisation’ of religion prompts consideration of the paradox that emerged in the study: as social workers employed and practicing in a secular profession, social workers also engage in people’s private and personal lives. Thus, to what extent as social workers in the public sphere do social workers explore religion and spirituality as an aspect of the private sphere? Analysis suggested a separation between those areas of the service users’ lives that were perceived relevant for the worker to explore, and those that were not. It appeared that social worker participants varied regarding their interpretation of religion and spirituality being a social work concern.
Some social worker participants were willing to explore religion, spirituality and mental distress, on the basis that they may be an aspect of the service user’s identity. On the other hand, others stated that a service user’s spiritual and/or religious needs will be addressed by the relevant religious leader or spiritual advisor. I suggest that this second approach is suggestive of the assumed privatisation of religion and the assumed lack of appropriateness for mental health social workers to explore this area of the service user’s life.

**Conclusion and looking forward**

This study has raised questions, for the first time, within mental health social work practice in NI about if and how practitioners address religion, spirituality and mental distress in practice. This discussion readily acknowledges the difficult emotions this complex and multifaceted subject evokes for mental health service users and mental health social workers alike. It is not offered as a criticism of service users and social workers, but drawing upon participants’ diverse views and experiences, this discussion has sought to offer insight about this area of service user experience and social worker professional practice. It is hoped that these issues will be critiqued and developed by further research in the field of social work practice, other helping professions and in mental health. The study is also relevant within peace and conflict studies regarding how religion and spirituality are engaged with in post conflict societies.

The study suggests that the lack of exploration within social work discourse about this subject may be associated with the legacy of conflict and the pervasive nature of sectarianism. While mental health social workers acknowledge the importance of religion and spirituality for some people experiencing mental distress, it appears that its translation into mental health social work practice is marked with uncertainty. This uncertainty was multifaceted and included both the workers’ own sense of spirituality coupled with their navigating of the social context in which religion is a sensitive subject. While the social context included issues of secularisation, it was dominated by the ‘Northern Ireland context’ in which religion has become linked with sectarianism. It appears that the conceptualisation of religion within the conflict and the impact of the conflict upon the social work profession have produced an ambivalent approach to religion, spirituality and mental distress within social work practice in NI. When carrying out the research it became apparent that this subject was highly emotive for both service users and social workers. There is a need to create legitimacy around this subject for both mental health service users and social workers. I suggest the overarching idea of developing ‘safe places’ for social workers to explore this subject and for mental health service users to ‘give voice to’ this aspect of their lives, should they wish to do so.

Analysis indicates that many social worker participants continued to associate talking about religion with being sectarian while seemingly under acknowledging its value as a site of meaning-making and recovery. This study highlighted that religion and spirituality evoked various responses among social worker participants. It appeared that this sensitivity significantly contributed to the subject not being explored with mental health service users in practice. Thus, the study builds upon O’Leary et al.’s (2013: 147) call for a more ‘connected, inclusive, reflective and participatory approach’ to the social worker/service user relationship that addresses the particular contexts of the relationship. I suggest that while a more connected approach in relation to religion, spirituality and mental distress might challenge existing approaches to the subject, it is only by addressing the particular contexts of the relationship that mental health service users and social workers are enabled to explore it in practice. These explorations may be difficult for service users and mental health social workers alike. However, these explorations may be needful in this post-conflict transition.
As the interviews progressed and through the telephone interviews, it became apparent that social worker participants valued having time and space to critically explore this subject both in terms of their own spirituality, or lack thereof, and of how they engage with this subject in practice. A key message from this study is the importance and value of encouraging social workers to critically reflect upon their own values and experiences in relation to religion and spirituality, and to consider their own practice around this subject. The Northern Ireland Social Care Council (NISCC), the social care regulatory body in NI, recently updated the standards of conduct and practice for social workers (NISCC 2015). These new regulations are based on six standards of conduct and nine standards of practice. Standard of conduct number one states the importance of protecting the rights and promoting the interests and wellbeing of service users and carers (NISCC 2015: 5). This standard details the importance, when working with service users, of promoting their right to control their own lives, respecting and maintaining their dignity and privacy, promoting equal opportunities and respecting diversity and different culture and values (NISCC 2015: 7). This standard of conduct may be understood as promoting an anti-oppressive practice agenda where diversity is acknowledged and responded to positively. The importance of addressing the role of spirituality and religion within some mental health service users’ lives is supported in these standards.

References


