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Spirituality and religion in Maltese social work practice
A taboo?

Claudia Psaila

Introduction

The Maltese Islands have experienced rapid change in the past few years, mainly as a consequence of their accession into the European Union and the phenomenon of globalisation. This socio-political-cultural change has contributed to a more open, secular and diverse society that is in constant flux. These changes have contributed to the diminishing role of the Roman Catholic Church, which, until this time, was dominant in most facets of Maltese life (Psaila 2014). It is my contention that such a context has also impacted helping professions such as social work particularly as a result of the secularisation of the profession.

As is the case in many other countries (Canda and Furman 2010; Crisp 2013; Holloway and Moss 2010), social work in Malta is rooted in the dominant religion of our Islands, that is, Roman Catholicism (Schembri 2002). Much of social welfare provision was initially delivered by religious organisations with the ‘help of the lay person/professional’. With the birth of the welfare state in the 1950s, these services became more centralised and diverse such that these religious institutions were then seen as partners in statutory service provision. The service being provided, while having strong links to these religious entities, became more professionalised and secular.

In its efforts to be perceived as a profession, Maltese social work may have divorced itself from its religious (and perhaps spiritual) roots. This seems to parallel similar developments abroad (Mathews 2009). In this process, while Christian values such as compassion and solidarity, and beliefs such as ‘helping those in need’ remain strong, ‘religion’ and ‘spirituality’ have all but disappeared in social work education, training, research and provision. It seems to me that these have become taboo subjects for many social workers in most fields. The exception to this rule may be in service provision in faith-based organisations and in the areas of health (terminal illness and palliative care) and some work in the addictions field. In these areas, religion and/or spirituality seem to be not only acceptable but important dimensions of care. Within these contexts, meaning making, values, beliefs and the use of religion and spirituality as a resource, may be particularly pertinent, although this may still be done from a mainly Christian, religious perspective.

Furthermore, the marginalisation of the spiritual dimension in social work practice may parallel the same phenomenon in psychotherapy and psychology that were affected by: the past
tensions between religion, spirituality, and psychology and psychotherapy; the fear of inflicting one’s values onto the client; being trained to consider the spiritual-religious dimension to be outside one’s area of competence; having a negative attitude towards religion; lack of training and education in spiritually-sensitive practice; and pathologising and/or minimising a client’s spiritual-religious issues (Aten and Leach 2009; Psaila 2012; Richards and Bergin 2005).

The changing context described above and the spiritual dimension of professional helping, particularly psychotherapy, were the subject of a recent qualitative exploratory study with Maltese mental health practitioners: psychotherapists and psychologists (Psaila 2012). The findings may highlight potentially similar trends in the field of Maltese social work practice. However, before this discussion, I will briefly describe the methodology adopted for the study.

Methodology

A qualitative methodology was adopted since the aims of the study were to describe, explore and explain the spiritual dimension of psychotherapy from the perspective of Maltese mental health practitioners practicing in Malta. Due to the contested, and at times ambiguous, nature of understanding spirituality and religion, as well as the spiritual dimension to psychotherapy, adopting a qualitative approach was considered essential. Qualitative methodologies allow for the study of such complex, multidimensional and diverse phenomena (Denzin and Lincoln 2011). Phenomenological and social constructionist perspectives were utilised in the research design. This allowed for the phenomenological exploration of the participants’ understanding and meaning of the spiritual dimension of psychotherapy (Creswell 2007). A social constructionist approach was deemed important since ‘there is a strong interplay between what is personal and public and what is individually and socially constructed’ (Psaila 2012: 96) particularly in relation to spirituality and religion.

The focus group method was chosen as it incorporates the elements of individual meaning making as well as social construction (Barbour 2007; Linhorst 2002). However, this method was adapted to allow for an evolutionary process to develop in terms of safety and trust, reflection and co-construction. I therefore created the FOST group method, which ‘is a blend of a focus and a study group such that both individual reflection and group discussion could take place over a period of time in an evolutionary and spiral manner’ (Psaila 2012: 11). The FOST group participants met ‘over a stipulated period of time to reflect and discuss a particular topic with the aim of generating and gathering data on that topic’ (Psaila 2012: 100). Participants were recruited through purposive and snowball sampling. Two groups were formed with one group of five and the other of six Maltese counseling and clinical psychologists and psychotherapists having two years of clinical practice working with adults. The data that was gathered was analysed thematically. What follows is a discussion of some of the findings.

The spiritual dimension as integral to practice

The participants in the study perceived the spiritual dimension to be integral to psychotherapy. This was partly due to their understanding and experience of ‘spirituality’ and ‘religion’. They described these as having different elements.

Spirituality, religion and practice

At times, the participants understood spirituality and religion to be distinct and opposite, with religion stunting people’s spiritual and/or psychological growth as opposed to spirituality, which
was linked to development. A religious person was described as not necessarily being spiritual and vice versa. Moreover, the participants claimed that spirituality is about ‘being’ since it involves meaning making, values and connection, and as such observed that we are ‘spiritual beings’. Spirituality was described as ‘private’ (Jade) or as ‘personal creative energy’ (Mandy), while religion was described as impersonal, dogmatic, ideological, cultural and having to do with dogma, norms, legality and ritual. It is this oppositional differentiation that at times led the participants to view spirituality as inducing people to grow while religion was perceived as stifling a person’s spiritual and psychological growth. They explained that, as spiritual beings, people’s spirituality needs to be developed. Some saw this process as one where the person frees themselves from the ‘shoulds’ imposed by religion.

In perceiving spirituality and religion to be at opposing poles of the spectrum, the participants often appraised spirituality positively and religion negatively. At other moments, they understood spirituality and religion as overlapping with the relationship between them being portrayed as either one informing the other. Spirituality was also described as being ‘bigger than’ religion and subsuming it. When perceived as interrelated, religion was no longer simply described as normative, ritualistic and structural.

While meaning making, purpose and values were central to the participants’ understanding of spirituality, the participants saw these as important to religion too. This was also true to the participants’ understanding of spirituality and religion as being about connection and relationship. Central to their perception of these elements to spirituality was their understanding of it involving connectedness to self (including self-awareness and self-knowledge), others (including after death), God or a Higher Power, and nature. Connection also involved the elements of relating, sharing and loving. They perceived the need to connect as a spiritual need since it was universal and gave meaning to life. Apart from being central to their conceptualisation of spirituality while important to religion, the participants also described a communal or shared dimension to these elements in their understanding of religion.

Participants highlighted the following factors as idiosyncratic to spirituality: difficult to define; personal and unique; part of the self; about ‘being’; that it ‘relieves my soul’ (Mandy) and involves containment, serenity and surrender; it involves ‘going beyond’; is ‘greater than us’ and involves a transcendent dimension, ‘whether that is a personal God or transcendence understood from a psychological perspective’ (Alex); and that there are different ways of expressing spirituality, including being present to the other, such that it is pervasive and tacit.

As a result of their understanding of religion and spirituality, the participants perceived spirituality to be integral to psychotherapy. All persons make meaning and this affects their worldview, gives purpose and direction, helps them survive and be guided by their values. However, this is not necessarily the case for religion (particularly when they saw spirituality and religion to be distinct and opposite). Furthermore, spirituality was perceived as integral to psychotherapy because people need connection and people’s problems often include a relationship dimension. Moreover, therapy is based on the rapport that is created between the therapist and the client. In fact, at times, the participants understood psychotherapy to be a spiritual journey since it involves meaning making, connection (to self and others, including the therapist), the therapist’s way of being and presence, and transcendence – particularly in-depth psychotherapy that involves self-growth. This oppositional differentiation also led them to experience a degree of reluctance in including religion into the psychotherapy process. They claimed to be comfortable doing so if clearly indicated by the client as being important to them, if useful as a resource, or if they perceived religious issues to underlie their psychological problems; for example, excessive guilt stemming from their religious beliefs. This could also be experienced as spiritual distress that would need addressing.
The therapeutic relationship as sacred space

Another theme that emerged and highlighted the participants’ experience of spirituality being integral to psychotherapy is that they viewed the therapeutic relationship as a sacred space. This was highly influenced by their understanding of spirituality and psychotherapy involving meaning making, connection and transcendence. The participants explained that spirituality is present in the relationship and is expressed through the relationship. They described therapy without connection as ‘soul-less’. Furthermore, in-depth psychotherapy is based on this relationship, which is built over time, such that transformation is possible. The connection was described in terms of emotionally and psychologically ‘touching’ and ‘being touched by’ the other (both therapist and client). It involves a profundity of understanding at both cognitive and affective levels that would normally lead to increased insight and deeper rapport. This type of relating involves the therapist’s way of being and not only employing skills and techniques.

The therapist

The therapeutic relationship as ‘sacred space’ requires that the therapist embody respect, empathy, presence, genuineness, trustworthiness, nurturance, a nonjudgmental attitude and acceptance. Furthermore, it requires that the therapist meet the client ‘in our common humanity’ (Maureen). It involves ‘the spirit of two human beings actually meeting somewhere and connecting’ (Mandy). The therapist’s ‘way of being’ was emphasised by the participants in providing this type of relationship. They insisted that ‘we bring who we are’. They described the therapist as a ‘dance partner’ (Sandra) and a ‘wounded healer’ (Bridget).

Participants also focused on the influence of the therapist’s own spiritual and religious lives with the possible resultant countertransference issues. Consequently, the therapist’s openness, self-awareness and self-care were considered essential in this type of relating. The participants also stressed that for this to happen, the therapist must be committed to their own growth and be spiritually alive. Through this relationship, deep change is possible because the client feels seen and allows him/herself to be seen. Furthermore, the participants insisted that it is a relationship in which they are also touched, healed and transformed.

Apart from describing psychotherapy as a spiritual journey that occurs in and through the therapeutic relationship that is developed by the therapist’s skills and way of being, the participants also discussed other dimensions to spiritually-sensitive practice.

Addressing the client’s spiritual and religious needs and issues

Some of the participants claimed that they would assess and address a client’s spiritual dimension in the same way that they would other aspects of a person’s personality. A degree of readiness to engage with spiritual needs and issues contrasted with some of the participant’s wariness in dealing with religious matters, unless these are ‘specifically mentioned by my client’ (Audrey) and/or the clients’ religious beliefs were particularly pertinent to their problems. For example, helping a client ‘make sense’ of their concern ‘religiously’ (Maureen). The participants spoke about the clients’ problem situation being processed through their religious beliefs or being fuelled by such beliefs (for example, excessive guilt in relation to psychological and/or relational issues). In such situations, their oppositional understanding of spirituality and religion seemed to influence their thinking. Moreover, the participants discussed the importance of not imposing their own beliefs and/or spirituality onto their clients. They also highlighted the difficulty of respecting the client’s beliefs or spirituality when this was contrary to their own beliefs/
spirituality or when they understood the client’s beliefs as underpinning their psychological problems.

Some of the participants seemed to equate spiritual needs with therapeutic needs. For example, Bridget explained that the following universal spiritual needs ‘belongingness/love, meaning making and healing’ are also, broadly, people’s therapeutic needs. However, others claimed that while they agreed, addressing a client’s spiritual needs was also dependent upon their assessment of the client’s presenting problem. Furthermore, they identified the following client issues as those where spirituality is more tangible: anxiety, depression, anger, abuse, old age, existential questions and people having a near-death experience, among other factors.

**Spirituality and religion as a resource**

Apart from addressing a client’s spiritual and/or religious needs in therapy, the participants also spoke about using spirituality and/or religion as an internal or external resource. As already noted, the therapist may utilise the client’s religious and/or spiritual beliefs to make sense of their concerns or to place ‘themselves in the world according to their value system’ (Claire), therefore making meaning and deriving internal strength and support. It was also discussed as a resource in the shape of cognitive processing (for example, challenging introjects and dealing with transferential issues, such as ‘God is punishing me’). Furthermore, it was connected to deep introspection and reflection. Interestingly, the participants also discussed how their religion and/or spirituality could provide internal strength and support for themselves in their work with their clients. Moreover, the therapists identified external spiritual and/or religious sources of support, such as a parish priest, spiritual advisor, a religious support group, prayer group and so on. When discussing this, however, they were also aware of these networks as being problematic and possibly contributing to the client’s problem. They discussed the complexity and difficulty of dealing with such issues.

The participants in the study seemed to suggest that psychotherapy is imbued with spirituality while also discussing spiritually-integrated psychotherapy that focuses on assessing and addressing the client’s spiritual needs. In the next section, I will describe possible parallels that may be drawn to social work in Malta. These include the following implications: clinical, theoretical and those related to education, training and research.

**Spirituality and social work in Malta: a question of reclamation?**

**Theoretical implications**

As Canda and Furman (2010: 3) explain: ‘Spirituality is the heart of helping. It is the heart of empathy and care, the pulse of compassion, the vital flow of practice wisdom, and the driving energy of service’. Furthermore, the findings reported in this chapter concur with earlier authors who found that

many of the people we serve draw upon spirituality, by whatever names they call it, to help them thrive, to succeed at challenges, and to infuse the resources and relationships we assist them with to have meaning beyond mere survival value.

(Canda and Furman 2010: 3).

A person’s spirituality provides a lens with which to view and make meaning of one’s life: identity, relationships, problems, resources etc. Therefore, this cannot be left out of the equation...
in practice, including in assessment and intervention. Moreover, as was evident in my study, the practitioners’ spirituality may also be important to them as they live out their lives and help others, at times, whether consciously or unconsciously. This is an aspect of what I am referring to as ‘reclamation’. So far, many social workers in Malta may be resistant to including spirituality and/or religion in their practice, even though, perhaps unbeknownst to them, they may be doing so. I believe that, as in the case of the participants in the study, this is partly due to the social worker’s conceptualisations of ‘spirituality’, ‘religion’ and social work practice and the relationship between all three.

Similar to other helping professionals, social workers work with ‘troubled people or people in trouble’ (Kadushin and Kadushin 2013: 13). However, of particular importance to social workers are the person and his/her environment and how the latter may contribute to the person’s problem and/or be utilised as a resource. Persons and their environments are intertwined such that they may influence their environment while also being impacted by the latter. As is evident in my study and also in the literature (Mathews 2009; McSherry 2006), the broader environment, whether it is cultural, societal or familial, influences the way a person conceptualises and experiences his/her spirituality, whether it is religiously-inspired or not.

Moreover, as we have seen, a person’s spirituality may also be a resource or may underlie certain psychological and/or relational problems. Consequently, spirituality may be an important dimension in the ‘person-in-the-environment’ conceptual framework of the social worker. This may be particularly the case in the Maltese context due to the strong, although diminishing, influence of the Roman Catholic Church and the rapid change that is being experienced in Maltese society. From a rather insular society, it is becoming more diverse, multicultural and secular with a plurality of voices that claim different values, beliefs and worldviews. This may have an effect on the individual, family, community and society. Moreover, it may have further practice implications.

**Practice implications**

The secularisation of Maltese society may also create a ‘push-pull dynamic’ that was experienced by the participants in the study. For the participants, the ‘push-pull dynamic’ was highlighted in their acceptance of spirituality as being integral to psychotherapy while being hesitant of including religion in the therapeutic process. Furthermore, this dynamic was evident in their oscillation between perceiving spirituality and religion as separate and distinct while also as overlapping (Psaila 2012). This ambiguity may be the result of being immersed in a particular religion such that it remains the reference point, whether consciously or unconsciously and willingly or unwillingly. It may also stem from their disenchantment with the institutional aspects of religion such that some participants discarded any inclusion of religion in their experience and understanding of spirituality (Psaila 2012). They also experienced this ‘push-pull dynamic’ on affective levels including in their ‘rejection’ of religion having to do with spirituality. Other examples comprise their sense of frustration and, at times, pain, that was directed at the Church and its teachings as it affected them and their clients. This may be experienced by themselves and/or their clients intrapersonally, for example, feeling rejected, guilty, confused about one’s identity and values, etc. However, it may also be experienced interpersonally, for example, in conflictual relationships with family members as a result of values and beliefs that have changed. Exline, Yali and Sanderson (2000) explain how ‘religious rifts’ (interpersonal) and ‘religious strain’ (intrapersonal) may lead to depression and suicidality. I therefore believe that social workers and service users could experience a similar, multifaceted ‘push-pull dynamic’.

The ‘push-pull dynamic’ is also evident in understanding spirituality as a double-edged sword.
This was highlighted when the participants described spirituality and religion as resources while also underlying certain problems. It was also apparent at community levels, for example when they described priests, spiritual advisers and/or the client’s parish group as being supportive or as contributing to the problem. Examples include promoting situations of injustice and/or oppression, such as telling a woman experiencing domestic violence, ‘This is your cross and you must bear it’. Another example given by the participants was of a person being torn about their homosexuality as a result of the Church’s teaching, and the crisis in faith and in his identity that this was creating. On the other hand, the participants mentioned that they have identified a network of ‘gay-friendly’ priests and a Catholic support group (Drachma 2015) with whom they work closely and refer clients. I therefore wonder whether Maltese social workers are practicing in the same way as the research participants and whether they identify this as spiritually-sensitive practice. Furthermore, I question whether they experience the same dynamic, both personally and in their practice at micro, meso and macro levels. This may be especially the case with social workers who are employed by faith-based organisations particularly when their values, spirituality, religious beliefs and worldview may be different to the policies, values, etc. of the Church-run institution.

Crisp (2015) describes how spirituality in faith-based organisations is expressed, among other things, in ‘strategic directions’ (Crisp 2015: 50) and philosophical underpinnings of service provision. She describes how religious communities may strongly influence strategic decisions at managerial levels that may be a way of ensuring that the service provision is congruent with the values and mission of the particular faith. This is often expressed in the mission and vision statements of such an organisation. This is clear, for example, in the mission statements of Caritas Malta (2015) and Hospice Malta (2012), where specific reference is made to the Christian faith and Gospel values. Both these organisations offer social work services. So far, no similar research has been carried out in Malta. However, it is my opinion that social workers working in such organisations may either experience a degree of congruence with regards to their personal spirituality or, perhaps, a degree of conflict if their spirituality is different to that of the faith-based organisation in which they work and if the policies and/or managerial decisions are incongruent to them. The latter can therefore create a push-pull dynamic on an organisational and/or personal level.

However, as the research participants described, it is also true that spirituality can be empowering and is linked to resilience, better mental and physical health, hope and coping (Bullis 1996; Coyte et al. 2007; Holloway and Moss 2010; Koenig 2004). Holloway and Moss (2010) draw a parallel between social work and spirituality as both being empowering. Furthermore, spirituality was also linked to transformation and transcendence by the participants as well as in social work literature (Canda and Furman 2010; Holloway and Moss 2010). The participants in the study identified transformation, particularly that which is a result of in-depth psychotherapy, as spiritual. This change involves increased self-awareness and self-knowledge, change in the self and becoming ‘whole’.

Participants also perceived transcendence, including ‘letting go’, ‘surrendering’, dealing with suffering, finding meaning and purpose, and connection to a Higher Being or God, as dimensions of spirituality. However, this is also part of the reality of social work practice and both transcendence and transformation, as well as wholeness, hope and resilience are important elements to spiritual care (Payne 2014). Providing spiritual care in social work practice that includes assessing and addressing spiritual need and spiritual distress is perceived as essential to providing holistic, multicultural anti-oppressive care (Canda and Furman 2010; Holloway and Moss 2010; Payne 2014).

While so far, not much research has been carried out in Malta, it seems to me that social
workers in Malta provide the same type of care to varying degrees. The latter may depend upon the setting in which they practice. For example, a social worker at Child Protection Services may feel restricted in providing such care due to their emphasis on investigative practice. However, other social workers in different settings may not necessarily label the service they provide as spiritually-sensitive practice or as providing spiritual care. Furthermore, I question whether they actively engage in assessment that involves the spiritual (including religious) dimensions as I have been presenting here.

Holloway and Moss (2010: 111) explain that in providing such care, attention is paid to the partnership model of practice, including paying particular attention to the therapeutic relationship. They describe a ‘fellow traveller model’ that focuses on accompaniment as well as reciprocity. This parallels the participants’ description of the therapeutic relationship as sacred space as well as the emphasis on the ‘being’ of the therapist who was described as ‘dance partner’ and ‘wounded healer’. It also focuses on the professional and service-user meeting in their humanity with both being on a spiritual journey. This model resonates with the humanistic model of practice (Payne 2014), which, as an academic member of staff in the Department of Social Policy and Social Work at the University of Malta, I have observed is a strong influence on student social workers in Malta.

Education, training and research

Earlier, I discussed how social workers might be resistant to including spirituality/religion in their practice. Their resistance may be a result of lack of training and feeling of incompetence, as well as the resultant perception that the spiritual and/or religion should not be part of secular social work practice. So far, the curriculum content on religion and spirituality as has been clarified in this chapter is rather weak and narrowly focused in the education programme of social workers in Malta. In the curriculum, emphasis is placed on the concept of the person-in-the-environment, multicultural and anti-oppressive practice, being user-centred, focusing on the relationship between the social worker and service-user, the centrality of values and ethics, reflexivity, and self-awareness and self-knowledge, which are all important to providing spiritually-sensitive practice. Yet, this is not adequately linked to providing spiritual care that includes spiritual assessment and sensitivity to the client’s spiritual pain and distress. The student social worker is not encouraged to reflect enough on their understanding of spirituality and religion either in their lives or in their client’s lives. Similarly to students in other countries (Payne 2014), this is also the case for many of those students in Malta who enter into social work motivated by their faith and values. It is, however, encouraging to note that over the years, a number of students are choosing to study the spiritual dimension of social work practice as part of their undergraduate research. This may be promising to the future provision of spiritually-sensitive social work practice, training and research.

Conclusion: from taboo to reclamation?

I believe that spirituality and religion in Maltese social work practice may be partly a question of making the invisible visible, and reclaiming spirituality and religion as important to practice. Additionally, more needs to be done in the fields of social work education, training and research. It may be a question of reclaiming part of our spiritual and cultural heritage and embracing who we are as spiritual beings in a society that is becoming more secular and multicultural. This process may involve a movement from a stance where spirituality/religion are perceived as ‘taboo’ and outside one’s area of competence to a position of reclamation of spir-
Maltese social work practice

spirituality as central to who we are as human beings. The latter would include providing holistic, multicultural practice where spirituality and religion may be important to either or both the social worker and service user.

References


