

Social Workers' Conceptualizations of *Spirituality as Lived Experience*  
in Professional Practice

by

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## **Abstract**

This doctoral study explores social workers' shared understandings of *spirituality as lived experience* in their personal lives and professional practice. It examines Canadian social workers' shared conceptualizations of spirituality as lived experience, *what* it entails, its role and purpose (*why*), and *how* it informs professional practice. Data collection involved three steps: a national publicity led to 24 completed self-screening questionnaires (SSQ); 14 in-depth interviews conducted through constructivist grounded theory's theoretical sampling and; the preliminary findings were validated by the 24 SSQ participants.

This study generated **two key findings**. The central concepts category of the conceptual schema of spirituality as lived experience emerged as Transcendent Life Energy (TLE) as Unconditional Love (UL) in Transformative Relationships (TR) With Self (WS) in Support of Wellbeing (SW)- i.e. TLE-UL-TR-WS-SW. Second, the conceptual schema analyzed through Self as body-mind-emotions-spirit-social (B-M-E-S-S) being—the social work practitioners—illuminated that spirituality as lived experience is about inherent, interconnected, transformative relationships that involve individuation as a life-long process that support healing, development of personal values, growth, and wellbeing in participants' lives, their clients' and social life.

These findings unveiled interrelated discoveries of significance in social work practice. The wellbeing of Self is inherently interconnected with practitioners' professional practice, their clients' and others' wellbeing. This confirmation is consistent with the concerns about the use of Self in countertransference and religion/culture. However, the personal values that participants developed through the conceptual schema were consistent with human rights and social work values; they included: *respect for inherent dignity and worth of persons, self-determination,*

*personal and professional integrity, do no harm, and social justice.* Participants' process of developing personal values exposed a distinction between beliefs and values acquired through socialization and those developed through the conceptual schema. These findings illuminate the function of social work as catalyst for transformative relationships and clarify the role of individuation as directly related to wellbeing, in the midst of cultural and embodied hegemony. Furthermore, the findings illuminate *how*, *why*, and *what* spirituality as lived experience entails and; highlight the multidisciplinary nature of social work practice and theory as inherently interconnected, encompassing human, natural, and social sciences.

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## **Dedication**

This thesis is dedicated to the late Lucy Gonzaga and Francis Kasekende, my parents who role modeled the spirit of *obuntu bulamu* and inspired me and my siblings to always do the best we can be. Through their values I have considered myself a second-generation social worker. To my late brother Francis (and Phoebe) Bwanika, you have been on my mind in the course of this work because of the different perspective to life that you taught me the last time our families met, combined with the dreadful conditions that surrounded your demise! In this work I also pay special tribute to the late Benjamin and Marjorie Lwanga for their profound direct and indirect influence in my life.

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## **Abbreviations**

**CASSW:** Canadian Society for Spirituality and Social Work

**EFT:** Emotionally focused therapy

**EMDR:** Eye movement desensitization reprocessing therapy

**GT:** Grounded theory

**CGT:** Constructivist grounded theory

**IASSW:** International Association of Schools of Social Work

**IFSW:** International Federation of Social Workers

**NLP:** Neuro-linguistic programming

**SSQ:** Self-screening questionnaire

**SFVQ:** Study findings validation questionnaire

### **Abbreviations of concepts categories of the conceptual schema of spirituality as lived experience in social work practice:**

**B-M-E-S-S:** Body-mind-emotions-spirit-social being

**TLE-UL-SW:** Transcendent Life Energy as Unconditional Love in Support of Wellbeing

**TLE-UL-TR-WS-SW:** Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self in Support of Wellbeing

**TLE-UL-TR-WS-O-SW:** Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self and Others in social work practice in Support of Wellbeing

**S-O-S-W:** Subjective, Objective, Sustainable Wellbeing as outcome and a part of TLE-UL-TR-WS-O-SW

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## **Chapter One – Introduction to the Study**

*Spirituality reminds me of the story of a fish living in the ocean and maybe this fish swims over to its Mom or Dad and says, “Somebody is talking about the fact of water; like what is water?” In a way spirituality is like that. It is the air we breathe. . . . It is not for us to understand it; it is for us to experience it. . . . It is also dynamic as opposed to an entity. (Mervin, July 25, 2016)*

### **1.1 Background and Significance of the Study**

According to Payne (2005), “spirituality already exists in social work and does not need explicit importation” (p. 205). Payne also identified spirituality as one of the four early twenty-first-century innovations in social work. However, he also raised the concern of “spirituality as a theoretical issue” (p. 42). Within the context of social work as a social construction, he highlighted philosophical differences in reference to politics in social work as a key factor that establishes the theoretical problem. Furthermore, there are other historical and persisting factors that make spirituality and related theory a larger contested issue in social work.

Beckett (2006) highlighted the issue of theory in social work practice in relation to spirituality as well. First, he argued that since social work practice can have far reaching implications in people’s lives, it is imperative that it is implemented based on clear and well developed values and on formal and informal knowledge bases and skills. Second, he described social work as a political job, referring to the critical position that social workers often occupy as the primary “tool” in their practice. Beckett compared social workers to doctors who prescribe tested and approved medication, yet in the case of social workers, the practitioner may be the only “tool” available. Beckett’s concerns are consistent with Mandell’s (2007) work, which highlighted the use of Self and countertransference in micro and psychotherapeutic social work. Over time this has been broadened to all areas of social work to include family, community,

policy, and research work. Although Mandell and other scholars (Beres, 2009; Birnbaum, 2009; Butot, 2007) have contributed to the growing body of knowledge about critical social work practice that demands the objective use of self and ongoing self-awareness, critical reflexivity, and self-disclosure, this work remains inadequate in the midst of multiple structural and interlocking inequalities.

Blackstock's (2009) article "The occasional evil of angels: Learning from the experiences of Aboriginal peoples and social work" identified the disposition of social work in the eyes of Aboriginal peoples as self-righteous and as a persisting concern. The challenges that arise out of the use of Self may be mitigated through the generation of a shared understanding and the body of knowledge on spirituality in social work practice. However, this has remained an impenetrable area in the absence of a shared understanding of this concept and content of spirituality in social work practice—what spirituality as lived experience entails.

## **1.2 The Problem**

Social workers have wrestled with how to conceptualize spirituality within professional practice since the commencement of the profession, and although we have made a lot progress in respect to practice and practice theory as identified by Payne above, we have not been able to develop a shared understanding of what spirituality relates to and what it involves. The traditional approach has been to treat spirituality as synonymous with religious/cultural and traditional beliefs, practices, and values. However, this is problematic on many fronts: examples include the religious wars in social practice, conflict with social work values, proselytization, and historical and persisting abuses within religious institutions.

It seems the contemporary answer to this longstanding challenge partly lies in Crisp's (2010) inclusive and dynamic perspective of spirituality as lived experience. Crisp asserted that

by the beginning of the twenty-first century, social work scholars had understood that spirituality was lived experience and that while religion/culture might be related to spirituality, for some people they were not the same. She associated spirituality with universal human characteristics. In an earlier work, Crisp (2008) referred to Mary Frohlich, a professor at a theological college in Chicago, who argued that spiritual living was the true basis of any study or work related to spirituality. In her later work, Crisp (2010) defined “spiritual living” as attending “with as much authenticity as one can muster to the truth of one’s own experience” (p. 14), again referencing Frohlich. Crisp recognized the diversity in personal expressions of spirituality, taking into account time, place, political and economic demands, and personal psychological development and opportunities. In respect to spirituality over the course of a life, Crisp (2010) argued that spirituality changes at different stages in one’s life adding that it exists even if one is not consciously aware of it; in other words, it has a dynamic and dialectical nature. But many questions still remain. What does spirituality as lived experience entail within the context of professional social work practice? How do social workers conceptualize the phenomena of spirituality as lived experience? What is the related practice theory? How does spirituality as lived experience relate to contemporary social work objectives?

### **1.3 Research Question and Methodology**

This section introduces the research question and study methodology. It also covers the feasibility of the study, the definition of concepts, and the delimitations and parameters that were set for this study. I used Charmaz’s (2008, 2011) constructivist grounded theory (CGT) research method to explore Canadian social workers’ conceptualizations of spirituality as lived experience with the goal to generate a conceptual schema of spirituality as lived experience within

professional practice. In addition, I wanted this conceptualization to support social work objectives.

The research question was framed within Crisp's (2010) description of spirituality as lived experience. I specifically recognize spirituality as lived experience related to human nature and human spirit, which is congruent with the integrative body-mind-spirit social work practice theory of Lee, Leung and Chan (Lee, 2009). I linked this understanding of spirituality to social work's purpose as outlined in the definition of social work adopted by the International Federation of Social Workers (IFSW) in 2000 and by the International Association of Schools of Social Work (IASSW) in 2001:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance wellbeing. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (Hare, 2004)

I have one main research question and four ancillary questions that form the foundation of this study. The main question is: **What are social workers' conceptualizations of spirituality as lived experience within professional practice?** The ancillary questions are:

- How did social workers perceive and experience spirituality prior to their social work training?
- What were social workers' lived experiences of spirituality during their social work education?
- What are social workers' understandings, applications, and experiences of spirituality as lived experience within their professional practices?

- What are the stated beliefs, values, practices, actions, interactions, and assumptions in social workers' personal accounts of lived experiences of spirituality within their professional practices?

Studying the phenomena of spirituality as lived experience may seem impossible for a number of reasons. Scholars such as Carroll (1998) and some of the study participants raised the concern about studying *lived* experience of spirituality as opposed to *living* experience; they considered the former as relating to dead people. For the purpose of this study, I operationalize spirituality as living experience as the same as lived experience. I also based this study on the successful implementation and generation of knowledge from studies of lived experience in other professions.

I relied on Lindseth and Norberg's (2004) explanation of how their study of lived experience generated findings of ethics as they are lived or practiced in nursing and the healthcare sector. Lindseth and Norberg collected stories of nurses and physicians who had experienced and witnessed challenging patient care situations. They then systematically analyzed the morals and ethics displayed in these stories. They based their study on an understanding that people live out internalized values, beliefs, and norms. They explained the benefits of researching lived experiences and how they were able to develop what they referred to as the moral and ethical theory of the healthcare sector.

As a provisional definition, spirituality as lived experience is a self in relationships that support clients and a self in intrapersonal, interpersonal and other interrelated connections that foster wellbeing and social justice. This definition is based on three sources: Crisp's explanation of spirituality as lived experience as provided above and work on the intrapersonal, interpersonal, and social relationships in social work (Cournoyer, 2013; Hennessey, 2011), and

the objectives of social work to develop sustained relationships that support wellbeing for self and others and to promote social justice.

Charmaz (2011) argues that grounded theory (GT) is an emergent research method.

Along the same line of thinking, Corbin and Strauss (1990) and Creswell (2013c) and Corbin and Strauss (1990) identified propositions among key requirements of GT research. Based on these, I formulated the following three propositions in relation to my provisional definition of spirituality as lived experience:

- Spirituality as lived experience is associated with the human spirit, which is a universal human dimension.
- Spirituality as lived experience relates to relationships that support wellbeing at three interrelated levels: individual (intrapersonal), interpersonal, and social.
- The above three interrelated levels of relationships are inseparable and relate to inherent human attributes.

Stated another way, spirituality as lived experience is concerned with all kinds of ongoing relationships that support wellbeing for people and at micro, mezzo, and macro levels, and it is related to human spirit as part of human nature. Furthermore, it is associated with social justice.

There are three further clarifications needed in respect to spirituality as lived experience. First, whenever the term “spirituality” and the phrase “lived experience of spirituality” are used in this thesis, they are used to refer to spirituality as lived experience. As explained above, the concept of “spirituality as lived experience” in reality relates to living people and hence it is about spirituality as a *living* experience, an ongoing process. Second, at the commencement of this study, I relied on UNESCO’s definition of wellbeing:

A state of successful performance throughout the life course integrating physical, cognitive, and social-emotional function that results in productive activities. . . . [The]

ability to transcend moderate psychosocial and environmental problems . . . [and as] a subjective dimension [it is] associated with fulfilling one's potential. (Hare, 2004)

This definition of wellbeing implies a holistic, introspective, and future-orientated approach to social work practice and a subjective view of wellbeing. The subjective view of wellbeing is consistent with the social work principle of self-determination as articulated by Jordan (2007) in his work on the interpersonal economy of social work as social capital. Third, theory in this study refers to soft theory as in a systematically organized body of knowledge; it incorporates an awareness of the potential for change and new possibilities in social work practice (Beckett).

To implement this study, I targeted social work practitioners who self-identified as having experienced spirituality in their personal lives and in their social work practices. I publicized this study nationally through the Canadian Association of Social Workers (CASW) and the eleven provincial/territorial associations. This study was also publicized through the Canadian Society for Spirituality and Social Work (CSSSW). I considered this broad and inclusive approach as consistent with Crisp's (2010). The study was confined to social workers in direct practice and having more than 10 years of work experience.

#### **1.4 Researcher's Self-Location**

My self-location is also related to Charmaz's (2008; Tweed & Charmaz, 2012) CGT requirements as covered in chapter 2, the literature review on my research method. I provide a synopsis of my personal history and interests related to my research project as also indicated by various qualitative research scholars (Charmaz, 2011; Creswell & Clark, 2011; Friedrichs & Kratochwil, 2009; Hertz, 1997). There are three key structures that ground my interest in spirituality as lived experience: my cultural background, my Christian upbringing, and over 30 years of active involvement in human rights work at international and local levels.

#### **1.4.1 Personal profile: Culture/religion and social work**

I can trace my lived experience of spirituality to my ethnic ancestry and culture as an African Canadian, born and raised in Uganda, and specifically to my first language, Luganda, through which I was socialized and mentored to become *omuntu mulamu*. This term refers to a person with a consistent disposition that affirms one's personhood while at the same time affirming the lives of others. It also implies ongoing personal character development to that end. It relates to *ubuntu*, a familiar concept found in diverse cultures and nations in Africa among Bantu-speaking tribes in east, central and southern Africa. It is *ubuntu* philosophy that the South African government under the presidency of the late Nelson Mandela used in its Truth and Reconciliation Commission. In that context, it entailed a process that sought to reclaim one's own and the other's humanness and that helped communities break away from the apartheid regime. *Ubuntu* philosophy has also been used in social work literature such as *I am because we are* (Schiele, 1996). Daly, Jennings, Beckett, and Leashore (1995) related it to the positive and effective coping strategy of African Americans. Graham's (1999) work on the African-centered worldview of social work defined spirituality as the invisible substance that connects all human beings to each other and to the Creator. I include these scholars here to affirm Canda's (2005) point that every culture and society has developed some forms of spiritual system and practices.

The two other features that structure my awareness and interest in spirituality as lived experience are my Christian upbringing and persisting interest and participation in human rights advocacy work. Although these two did not initially seem related, as I moved away from religious dogma to a relationship with the Creator and others, I felt more fulfilled and inclined towards spiritual awareness and personal growth. Specifically, I was drawn to an understanding

of human dignity and worth and the advancement of equality of opportunity to support human development.

I immigrated to Canada in my early 30s, and as a postgraduate with international work experience, I spent my first 15 to 20 years working in community organizations addressing the structural violence and direct racism faced by Aboriginal and immigrant ethnic minority communities. During this time, I was also appointed as a provincial human rights commissioner. Through this, I became intensely aware of personal, institutional, and structural barriers and inequality. Situated within the insider/outsider position I consistently confronted the “us” and “them” stances in different locations, including the church and minority communities, all the while advocating for inclusion. Many times I also found these inconsistencies in myself and came to realize this work had to be done within me alongside the work I was doing outside of myself.

Through social work and human rights literature and work, I have learnt to celebrate and find strength in the multiple identities and spaces I occupy. I continue to reflect on, critique, and discard inconsistencies in my life and strategically engage in relationships and programs that are consistent with the new beliefs and values that I continue to establish in my life. Along the way I have found social workers, whose work I have reflected on, as mentors, such as Todd (2009) and Lee et al. (2009), and inspirational leaders such as Cavey (2007). Their work prioritizes human dignity and worth and social work values while being aware of transcendence.

#### **1.4.2 Spirituality as lived experience: Self-location in this research**

My academic interest in spirituality was ignited through the findings of my graduate research study of a provincial human rights antiracism complaint program, which I designed using Mullaly’s (1997) critical structural social work practice model (Lwanga, 2004). The pain and anguish the study participants experienced during their complaint processes revealed to me

the major limitation of critical structural social work theory that ignores the spiritual dimensions of being, such as the cultivation of “inner-power” and “power-with” through social mobilization (Bishop, 2003). In my search for a PhD program, I attended a series of conferences of the Canadian Society for Spirituality and Social Work from 2006 through 2010, and through acquaintances I met there, I was able to find a rare university associate who was willing to serve as my academic advisor.

While I became aware of the language of spirituality as lived experience early in my program, I spent the first four to five years studying this construct from its multiple understandings and practices. In addition to the theoretical classes that were a core part of the academic program, in 2011 I carried out a phenomenological study of spirituality as lived experience among social work graduate students and practitioners. This served as an important building block in this current research project. I used Moustakas’ (1994) six-step data analysis model that is based on Edmund Husserl’s (1859–1938) transcendental phenomenology, which is an eidetic human science that seeks to derive an essential structure of the phenomena in a given population. In addition to the increased familiarity with spirituality as lived experience in people’s lives and social work practices, this study broadened my understanding of the philosophical underpinning of research methods.

## **1.5 Summary and Conclusion**

Study participants emphasized that spirituality as lived experience is not confineable. The opening quotation of Mervin, one of the study participants, underscores that spirituality as lived experience is not an entity. However, all the study participants shared its reality. The goal of this study is to abstract some shared understandings that can guide professional practice. While

spirituality as lived experience is abstract, dynamic, and about process (which includes the past, present and future), it was a reality that existed in the lives of all the participants in this study. In this CGT study, the two main study findings are the conceptual schema that supports shared understandings about spirituality as lived experience and the fact that spirituality as lived experience emerged as multiple, inherent, interconnected and interdependent transformative relationships that involve individuation. The central concepts category of the conceptual schema was Transcendent Life Energy (TLE) as Unconditional Love (UL) in Transformative Relationships (TR) with Self (WS) in Support of Wellbeing (SW)—TLE-UL-TR-WS-SW. The thesis data is interpreted through Self, the social work study participants. The conceptual schema is made up of three other concepts categories, two of them are introduced here: TLE-UL-TR-WS-O-SW as Self (the social worker) in transformative relationships with others (clients) in support of sustainable wellbeing, which is subjective, objective and social wellbeing—S-O-S-W, the outcome concepts categories. These concepts categories were informed by the study participants' social context and individual intervening conditions. Furthermore, the concepts categories that formed the conceptual schema were inherently interconnected and interdependent, and when transformative relationships were taken into consideration as well, three themes emerged:

1. spirituality as lived experience is about transformative relationships that involve individuation; spirituality is related to healing and the development of personal beliefs and values that are consistent with human rights and social work values, growth and wellbeing;
2. the wellbeing of Self is inherently interconnected with the social work practitioners' professional practice and the wellbeing of their clients; and

3. these values also support social justice as part of a larger inherent, interconnected, interdependent system that is continually changing.

The shared conceptualizations of spirituality as live experience that included all study participants emerged as Transcendent Life Force (TLE) as Unconditional Love (UL) in Transformative Relationships (TR) with Self (WS) in Support of Wellbeing (SW)—TLE-UL-TR-WS-SW. However, some participants referred to only part of these concepts category at different times in their lives, and there were differences in emphasis of concepts between participants.

The literature review in chapter 2 is focused on the diverse ways in which social workers, including pioneers in the field, have conceptualized spirituality as lived experience: 1) as a human dimension, 3) as related to social instruments, specifically religion and culture, and 3) as a void or, at best, as something necessary for specific groups. While these diverse approaches have advanced our knowledge about spirituality, they have also contributed to the challenge of developing a shared understanding about spirituality. This lack of focus contributes to the theoretical concerns highlighted by Payne (2005, 2011, 2014), Beckett (2006), Mandell (2007), and Blackstock (2009). Chapter 2 also includes a rationale for Charmaz's (2008, 2011a) CGT—the research method I have utilized in this research. Chapter 3 provides in detail the methodology used in this study. I include an illustration of the entire research process and provide details on the step by step CGT process that led to the emergence of the central concepts of spirituality as lived experience and the construction of the conceptual schema from which the final study findings developed. This chapter also includes the demographic, the descriptive interpretive portion of the study findings that serve as the study's context, and the report on data from a member-check of the study findings.

There are four findings chapters. Chapter 4 introduces four key study findings:

- 1) The conceptual schema of social workers' conceptualizations of spirituality as lived experience in professional practice that emerged through the central concepts Transcendent Life Energy (TLE) as Unconditional Love (UL) in Transformative Relationships (TR) with Self (WS) in Support of Wellbeing (SW)—TLE-UL-TR-WS-SW. This concepts category has three related concepts categories (summarized in Figure 2 and Table 4). They are informed by the social context and individual intervening conditions.
- 2) The variations in names participants used to refer to the central concepts TLE-UL-TR-WS-SW, the differences in their interpretations of them, and the transformative relationships they established with them.
- 3) The full conceptual schema, albeit only a glimpse, including the social context and individual intervening conditions, based on participant data. This section illuminates the contents and nature of spirituality as lived experience in professional practice as multiple, inherent, interconnected, transformative relationships that support wellbeing in the study participants' lives and in their social work practice.
- 4) There are three themes that emerged from participant data, which further clarify that spirituality as lived experience relates to multiple, inherent, interconnected, interdependent, transformative relationships that support wellbeing for the practitioners and their clients at the social level in complex ways. These three themes are the focus of chapters 5, 6, and 7, the remaining findings chapters.

Chapter 5 highlights the central concepts TLE-UL-TR-WS-SW as Self (as B-M-E-S-S being) and Transcendent Life Energy (TLE) as Unconditional Love (UL) that Supports Wellbeing (TSW)—TLE-UL-TSW—as the causal concepts categories of the conceptual schema.

This chapter highlights the transformative relationships framed within TLE-UL-TR-WS-SW as involving individuation. These are part of the inherent, interconnected, interdependent, transformative relationships in the participants' lives. This chapter also exposes the diverse forms of cultural and embodied resources that support wellbeing as well as different forms of cultural and embodied hegemony that undermine wellbeing.

Chapter 6 is focused on TLE-UL-TR-WS-O-SW—Self and Others in Transformative Relationships in social work practice. Participant data revealed that the practitioners' wellbeing was inherently interconnected with their social work practice, and their wellbeing was also inherently interconnected with their clients' wellbeing as additional layers of inherent interconnected transformative relationships. These findings confirm the concern about the use of Self and countertransference in social work practice. They also provide a possible solution through the inherent interconnection in spirituality as lived experience. The findings also expose social work practice theory, application, and the related underlying personal values of participants that were framed as spirituality as lived experience in professional practice.

Chapter 7 highlights Subjective, Objective and Social Wellbeing (S-O-S-W) as the outcome of TLE-UL-TR-WS-O-SW in social work practice. It also highlights ongoing individuation as part of transformative relationships that support the development of study participants' and their clients' values. This is the third theme that emerged as inherent, interconnected, transformative relationships. It is also related to human rights, the social work values that participants acquired as personal values, and social justice.

Finally, in chapter 8 I summarize and discuss my findings within the context of 1) Dilthey's theoretical work on human spirit, the distinction between understanding gained from lived experience and intellectual knowledge and, the relationship between human, natural and

social sciences (as presented by Makkreel (2012)) and 2) social work literature. This conclusion also includes a discussion on the significance of my findings and recommendations for social work.

I have included tables and figures throughout this thesis in an attempt to illustrate, but not to confine, 1) that which is transcendent, dynamic, and abstract and 2) the process that includes human life and conditions and is understood at the very minimal as body-mind-emotions-spirit-social (B-M-E-S-S) being.

## **Chapter Two – Literature Review**

### **2.1 Introduction**

This literature review is divided into two parts. The first part (2.2) is focused on social workers' diverse conceptualizations of spirituality as lived experience within contemporary social work practice. The main goal of this section is to expose the broad understandings of spirituality within social work practice that have been developed in response to diverse human needs and practice fields. However, many of these understandings have not been clearly conceptualized which has resulted in unintended, but far reaching, implications for social work. A review of the literature on CGT research method and how it relates to GT forms the second part (2.3). This also includes my rationale for using CGT.

### **2.2 Spirituality as Lived Experience in Social Work Practice: What This Section is About**

A host of social work scholars and practitioners recognize spirituality as a resource for themselves and their clients, and there are an increasing number of studies on spirituality in North America and other parts of the world. Many of these studies are published in journals like *Religion and Spirituality in Social Work*, *Critical Social Work*, and Canadian online journals *Critical Social Work Journal*, hosted by the University of Windsor, and *Currents: New Scholarship in the Human Services*, hosted by the University of Calgary. In addition, there are a growing number of textbooks on spirituality. Notable among the contemporary views is the work of Canda (1988, 1998, 2005; Canda & Furman, 2010), Coates (2003; Coates, Graham, & al., 2007; Coates, Gray, & Hetherington, 2006), Derezotes (2006), Hick (2009), Jordan (2007), Mathews (2009), and Payne (2005, 2011). Jordan and Mathews are European scholars, but their work is used at the international level. Social work literature includes diverse but interrelated

conceptualizations of spirituality, content and theoretical frameworks that address equally diverse and complex human needs in broad social work practice fields. However, these different practices can be connected in the absence of shared understandings about what spirituality entails within professional practice. This concern is prioritized in this study in light of the inevitable use of “self” in social work practice and the challenge of beliefs and values that conflict with human rights and social work values.

Nevertheless, the effort to develop a broad and shared conceptualization of spirituality within social work has been minimal. Carroll’s (1998) literature review article entitled “Social work’s conceptualization of spirituality” is the most recent, direct, and critical piece in this endeavor. She analyzed the work of more than 35 prominent scholars on spirituality in social work in order to determine what social work’s construction of spirituality in professional practice looked like and came up with two main approaches: 1) “Spirituality-as-one-dimension,” described as the human search for relationship with God, the Creator or a transcendent or ultimate reality. She associated this with religion/culture, 2) “Spirituality-as-essence,” or a fundamental holistic human nature. This is not unlike what Lee et al. (2009) describe as “integrative body-mind-spirit” social work practice in their book. According to Carroll, these two dimensions of spirituality co-exist and complement each other. However, Carroll did not explain how they differed nor the implications for practice.

Carroll’s conceptual framework of spirituality has served as the dominant approach within professional social work practice, with scholars opting to use either or both interpretations without paying much attention to the distinction or relationship between the two. Overall, social workers have embraced both dimensions of spirituality as a resource, but some have been cautious and critical of the wholesale use of religion/culture within professional social work

practice, identifying a conflict in values. Other social workers have referred to inconsistent and unclear practice theory and outcomes, coupled with persisting, historical concerns.

In my review of the literature, I identify two additional dominant discourses/conceptualizations of spirituality in contemporary social work practice. This makes up four interrelated conceptualizations that will shape this work. I will expose these discourses by focusing on the work of selected scholars as follows: 1) those who highlight spirituality as lived experience, including those who study people, 2) those who seek to understand the phenomena of spirituality by studying the social instruments of religion/culture, 3) scholars who treat spirituality as synonymous with religion/culture, and 4) scholars and practice institutions that treat the human phenomena of spirituality as a void. I wish to note here that my discussion of the literature is meant to illustrate differences in respect to broad, dynamic and life-long phenomena; the positions of scholars I discuss should not be interpreted as permanent. Instead, this work will expose changes in discourses, in some cases broadened conceptualizations and in others pointing out the persistent lack of clarity. Furthermore, my discussion is based on an inclusive approach to the interpretation of spirituality as lived experience framed within social work objectives.

### **2.2.1 The human phenomena of spirituality: People and lived experience**

Some social work scholars have consistently explored spirituality by studying people, whether individuals or groups, and in the process have identified some essential structures in relation to human qualities, human experiences, and outcomes. Their findings include concepts like love, connectedness and relationships, meaning, purpose and resilience, intuition, insights and consciousness, pain, anger, healing and motivation, beliefs, values, rituals, self-identity, self-

esteem, integrity, and wellbeing. For example, Canda and Furman (2010) described the essential features of spirituality as connectedness, a search for meaning and purpose, identity as the holistic, multidimensional qualities of being human and transcending Self and others. These essential features are related to the development of the inner and transpersonal Self and the development of meaning and purpose in life. Derezotes' (2006) work highlighted the connection between spirituality and the human conscious and subconscious. In some of this work from diverse interpretations, the spiritual is recognized as existing both within Self and without, although some scholars confine it to religion and culture.

In his early work, Payne (2005b) investigated the diverse approaches related to spirituality including humanism, existentialism, and practice models and principles, and traditional religions and cultures. Prioritizing humanistic practice, Payne rejected wholesale inclusion of religion/culture in social work practice; he critiqued Canda and Furman's (2010) work for their disregard of the inevitable conflict between religion/culture and social work values. Instead, Payne (2005) promoted scholars who had developed practice models that supported spirituality as lived experience from a humanistic perspective. They included Carl Rogers' (1951, 1961, 1977) works on unconditional love and "authentic friendship" and Self seeking personal growth, Frank's (1964) logotherapy which emphasizes finding one's own meaning in life, Keefe's (1996) work that promotes meditation, many who promote mindfulness practices, Thompson's (1992) work on existentialist practice principles, and Brandon's (1976, 2000) works on Zen ideas about *satori*, which is about greater self-fulfillment in extreme difficulties.

Payne's (2011) more recent book *Humanistic social work: Core principles in practice*, included a list of religious traditions as feasible social instruments that could support the self-

development and establishment of spirituality as lived experience when utilized from a critical reflective and reflexive stance. In this publication, Payne problematized the human development practice theory that advocates for the use of self and self-actualization in that it “presents several theoretical and practice difficulties” (p. 159). Payne emphasized that while the subject of spirituality remains difficult for some social workers who confuse it with religion and superstition, it is a critical component of all human service professions. Payne identified nine principles that are critical in self-development for social work practitioners and their clients: accountability, equality, flexibility, complexity, caring, creativity, identity, security, and resilience. His framework and these principles improve our understanding of what human spirituality entails in relation to spirituality as lived experience. However, Callahan (2011) critiqued Payne’s book as incomprehensible and as best suited for doctoral students and advanced practitioners. In Payne’s (2014) most recent publication, he reiterated that a practice theory of spirituality remains a challenge. Among other factors, he reiterated that “theory constructed around any particular religious commitment . . . is ethically impossible since it would involve imposing practitioner’s views” (p. 281).

Like Payne, other social work scholars and practitioners continue to grapple with the development of effective and holistic practice theories of human spirituality within the objectives of social work and evidence-based practice. The following three subsections build on Crisp’s (2010) position that spirituality in social work is about lived experience: 1) theoretical frameworks of contemporary practice approaches that indicate that progress has been made but also that challenges persist, 2) pioneer social workers’ advocacy work on spirituality as lived experience, and 3) critical social work as practice theory that is directly related to spirituality as lived experience but is faced with a limited shared understanding.

### ***2.2.1.1 Contemporary social workers' conceptualizations of spirituality as lived experience***

Crisp (2010) has noted that social workers generally understand that spirituality is related to lived human experience. She described spirituality as a universal human characteristic, with religion/culture being an aspect of spirituality for some people. However, some peoples' spirituality may be outside traditional religion/culture.

Although Crisp's (2008, 2010) work did not provide a clear definition of what spirituality as lived experience entailed, her insight epitomized the diverse, fluid, and broad work of contemporary scholars who promote spirituality within professional social work practice. They include clinical practitioners such as Coholic (2007), Wagler-Martin (2007), and Metheny and Coholic (2009). In this section I highlight practice theories, insights, and challenges advanced by Canadian social workers. Wagler-Martin shared lessons learnt from 18 years of clinical social work with the goal to support the integration of spirituality in social work. Her original training and professional practice did not validate the spiritual dimension of clients but with an increase in age and experience, she came to appreciate the intertwined psychological and spiritual dimensions of being human. She asserted:

exploring spirituality in the context of clinical work reminds social workers that most, if not all, people have beliefs about the nature of the world, humanity, and how they themselves personally find a place . . . struggling with anxiety, depression. . . . In a context of crisis, the spiritual component is often seen as an important component of re-evaluating and moving forward. (p. 140)

Referring to spirituality as a human dimension, Wagler-Martin emphasized the social worker's willingness to listen and understand and to support clients to fully explore their own spirituality. Social workers do not need to be experts on religion or spirituality; they need to respect clients' unique experiences and self-determination and avoid proselytizing and

countertransference. She noted the resistance within the social work profession to validate the spiritual dimension within social work, stating: it is “easy to ignore or pathologize the spiritual beliefs of clients if we are not clear regarding our own” (p. 141). Quoting Mary Pipher (1996) she clarified that as purveyors of hope within the context of a life-force, social workers “encourage people to tell the truth . . . define themselves from within, rather than allowing the larger culture to define them” (p. 141).

Aboriginal scholars such as Bruyere (2007), Baskin (2007), and (Hart, 2002) also incorporate spirituality into social work practice. They highlight diverse features of spirituality including healing, healthy relationships, resistance to oppression, respect for human life, and ecology. Bruyere, a First Nations social worker and teacher, used Making Circles and Medicine Wheel teachings, two important symbols that represent spirituality among various First Nations people, to illustrate traditional ways of knowing about healthy relationships and wellbeing. Bruyere used the windigo spirit to represent the evil spirit, citing racism, oppression, and related “isms” that destroy individuals, families, communities, and nations of the Anishinabe, as the people who represent the true human spirit. The circle, for Bruyere, encompasses four equally important human dimensions: physical, mental, emotional, and spiritual. These four have to be nurtured intentionally, and one has to maintain a conscious balance between them to attain personal health and growth. All creation is imbued with spirit and is interconnected; mending the broken circle can only be done through healing circles. Bruyene opposes Fanon’s (1963) strategy of decolonization and eradication of racism through violence; as a custodian of the earth, he opts for the unique yet mutually interdependent peaceful human spirit. He refers to this approach as the Medicine Wheel teachings with the goal to kill the windigo spirit, explaining: “It is the land herself that teaches us how to live with all of Creation, including other human beings” (p. 261).

Contemporary spiritual practices include community development social work, such as the work of Sarah Todd (2009) who developed a mindfulness practice module for mobilizing a community for sustainable change. Her work incorporates the awareness that change is as much about the internal human world as it is about the external world, and it involves change in us as social work practitioners. Referencing Pulido, Todd stated: “our interior includes our emotions, psychological development, souls and passions as well as our minds” (p. 171). As a strategy, the community worker engages in what she described as the emotional labor of community work through reflective and mindfulness practices and deep listening to each member with genuine interest. By doing so, the worker identifies issues that members feel strongly about (to overcome apathy) and engages them through curiosity, compassion, self-reflective practices, and creative approaches, such as appreciative inquiry. The humanity of everyone is valued, and in the process, the interior lives of community members are centered. Todd emphasized that “it is about approaching all people with a deep sense of respect and a belief in their capacity to understand” (p. 183). Listening is critical; in addition to being present and silencing your inner self, it is about a willingness to see the situation through the speaker’s eyes with genuine curiosity as opposed to self-interest. The integration of mindfulness practice involves finding and maintaining gratitude and goodness throughout the journey and embracing the diverse resources available. Canadian scholars have researched and written extensively about mindfulness practices in respect to personal and clients (Beres, 2009; Birnbaum, 2009; Hick, 2009; Kessen, 2009; London, 2009; Potter, 2009). A lot of this work is directly about spirituality as lived experience, relationships, and wellbeing.

Contemporary conceptualizations of spirituality as lived experience also include those practicing spirituality based on Eastern philosophy that heals and supports wellbeing for

practitioners and clients. Margolin, Pierce, and Wiley (2011) reported on their study of university students suffering from depression who participated in an eight-week meditation and visualization program. Their purpose was to study the impact of increased self-awareness and decreased anxiety leading to improved health, with the intention to help students deal with their anxiety, lack of sleep, and sadness. They explored human consciousness, specifically mindfulness and visualization, and the effects of quantum science on consciousness.

They also explored the diverse breadth and depth of knowledge, practices, and therapeutic approaches related to the interplay between the mind-body and wellness. They identified five mind-body therapeutic approaches: mantra meditation, mindfulness meditation (including mindfulness-based stress reduction [MBSR] developed by Kabat-Zinn, and mindfulness cognitive therapy), yoga, tai chi, and qi-gong. They identified Williams' work on mindfulness meditation as cultivating an alternative mode of being that also teaches people "how to pay open-hearted attention to objects" in the interior and exterior world as they unfold and "how [to] react to them with the goal of having a positive outcome and negative states to end [and for] neutral states to be less boring" (p. 244). Their study found that meditation and visualization focusing on mantras about self-creating helped the students to attain improved sleep patterns and reduce anxiety and stress. The authors recommend longitudinal studies and using holistic and spiritual practices to improve health and wellbeing beyond the western biomedical system.

Ecological spirituality practitioners include Coates (2007, 2012), Zapf (2007, 2008, 2010), Lysack (2009), and Hanrahan (2011). In his recent work, Coates (2012) highlights key concepts at the center of spirituality as lived experience. Quoting his earlier work (Coates, 2005), he states: "As people realize that their well-being depends on the well-being of others and the

Earth, we can begin to develop patterns of mutual support and behavior which contribute to the common good” (as cited by Coates, 2012, p. 63). Hanrahan (2011), a social work professor at Dalhousie University, used the human-animal bond, his personal relationship and experience with his dogs, plus lessons learnt from social work ethics and human-animal research ethics to expose the oppressive nature of anti-oppressive practice (AOP) that prioritizes humans over animals. He framed his argument in critical social theory. He critiqued anthropocentrism (seeing things from a human perspective) and argued that AOP that is limited to diversity among humans does not promote sustainable wellbeing for all living beings.

He associated abuse and oppression of animals with violence and oppression among human beings and other species. He also used his relationship with his dogs to promote deeper “spiritual kinship with all living beings: humans, companion animals, wildlife, and the earth” (pp. 273–4). Hanrahan referenced the work of Beckoff (2007) and who challenged AOP disregard and the routine silencing he experienced from those “forgetting the fact that humans are animals too” (p. 274). He also turned to Foucault’s critique of western dualistic thinking and the “epistemological tradition that organizes the dominant anthropocentric ontological view of the world” (p. 274) that renders nonhumans and many aspects of nature invisible. Hanrahan argued for relational consciousness and spiritual concepts of “integrity, connectedness and accountability” (p. 274) to replace oppositional hierarchy and value-laden dualism. Writing about his dogs he stated, “through our daily walks and talks, play and mutual caring and sharing, Ramon and Aureole have awakened in me a cognizance of the profound interconnectedness between animals and human wellbeing” (p. 275). In his recent PhD thesis, (Hudson, 2014) focused on the connection between the environment and social justice issues, emphasizing how the health and wellbeing of people who are economically poor is further undermined through

environment degradation. His work further exposes the diversity, complexity, and interconnected nature of spirituality as lived experience and the need for shared conceptualizations and curriculum to train social workers on these complex, interrelated spiritual matters.

There are many others contemporary North American scholars with practice models and theories about spirituality as lived experience that are not included here: notable among them is the work of Lee et al. (2009) and their practice theory on body-mind-spirit integrative practice that is used in health-care institutions. Pascal (2010), in her PhD research, focused on spirituality as lived experience of cancer patients. Varghese (2013), in another PhD. thesis, focused on social justice transformation in action in reference to teachers' and practitioners' failure to understand race and racism. These studies make evident the extensive breadth and inexhaustible subject area of spirituality as lived experience. In addition to contemporary work, this analysis would be incomplete if I failed to clarify that spirituality as lived experience is not a new concept in social work. It has been in existence since the beginning of social work. The following section is devoted to the work of pioneer social work scholars and practitioners.

#### ***2.2.1.2 Early understandings of spirituality as lived experience***

Reflecting on the work of American founding social work practitioner Jane Adams (1860–1935), one can argue that her work was about human connectedness and spirituality. She was a social activist and suffragist and also part of the social gospel movement dedicated to reform. Mary Richmond (1861–1928), who is recognized for the development of social diagnosis and social casework based on social theory, is also described as having had a strong family background and deep relationships that transcended religion which informed her practice and practice theory. The work of these two women was about human spirit, nature, and interconnected relationships and wellbeing.

This was equally true for Charlotte Towle (1896–1966). Her book *Common Human Needs* (1965) highlighted the interconnection between human need, human development (including emotional, intellectual, social and other aspects of wellbeing), and the need for social work practitioners to understand human nature and behavior in their practice. She linked emotional wellbeing and spiritual needs to basic human needs and argued that they affect growth, such as the development of intellectual capacity, relationships with others, and development of personality. Towle advocated for resources for the “development of a state of mind and heart that promotes constructive living” (p. xvi.)

Perlman (1969), in her book *Helping Charlotte Towle on Social Work and Social Case Work*, referred to Towle’s deep concern about “the helper, the helped and the helping processes of social work” (p. ix). Although this work did not clearly spell out the inherent interconnected, interdependent, transformative relationships in social work practice, the findings in this study confirm Towle’s early observations, as covered in the findings and concluding chapters.

Coates et. al (2007) introduced Govenlock (1958), as a well-respected Christian leader (ordained in 1943) and a leading figure in Canadian social work training. They referred to his writing that highlighted the need to go beyond the superficial problems of the material world and addressing dysfunctional relationships, in his attempt to address the deeper spiritual professional questions. He wrote about the function of social work as an *integrative* job in the midst of paradoxes. For Govenlock, social work should address one’s need to understand one’s significance in the midst of a divisive economy, increasing materialism and related artificialities in life, the limitations of rational thinking in the age of technology, and the pressures of the temporal and social orders. He argued that social work ought to stand “for the principle that society is for man and against the principle that man is for society”; he explained this

understanding as the “moral concept of the value of man” and “the essential dignity of man” (Coates et. al., 2007, p. 79). I recognize Govenlock’s work as prioritizing human life before social life without disregarding social life. He highlighted the importance of individuation for social work practitioners and other leaders who are committed to upholding the essential dignity of man, in the midst of increasing hegemony, as critical principles in spirituality as lived experience. I also recognize it as having contributed to the successful adoption of the social work definition by the IFSW at its 2000 annual conference held in Montreal, Canada.

#### ***2.2.1.3 Critical social work and spirituality as lived experience***

Critical social work has been an effective vehicle for incorporating spirituality as lived experience in critical social work thought. Although critical social work may not be related to spirituality as lived experience in the opinion of some scholars, I included it because this practice approach, by its very nature, is about human spirituality and sustaining wellbeing for Self and others. One can argue that with the exception of a few, contemporary critical social work scholars have not grappled with the phenomena of spirituality as lived experience. On the other hand, the few who have, have spearheaded changes beyond and within the domain of critical social work. In some instances, they have also contributed to practice theory.

Scholars such as Graham (2008) have advanced understandings about Self and related human spiritual lived experiences such as personal growth in a communal sense. Graham and Shier’s (2011) later work also supported expanded understandings about the practitioners’ life-long spiritual experiences and subjective wellbeing.

Other scholarly work building on practitioners’ spiritual lived experiences include Wong and Vinsky (2008). Both social work educators, they have welcomed contemporary efforts that embrace spirituality within mainstream secular social work practices but questioned the

discourse that imply that the spiritual is not religious or cultural, in the absence of a clear understanding of the distinction between spirituality as lived experience and religious/cultural beliefs and practices. In the absence of a shared understanding of spirituality as a universal human experience, they suspected this interpretation was another form of “colonial othering” and oppression. They then questioned whose spirituality was being legitimized and whose was excluded in contemporary secularized social work; exposing the contemporary practice as additional layer of oppression. Can such a context of spirituality be truly inclusive? Based on their interrogation, it is evident that the majority of work by Canadian authors in this area adheres to a Judeo-Christian orientation.

Wong and Vinsky cautioned against presenting spirituality as neutral and nonsectarian and argue that separating spirituality from religion has racializing implications. However, without totally discounting their assertions, it is important to note that they base their critique on their personal experiences and do not present a clear analytical framework. Wong, a Chinese immigrant who practices Buddhism, describes it as empowering and reconnective to her Asian roots. Vinsky, of Jewish origin, was alienated from her spirituality after separating herself from her tradition, although she initially thought of it as liberating. They cite other scholars who also identify spiritual and religious traditions as empowering, an important observation about the distinction between instruments that support lived experience of spirituality and the social instruments and rituals that people use in the process of experiencing spirituality in their lives. . Wong and Vinsky do not incorporate the awareness of spirituality as a universal human attribute although they acknowledged oppression within religion/culture. They promote critical, reflexive practice in instances where there is a need to separate spirituality from religion/culture, to avoid undermining the benefits of culture, tradition, and history.

Butot (2007) examined the possibility of spirituality in critical social work. Taking into account of human diversity and the interconnectedness within and between all beings, she drew on Aboriginal scholars' emphasis on wholeness and balance, relationships, integrity, and growth and healing. She also drew on Buddhist beliefs of the innate and inalienable shared humanity that recognizes that hurting another human being hurts the individual. Butot described this "inter-being," or mindfulness and unconditional love as "moral and spiritual love that . . . shines on all, regardless of qualification" (p. 147). Butot developed a practice model for individual and social change within the context of spirituality as lived experience. With the goal to seek justice "without dehumanizing the other, even when the other is an oppressor or perpetrator" (p. 147), she identified three personal stances for the practitioner in light of the complex and dynamic nature of spirituality as lived experience.

- 1) a critical anti-oppressive stance;
- 2) a dialectical and paradoxical stance avoiding dualistic thinking such as oppressive versus anti-oppressive, and
- 3) belief in the good of all people alongside the awareness of oppressive and social injustices.

Butot's practice model is consistent to some of the attributes of spirituality as lived experience as identified in this study.

Birnbaum's (2005, 2008, 2009) work includes research about integrating mindfulness meditation and consciousness among students of social work with the goal to enhance the transformation of students' professional self-concept. Through research, she found that exposure to mindfulness supported a process of self-knowing that increased the students' cognitive, emotional, and intuitive skills. It also supported an unusual degree of self-inquiry in them. She

promoted the development of the professional self as part of an open-minded holistic practice, asserting that the use of body, cognition, emotions, intuition, and beliefs supported healthy emotions and self-awareness. It also reduced anxiety, expanding consciousness and its potential for knowing and creativity. Her ongoing research focuses on feedback from students about mindfulness and altered states of consciousness and the potential of knowledge embedded in them, such as intuitive insights.

Like Birnbaum and Wong and Vinsky (2008), McKernan (2007), who is a church leader and social worker by profession, argued that the spiritual dimensions of social work included individual and interpersonal psychology, some form of religious/cultural beliefs, and the social framed in ways that complement each other. He noted that without critique and psychological health, spiritual practices framed within religion can be corrupted, pointing to the abuse of Aboriginal people by Christian churches.

However, critical social work practice does not operate as a coordinated body of knowledge; it does not project a consistent message. Some leading critical social worker scholars such as (Campbell & Baikie, 2012) minimized the role of biomedical science and psychology in social work, prioritizing sociological, anthropological, political, and educational theories even after claiming to incorporate the foundational assumption of critical social work as the dialectical mixture of modernist and postmodernist, poststructural and postcolonial thought. Campbell and Baikie rightly critiqued dualistic thinking, but they described all social relationships as being about power struggles. This restricted interpretation of relationships within social work is problematic in the context of their reference to incorporating spiritual practices. Interpreting relationships in social work from this stance highlights social and personal problems. This is inconsistent with the conceptual schema of spirituality as lived experience that emerged from

this study, even as there is a need for awareness of factors that undermine social work goals. Their view of relationships fails to incorporate important scholarly work such as the work of Bishop (2002) on challenging oppression. Bishop writes about knowledge bases that include practice strategies that take into account four forms of power: “power-over,” whose flipside is resistance, “power within,” “power-with,” and power arising out of position, that is, “authority.” Relationships in hierarchical and patriarchal cultures tend to establish power-over, power-with and authority while cooperative cultures promote power-with, power-within and authority through their value systems (referencing Starhawk, 1987). Within the context of spirituality as lived experience, it is clear that everyone, including social workers, have to continuously engage in critical self-reflection and establish systems to hold each other accountable as they promote wellbeing and social justice. Social work practice framed within spirituality as lived experience is not about “us” versus “them”; it incorporates awareness of inherent, interconnected, transformative relationships.

### **2.2.2. The phenomena of spirituality and social instruments**

Some scholars choose to study religious/cultural practices in order to isolate values that support their and other’s lived experience of spirituality and that they deem to be consistent with social work values. Payne (2005) drew attention to Kumar (1995) who suggested that social work practice in India has been influenced by Ghandhian and Vedic philosophies, which teach that: 1) people are both self-reliant and interdependent, 2) that the purity of means is as important as the end result, and 3) that spirituality is important in all affairs. It is clear that these simplistic practice guidelines and the social instruments from which they are drawn do not define

spirituality; but rather, people who apply these teachings may experience spirituality as lived experience.

Payne (2005) also referred to Graham's (2002) African-centered philosophy, which emphasized that: 1) all things are interconnected, 2) human beings are spiritual and connected to each other and the Creator, 3) individuals need to be understood within the context of their collective identity, 4) body, mind, and spirit are equal, interrelated, and “each should be equally developed towards *maat*,” and 5) individuals should strive for “a balanced sense of truth, right, harmony and order” (p. 192). Payne also drew attention to Ng’s critique of this approach in that social workers may not be able to effectively understand the breadth and depth of traditional beliefs and values they come across.

### **2.2.3 Spiritual as synonymous with religion/culture**

At the beginning of this subsection, it is important to mention that this analysis is meant to contribute to a shared understanding of the multiple, fluid, and dynamic interpretations of spirituality as lived experience in social work practice. The analysis and critique of scholarship and my categorizations of it is an attempt to identify the dominant approaches without discounting other perspectives that specific scholars embrace. And as Crisp (2010) points out, an individual’s lived experiences and interpretations of spirituality change over time, and most scholars identify with more than one dominant discourse or perspective of spirituality as lived experience. This subsection prioritizes religion/culture in relation to spirituality as a human attribute as explained by Crisp, for the purpose of exposing differences in emphasis, interpretation, and possible differences in outcome. Furthermore, identifying dominant discourses does not mean a total disregard of Self, people, and other discourses on my part.

Graham, Coholic, and Coates (2007b) wrote about spirituality as the guiding construct in the development of Canadian social work. They highlighted the contribution of religious leaders Bowers (1954–1960) and Shaun Govenlock (1958–1966) who also served as directors of schools of social work. Although Graham et al. (2007b) take into account the influence of leaders with nonreligious backgrounds, such as Urwick, the content of their article underscored religious contributions.

Graham (2007) further described the evolution of professional social work in Toronto using the example of The Haven (1878–1930), a shelter for abused women. Graham highlighted the religious backgrounds of the women providing the service but failed to incorporate those women's recognition of themselves in the women they were supporting—the human bond and shared human dignity. In his article, Graham made reference to the contribution of the women's movement, the labor movement, journalists, social justice and human rights movements, as well as critical thinkers. In my interpretation of Graham's article, the latter groups' contribution is overshadowed by the referred religious influence even though the motivation of the other categories may have had more to do with the shared human experience and connectedness beyond the religious experience.

Allen (2007), writing about the social gospel movement, described the social challenges associated with industrialization, philosophical idealism, the development of new academic disciplines, and changes in political life in Canada from the 1890s to 1970s. Allen's approach may have some truth in it, but some social work literature presents these developments as being equally about shared human connectedness, as is understood in the work of early social workers like Jane Adams (1860–1935) and Mary Richmond (1861–1928), in the face of what was

recognized as oppression and abuse by religious and other institutions that exercised power over people.

The dominant approach for some scholars has been to associate spirituality with traditional religious/cultural institutions, although sometimes the broader but subtle understanding that spirituality relates to a shared humanity is also acknowledged. This practice is associated with the traditional belief that religious institutions are the custodians of spiritual wellbeing. This point can be understood through the critical work of Sarah Todd. Todd (2007) provided an integrated understanding of human spirituality in social work as one that is dynamic and has multiple sources. In her critique, she referred to the “unsettling binary” of spirituality in the sacred and secular (pp. 163–165). In Todd’s research of feminist community organizers and workers, she found that their spirituality comprised the intersection of religious upbringing, their secular social work training, and their personal journeys of resistance of oppression and injustice. Although Todd had uncritically thought that her work was about secular feminists organizing, she realized that their work was also rooted in resistance of oppression and abuse. Todd used Adamson’s work to support her analysis:

The vibrancy of the movement came straight out of a very immediate awareness of women’s oppression. . . . It seemed that the enormity of that oppression cried out for change. . . . There were no insurmountable barrier to change; it seems obvious that, once revealed, the oppression of women would no longer be tolerated. (Adamson quoted in Todd [2007], p. 257)

Referring to the “socializing” narratives of the social gospel movement, Todd argued that those who prioritize the religious contributions fail to recognize the feminists’ stories of oppressive religious practices and institutions that sustain oppressive practices. She also urged them to include these narratives in their conceptualization of the moral and practical foundations of human life and society.

Some social work scholars have chosen to highlight religion and cultural practices to promote spirituality although they do this in different ways and for different purposes. Minority social workers tend to use religion/culture to build and empower their communities. For example, (Este, 2007) wrote about how the African Canadian community has used the church to fight against racism and support its humanity. This is important in the absence of other vehicles to help the community address the racism that they are faced with every day. Al-Krenawi and Graham (2007) make a similar argument about the Muslim community. Along the same line of thinking, Hodge (2005) highlighted the need for social work practitioners to learn about Muslim practices and values as part of the cultural competence professional requirement to effectively support clients from this background in the wake of 9/11 and the increased tension, discrimination, anxiety, and depression experienced by members of this community.

The challenge in these situations is the need to uphold social work and human rights values in the forefront so that traditional religious and cultural values and practices that undermine women, children, and the humanity of other groups can be critiqued in a way that supports the wellbeing of everyone. However, this has been identified as a challenging task for leaders within these communities before one can assign that task to social workers. There are many factors that contribute to challenges in this work. Such work at the very least requires accountability, deep critical thinking, and representations on the part of the many groups that are trapped in established traditional power imbalances. The critical point, within the context of this thesis is that, spirituality as lived experience is beyond traditional religion/culture. Religion and culture need to be understood as a social instrument and knowledge bases that can be used to spirituality as lived experience such as support healing and growth.

Abell, Manuel, and Schoeneman (2015), in their study of graduate social work students in the US, found that the majority of Christian and Caucasian students were uncomfortable learning about and working with Muslims, in comparison to their counterparts from minority groups. They draw on the racial/cultural identity theory (Abrams & Moio, 2009) to support their finding. Some scholars have referred to the concept of cultural humility (Chang, Simon, & Dong, 2012; Miller, 2009; Ortega & Faller, 2011; Tervalon & Murray-Garcia, 1998) as more relevant when it comes to social workers providing services that promote health and wellbeing. However, both cultural competence and cultural humility have also been found to be ineffective and flawed (Pitner & Sakamoto, 2005; Yan & Wong, 2005). These scholars critique the assumption that self-awareness leads to humility and that self-awareness and knowledge about social work values translate into the actual practice of those values. However, history and evidence indicates otherwise. Pitner and Sakamoto also allude to the limitations within self in consistency to Payne's (2011) apprehensions about the use of self-framed within secular humanism.

Some scholars have written about spirituality from more than one or multiple dominant perspectives but they have not been able to reconcile them. For example, Canda and Furman (2010) are recognized as leading scholars who have promoted spirituality within social work by incorporating diverse religious and cultural traditions. In their textbook, *Spiritual diversity in social work practice: The heart of helping*, they include traditional world religions as knowledge that can support professional practice. They provide a definition of spirituality as “an aspect of the person that is distinctly human, namely the search for a sense of meaning, purpose, connectedness, and morality with special reference to what is considered sacred, transcendent, or ultimate” (p. 75). In this sense, their work incorporates Carroll's (1998) two approaches to spirituality. A closer look at Canda and Furman's analysis of alternative views of spirituality and

religion in relation to their definition above, specifically their illustrations on page 78, give the impression that their interpretation of spirituality in relation to religious and cultural traditions is consistent with Carroll's "spirituality-as-one-dimension." This interpretation prioritizes social instruments which can support some people in healing, development of personal beliefs and values, and establishment of spirituality as lived experience. It is important to note that within the same book, Canda and Furman also include findings from phenomenological research and analytical work about spirituality as lived experience in which they identify essential features of spirituality including connectedness and finding meaning and purpose. Their interpretation of spirituality from these diverse perspectives has made a tremendous contribution to improved conceptualizations of spirituality as lived experience (see also section 2.2.1). However, they do not clarify the distinction between religion and spirituality as lived experience nor how they are interrelated.

There is a host of scholarly work that has sustained the interpretation of spirituality in social work as synonymous with religious/cultural practices. In a national study of social work practitioners, Sheridan and Hemert (1999) found evidence of their use of religious/cultural practices (what they referred to as spirituality), although their social work training did not include such a component. In a later study, Sheridan (2009) found that practitioners' personal religious background influenced their practice and cautioned that there was limited evidence of their adherence to social work values; she urged for the need to prioritize ethics. Kvarfordt and Sheridan's (2009) work on factors that contribute to practitioners' use of their religious backgrounds in professional practice also points to the need to understand the distinction between religious beliefs and values from social work values and the need for related social work training.

Furman, Benson, Drimwood, and Canda's (2004), in their study about the conceptualizations of spirituality and religion by social work practitioners in the UK, noted a distinction between these two terms. However, ironically, their usage of the two words in their article is not clearly distinguished. While the analysis in this thesis is not meant to exclude religion/culture from the discussion about spirituality as lived experience, it is critical that social workers understand the distinction between the two and also how they are interrelated.

The majority of social work scholars understand that spirituality and religion are different though interrelated (Derezotes & Evans, 1995), but the distinction remains elusive. Groen, Coholic, and Graham's (2012), in their book *Spirituality in Social Work and Education*, include an introduction that it is focused on spirituality, but the back cover implies that the roots of both professions is religion. In one of the chapters, Graham and Shier (2012) attempt to analyze the distinctions between religion and spirituality through various scholarly work including definitions and analyses in Canda and Furman (2010), Crisp (2010), and Baskin's (2007), which are more aligned with spirituality as human essence and lived experience. They concluded that there are several ways of perceiving and experiencing the intersection between religion and spirituality, adding that "social work practice and education should be conducive to all interpretations" (p. 49). In another chapter, Todd's (2012) shared challenges and questions that still remain for those engaged in teaching. . They include what it means to be part of the religious community with values that conflict with one's professional values. How do social work practitioners manage these contradictions? She also alluded to the difference between known values and actual lived values. Shared understandings about spirituality as lived experience may help to address these challenges. Clarke (2012) referenced Ken Wilber's book *A Theory of Everything* with its emphasis on human development in her model of spirituality, which she

related to the four aspects body-mind-emotions-spirit. She used her experience of teaching a graduate-level course on spirituality for 10 years to offer insights into human potential, such as the power of the mind and the capacity for human growth. Clarke's work may contribute to our understanding of spirituality as lived experience, however, she also critiqued Wilber's model as being "based on developmental theory" (p. 155) and outdated in our postmodern world view. I am opposed to the use of developmental stages within the context of spirituality as lived experience because of the implication that spirituality as lived experience is about intentional and intellectual activity and that children and young people are less spiritual.

#### **2.2.4 Social work and the invisible culture**

Reference to spiritual practice within contemporary professional social work still raises historical and ethical concerns. This is especially so for those who treat religion and culture as synonymous with spirituality. For some it is a caution to watch for religious values that are in conflict with social work values, proselytization, and "religious wars" (Graham, Coholic & Coates, 2007; Hodge, 2003; Payne, 2005; Sheridan, 2009; Todd & Coholic, 2007). The official position of mainstream social work is to keep religion out of public professional service, which is recognized as a secular activity.

Some social work scholars, including Wong and Vinsky (2008), Baskin (2007), and Hodge (2002, 2003), have argued against the wholesale rejection of religion. They argue that this is another form of oppression and that it undermines the wellbeing of clients and practitioners. Brian Ouellette (2007) referenced Canda's (1988) cry of dismay, "we threw the baby of spirituality out with the bathwater of sectarianism" (p. 89). The challenge in the traditional

approach has been to determine which portion of religion is useful within social work practice and which is not.

However, blanket rejection of religion/culture in social work practice introduces a host of related issues. 1) It sustains the misconception that religion and spirituality are synonymous. 2) It leads to fragmentation of social work knowledge and practice when religion/culture and spirituality are regarded as relevant for only ethnic minorities Payne (2005), Aboriginal people, the dying, and alcoholics. 3) It contributes to a myth that secular social work does not have a culture. Carniol (2005) pointed out how mainstream social work practice and social services have replaced the yearning for spiritual attributes, such as connectedness, with economic and material goods and in the process have inadvertently legitimized the invisible culture of “illegitimate privileges” that operate as “power over” and “channel . . . advantages to some at the expense of others” (p. 7). Carniol argued that this culture has established different forms of oppression, exploitation, and dehumanization that subtly contribute to social injustice, including the growing gap between the rich and the poor.

## **2.2.5 Summary and conclusion**

There is a need to develop some shared understandings about the relationship between religion/culture and spirituality as lived experience within the context of human nature, human relationships, and the objectives of the social work profession. What are the relationships between social instruments and lived experience of spirituality? The fragmentation of social work practice and knowledge coupled with lack of clarity about the relationship between religion and spirituality contribute to our inability to develop a shared understanding about spirituality in

social work practice and the theoretical models developed by scholars. The lack of a shared understanding within professional practice has also stifled development in critical social work.

Allan, Pease, and Briskman (2003), in their critique of contemporary social work, highlighted this concern. They argued that critical social work claims to be committed to individual and social transformation, but this kind of change remains elusive. Ife (1999, 2005, 2008), a leading social work scholar in human rights, agreed with this observation; his contribution to the introductory chapter of *Social Work: A Critical Turn* (Ife, Healy, Spratt, & Solomon, 2005) highlighted the absence of progress in critical social work. These scholars argued that for the most part critical social work, just like traditional social work, has maintained the status quo despite the fact that anti-racist and postcolonial practice theories have provided grounds for critical reflection. Ife identified the power imbalance between social workers and clients in such areas as privileging professional knowledge and discounting clients' knowledge and wisdom, as a critical flaw in the profession. He also asserted that "theorization undertaken only by social workers, [while] excluding those with whom we work is unacceptable" (Ife, 2008, p. 7). Ife identified a number of strategic steps: holding social workers accountable to social work values and universal human rights, maintaining a nonviolent tradition, incorporating a variety of theoretical positions, and engaging in praxis.

One has to acknowledge that social work practice that is framed within human rights has not advanced human development and social justice as was originally anticipated as testified to by scholars of critical race theory and anti-oppressive social work. Those who have practiced from this theoretical position recognize that progress has been slow and superficial for the most part, after all, 65 years have passed since the universal declaration of human rights was passed. Ignatieff (2007) has lamented that history has demonstrated that most individuals and

groups that attain human rights for themselves fail to accord the same to others. All these issues can be associated with unanswered questions related to spirituality as lived experience.

I have identified a number of recent PhD thessiss that address the subject of spirituality as lived experience in social work practice, including practitioners' conceptualizations. Some have studied it using a narrow interpretation of spirituality: Barker (2008) focused on what she referred to as Christian spirituality. Among those who used a more inclusive view of lived experience of spirituality have focused on specific issues: Hudson (2014) sought to conceptualize what social work educators understand by the natural environment in social work; Rickers (2012) studied self-compassion as an attribute of lived experience of spirituality and as a process that supports healing others. Smalling (2012) and Varghese (2013) studied the social work profession's failure to grapple with inclusion as a foundational social justice issue related to structural oppression. According to them, this undermines spirituality as lived experience: for Smalling with respect to Aboriginal people and for Varghese from the broad construct of race and racism. With respect to progress made in this area, Sloan's (2007) study revealed that students who were taught about spiritual diversity were more accepting and respectful of human diversity. Clark (2010) found that among clinical social work practitioners who self-identified as spiritual, 36 per cent were actively seeking meaning in life, some within the context of a religiously influenced childhood but others related it to knowledge and life experiences including what she described as quantum experience and change. While all these studies support an expanded understanding of spirituality as lived experience, the need for a shared understanding of what spirituality as lived experience entails within profession practice remains a substantive and critical gap.

Over the years, social work scholars have advanced numerous practice theories and models that could improve our understanding of spirituality as lived experience. There is a wealth of research and knowledge that confirms that it is a resource for practitioners and clients and that it is related to health, human development, and social justice. However, in addition to the questions already raised, how do these understandings relate to spirituality as lived experience? How can these diverse theories be reconciled to support this broad and complex subject area? How is spirituality as lived experience related to basic human needs as identified by Charlotte Towle? How is it related to emotional needs? Social workers also recognized that wrong religious/cultural beliefs and values undermine health and wellbeing. What are some of those beliefs? How do they impact health and wellbeing? What are some of the processes of overcoming them? Crisp (2010) and Boynton and Vis (2014) have emphasized that spirituality changes across a lifespan, and that it is affected by the social and cultural/religious context, age, gender, and individual challenges in life. However, what are the universal characteristics that contribute to spirituality and can support shared understandings? Graham (2006) has called for international research on spirituality. Canada, as an immigrant and a multicultural country that is considered an international leader in human rights, serves as an ideal country in which to conduct this research.

### **2.3 Grounded Theory Research Method**

In this research project that explores a shared understanding of spirituality as lived experience, I was encouraged by Michael (2006) theoretical and philosophical framework as reflected in his paper, “New ideas in psychology,” in which he argued for the reconceptualization of the traditional dichotomy between quantitative and qualitative research. Michael argued that

although they follow different philosophical underpinnings, both are interpretive and complement each other. I share the view that all philosophy is connected and contributes to shared goals. However, although I embrace this inclusive approach as one that would support some level of conceptualization of a phenomena that is abstract, broad, dynamic, and complex, I chose to use a qualitative research, specifically, grounded theory (GT), to explore spirituality as lived experience in social work practice.

The purpose of GT research is to generate a theoretical schema that represents the phenomena from abroad perspective and in a specific social context (Creswell 1998, 2013). GT is a research method that enables me to explore the multiple and complex questions pertaining to spirituality as lived experience among social work practitioners practicing in diverse fields in Canada. Creswell also described as a step by step systematic research method that uses interviews and other sources of data to establish a rich data base that can expose how individuals act, react and interact with and in spirituality. Through open, axial, and selective coding, categories of concepts and my analytical schema that supports a shared understanding of the questions identified in part 2.2 are generated.

### **2.3.1 Choosing the appropriate research method: Constructivist grounded theory**

GT is generally described as an interpretive research method with systematic and explicit data collection and analysis steps aimed at producing theory (Creswell, 2013; Strauss & Corbin, 1994). Charmaz's (2011) work, which included a review 40 years of scholarship since Glaser and Strauss' publication *The Discovery of Grounded Theory* (1967), describes how this research method has evolved into methodologies that have enriched research knowledge and emphasized different features of GT. Charmaz identified two core features of GT: an emergent method and

an inductive one. Both are rooted in Glaser and Strauss' original work. This understanding served as an important foundation in my research project.

Charmaz (2011) isolated the strengths and weaknesses of the theories of the two founders. She credited Glaser with emphasizing the emergent features of GT but critiqued him for over emphasizing objectivity. She acknowledged Strauss and Corbin for their clear data analysis strategies, such as identifying the structure of axial coding that supports patterns in relationships and social processes. However, she cautioned that their approach tended to lean towards positivist prescriptive and explanatory research.

CGT is consistent with the philosophy and objectives of my study. I specifically chose Charmaz's (2011) constructivist grounded theory (CGT) research method because of her clarification that GT is both an emergent and an inductive research method that builds on empirical findings. There are several reasons why I chose Charmaz's CGT methods; I outline them in the following section.

### **2.3.2 Charmaz's constructivist grounded theory (CGT)**

How is Charmaz's CGT methodology different from Glaser's and Strauss and Corbin's GT? Charmaz (2011) promoted CGT as a 21st-century social justice research method that addressed the weaknesses in Glaser and Strauss' GT while building on its core features. According to Charmaz (2008), CGT is an emergent research method that is based on ongoing discoveries in the empirical world. Emergence is an epistemological understanding that "presupposes a past, assumes the immediacy of the present, and implies a future" (p. 157). Charmaz also promoted the emergent feature of CGT as particularly appropriate for "studying uncharted areas, contingent, or dynamic phenomena" (p. 155). These are the key qualities that

are consistent with the nature of a holistic understanding of spirituality as lived experience within social work practice. All these features are very important in this study.

Charmaz's CGT methodology is also recognized as an inductive, abductive, and interpretative research method. According to Charmaz, CGT requires intimate familiarity with the research topic and puts less emphasis on description and explanation without totally disregarding them. CGT also emphasizes abduction; Charmaz described abductive reasoning as accounting for the understanding of emergent empirical findings, surprises, anomalies, and interpretations in collected data. These features are critical in a study of spirituality as lived experience that seeks to achieve a broad and inclusive perspective.

Charmaz's CGT method also avoids the assumption of objectivity by highlighting the researcher's self-location in the research. I have paid attention to this criterion in chapter 1. Furthermore, she promotes the kind of coding that prioritizes action and incorporates flexibility in methodology. Charmaz described CGT as an emergent research process involving propositions or hypothetical accounts, constructions, and reconstructions of temporal theories. These qualities are also important in this study as I seek to include diverse views through the step by step process. (I also included propositions in Chapter 1.) Below I outline Charmaz's (2011) definitive features of CGT which guided my research.

- 1) Emergent leads discovered from empirical reality as revealed in the proposed research and propositions.
- 2) Data collection is an iterative process that includes explicit, constant comparisons between data collection and emerging codes, categories, and ongoing inquiry as part of the early data analysis. It involves using interrogative strategies that are transparent and systematic analytical choices and constructions early in the data collection process. It

may also include questions like, “What is happening in this data?” and “What conceptual or theoretical category or theory does this data represent?” It may also involve probing, going back and forth for more focused data as an integrated part of the data collection, and analysis.

- 3) Theoretical sampling and coding as part of preliminary analysis are utilized.
- 4) Memoing in CGT is a unique feature employed throughout the research. Charmaz described it as being beyond tracing progress of ideas because it involves illuminating categories and probing deeper into the data. It also supports systematic data collection and analysis as a continuous process that contributes to the emergence of a comprehensive theory. It also involves scrutinizing codes and categories; refining and defining their properties as found in the data; delineating the conditions under which specific properties may emerge, are maintained, and change; comparing codes and sources of data; identifying related consequences; and noting gaps.
- 5) CGT coding is distinct from other research methods and is also different from Strauss and Corbin’s method. It consists of at least two stages. In stage one, open coding focuses on actions (as opposed to large texts or themes and topics) that support analytical possibilities. Charmaz (2011) referred to this as “coding with gerunds, that is, noun forms of verbs, such as revealing, defining, feeling, or wanting” (p. 164); they reveal what is happening in an incident and expose implicit processes that support active and emergent analyses. This open and line-by-line coding supports a deep analysis of the phenomena, providing the researcher with additional directions and emergent links. It also exposes patterns in the data. This open coding is also interactive and comparative which allows

for the isolation of the most repeated and significant initial codes and synthesis of the data.

In stage 2 coding, the focus is on accessing that data that best interpret the empirical phenomenon forming the tentative theoretical categories. Then these focused codes are tested against the data, and theoretical categories and codes that provide analytical movement are searched for. Charmaz compared this level of coding to the comparison and verification utilized in Glaser and Strauss' method.

- 6) Theoretical saturation in CGT relates to the concepts that originally emerged from empirical data. According to Charmaz, this saturation is different from the reference to repetitive themes or categories that is saturation in some other research methods. Saturation here is linked to theoretical sampling, which is aimed at achieving saturation within the broadest and most diverse views of the construct investigated and context of the study.

### **2.3.3 Summary and conclusion**

Charmaz's (2004, 2011) CGT allows for subjectivity in research, promotes multiple realities, relative ontology, and epistemology, and respects individual values and beliefs. It is an emergent research method not a blank slate as misunderstood by (Glaser, 2007). This feature of CGT is confirmed by Urquhart and Fernandez (2006) who also critique the assumption that GT is a blank slate. Bowen (2008) referred to the emergent features of CGT as sensitizing concepts. Other scholars who have viewed CGT as effective in producing theory include Bradley, Curry, and Devers (2007); Mills, Bonner, and Francis (2008), and Fereday and Muir-Cochrane (2008).

I share two additional points that made CGT a solid method to use for my research project. Charmaz's relativist ontological and epistemological position is consistent with constructivist social work theory and practice that prioritizes clients' self-determination and human agency as promoted by Payne (2005). It is also associated with constructivist psychology, which emphasizes the possibility of change. Social constructivism has been endorsed by scholars in other professions such as education and nursing since the late 1990s (Schön, 1987; Smith, 2001). For example, Duit and Treagust (1998) promoted teaching and learning in science education from a constructivist view. They described it as more inclusive and better able to position differences as complimentary. It is also able to hold more complex processes than behaviorism and positivist theory, which tend to emphasize a single position. Through a critical review of theory, research, and practice in special education, Trent, Artiles, and Englert (1998) describe social constructivism as a holistic strategy that incorporates client strength and knowledge. Social constructivism can also be effective in helping practitioners to think outside the traditional norms. Its goals are to advance agency, personal strength, and growth while advancing social justice.

In conclusion, the features and values of CGT are consistent with the purpose of this study, that is, to develop a shared understanding of the nature of spirituality as lived experience as related to human spirit and human nature. The nature of spirituality as lived experience and the objectives of this study did not fit into traditional GT research interpreted by some scholars as a totally inductive method and referred to as a "blank slate" (Urquhart & Fernandez, 2006). In my methodology chapter, I detail how I combined Charmaz' CGT method with some other features of CGT research and traditional GT features, while focusing on social work's goal to promote social justice. Hence, I refer to both CGT and GT to draw out the distinction between

incidents when I situate my work in Charmaz's CGT framework and when I draw from the work of scholars who situate their research within the traditional GT.

This chapter has covered the five elements of a good literature review as suggested by Creswell (2013). First, it provides a comprehensive look at literature on the diversity of social workers' conceptualizations of spirituality as lived experience within professional practice. Second, the literature reviewed includes insight into subtle language differences used by scholars, contemporary practice, and the work of pioneer social workers. It also exposes the challenges in clarifying the distinction between spirituality and religion. Third, there is evidence of knowledge gaps in a number of areas that point to the need for a shared understanding of spirituality as lived experience in the midst of the general understanding that spirituality is a reality and a resource in social work practice on one hand, and on the other, concerns related to studies reporting widespread use of religion in professional practice. These issues confirm Payne's (2005, 2011, 2014) concerns. Fourth, there is a need to address these issues in a given study population, in this case, social work practitioners. This is significant in light of the concerns raised in chapter 1 about the use of self. As the final feature of this chapter, I have included a review of literature on CGT and the rationale for using this research method.

## **Chapter Three – Methodology**

### **3.1 Introduction**

With my main research question—What are social workers’ conceptualizations of spirituality as lived experience in professional practice?—together with the supplementary questions provided in Chapter 1, I seek to meet three goals: 1) to explore social workers’ conceptualizations of spirituality as lived experience, 2) to develop a conceptual framework that supports a shared understanding among social workers; and 3) to study social workers’ applications and practices of spirituality as lived experience. The core findings in this thesis (see chapters 4–7) cover the first two goals and introduce the results relating to the third goal.

However, my study required the selection of study participants who were self-aware of having lived experiences of spirituality personally and within their social work practice. Therefore, research related to the main research question had to be preceded by national publicity of the study and a self-screening questionnaire (SSQ) completed by social workers who expressed interest participating in this study. The findings from the national publicity and the SSQ are covered in this chapter.

### **3.2 Methodology in Constructivist Grounded Theory (CGT)**

As discussed in Chapter 2, the chosen research method for this study was Charmaz’s (2004, 2011) CGT. The research methodology part of this chapter is devoted to details about the four core components that served as the foundation of my research procedure (see in Figure 1 in subsection 3.3.4). This chapter provides the detailed phases and step-by-step CGT procedures using the numbers of Figure 1 as follows: 2) study design including framing the research

question in a way that was consistent with the research goals, research method, and considerations in human-subject research; 3) recruiting study participants combining the context of human spirit as a universal human dimension and lived experience and GT procedures that prioritize theoretical sampling, data collection, and preliminary data analysis; and 4) the substantive data analyses guided by Charmaz, Tweed and Charmaz (2012), and Holton (2007). The research process I engaged in was also supported by GT research scholars, prominent among them Egan (2002) and Corbin and Strauss (1990). Their contribution is detailed in subsequent sections.

CGT's detailed data analysis procedures are divided in two subsections to highlight the systematic step-by-step process that is critical for the researcher as much as it is an essential requirement in GT research. Section 3.3 includes the detailed steps and procedures I followed in recruitment, GT data collection in tandem with preliminary data analysis, theoretical sampling and the formal data analysis. This turned out to be a long and detailed process. However, it generated the preliminary CGT findings which supported substantive coding (see section 3.4). The demographics and the social context of the study (section 3.5) serve as the background of the core study findings section. The last part of this chapter, section 3.6, identifies the strengths and limitations of this study. It includes the analysis of the third data source—the study participants' feedback on the preliminary study findings—that is, the central concepts of the conceptual schema and related findings.

### **3.2.1 Study design, research instruments, and ethical considerations**

It took me more than a year of studying, being mentored, and attending monthly seminars before I came to the decision that this would be a CGT study. In retrospect, this was an ambitious

project in relation to my study timeframe. It also took me a long time to realize that my goal of developing an inclusive framework required a consistent philosophical framework. I had been sold on Husserl's phenomenological research method, which had a totally different research goal—to find the essential structure of the phenomena being studied. And while I am now able to draw a clear distinction between Husserl's and Dilthey's philosophical ideologies, I realize those differences had been very fuzzy in my mind before. Learning and understanding from lived experience is indeed a very different form of learning than intellectual understanding. The former engages established learning and all of who one is—body-mind-emotions-spirit-social—to an extent well beyond that of intellectual learning.

I prepared nine documents as part of my ethics approval:

- a short e-mail introducing the study and related documents sent to the national and provincial associations of social workers,
- a one-page summary of the study,
- a study publicity poster (Appendix B),
- a short e-mail to be sent to prospective study participants,
- a participant information letter and study participant consent form,
- the self-screening questionnaire (Appendix C),
- a semi-structured interview guide (Appendix D),
- the interview transcriber's oath of confidentiality form (Appendix E),
- an e-mail to SSQ participants who would not be interviewed; however, considered full study participants (Appendix F).

Preparing these documents and learning to pay attention to both the detail and consistency required in submitting an acceptable research protocol refined my patience and

commitment to detail. The research ethics approval certificate for this study is appended as Appendix A.

I paid attention to two ethical considerations that arose out of this study design: 1) the decision to use Skype for interviewing because face-to-face interviews were only possible in two provinces and 2) how to deal with the possibility of a large response rate, addressed through an official communication thanking respondents for their participation and advising them of the completion of the data collection phase (see Appendix G). However, I also addressed other ethical concerns such as those that arise out of a deep engagement between the researcher and study participants that qualitative research engenders (e.g., evoking memories that may lead to the need for therapeutic interaction for the participant), through the research protocol and as part of the ethics approval process.

Hay-Gibson (2010) and Sullivan (2012) provided in-depth analysis of the necessary preparation and precaution needed in conducting interviews using Skype, as well as the benefits and challenges of doing so. They discussed the concerns related to confidentiality and anonymity. According to Sullivan, the ethical concerns related to the use of Skype, as people get more acquainted with technology, are not much different from those of face-to-face qualitative interviews. My research experience was consistent with Sullivan's observations: I also found no difference in respect to the richness of data produced between the modes of data collection I used—face-to-face, telephone, and Skype.

Study participants were very good at connecting and providing alternative ways to participate that was comfortable for them. They also understood the need for some level of acquaintance between the researcher and the interviewee. One participant, who opted for a phone interview, sent me her biography and her photo; a number of them encouraged me to visit their

websites. Following a face-to-face interview, Skype was the second best choice. However, in some of the interviews that took longer than an hour, the screen froze and we had to switch to the phone. Over all, it was the relationships and trust established between the participants and myself, coupled with the participants' personal experiences of spirituality, that seemed to be the determining factor in producing rich data. Although I had carefully considered the importance of being transparent with the study participants about the purpose of the study and my preliminary definition of spirituality as lived experience being related to human spirit, there were two incidents where participants stopped in the middle of the interview and indicated a need to hear about the purpose of this research. The details of these incidences are covered in section 3.3.3.

### **3.3 Recruitment and CGT Procedures**

I prioritized an inclusive approach as the first principle in the selection of study participants. Therefore, I sought participants with the greatest amount of experience. Participation in this study was limited to social workers with 10 or more years in direct practice. Participants were selected from both social workers who publicly self-identified with spirituality through membership in the Canadian Society for Spirituality and Social Work (CASSW) and the larger number of Canadian social workers who were registered in the professional provincial and national associations of social workers. Through the 11 provincial and territorial professional associations in Canada and CASSW, I launched a national publicity and recruitment campaign using a publicity flyer (see Appendix B). I also sent out a special invitation to Manitoba Mental Health and Spiritual Health Care Branch, a part of the Ministry of Health because it incorporates spirituality in its policy and programming using the language of human spirit. I also communicated with CASSW and six provincial associations that indicated a willingness to

collaborate; one of the remaining five provincial/territorial associations was newly established and was unwilling to participate. The remaining four did not respond to the initial email nor a follow-up reminder.

I received 71 emails from social workers about the study; 67 expressed interest in participating in the study; two of them indicated that they had less than 10 years of work experience in direct practice but requested information on the study findings. One was seeking clarification on how I was planning to operationalize spirituality as lived experience in the study and one was an old acquaintance. I sent out the study information letter and voluntary consent form (Appendix C) plus the SSQ (Appendix C) via email to the 67 social workers who expressed interest. Twenty-four returned a completed and signed consent form plus the completed SSQ. I used the information they provided (preferred dates and time, preferred mode of interview) to develop an interview schedule. Scheduling the interviews was a complex process but this detailed planning was invaluable.

I ended up interviewing 14 out of the 24 study participants who returned the SSQ. Initially I assigned them code numbers, A1 to A14 based on the order I interviewed them. Towards the end of the data collection phase, I assigned them pseudonyms. I include them here for easy reference in the rest of the thesis: Charita, Deanne, Eleanor, Michelle, Rhona, Olivia, Mervin, Jiao, Mandie, Gabriella, Amitola, Rosetta, Drew, and Adeelah.

### **3.3.1 CGT theoretical sampling, data collection, and preliminary data analysis**

Although the overall research project was implemented using Charmaz's CGT, I also accessed other GT scholars, specifically Strauss and Corbin (1990) and Egan (2002) to help gain a broad and in-depth understanding of this complex and detailed phase. GT theoretical sampling, data collection, and the preliminary data analysis were intertwined activities, and it took me a

long time to develop an appreciation of the intricate steps involved in the repeated processes. Combining various scholars' research in this area supported this stage of my research in unique ways as will be covered in subsequent subsections. Egan's work played a special role, to the extent that I adapted his visual illustration of GT research; my version of the process is simpler, and I revised it to suit my data and research goal (see Figure 1). I have chosen to include this figure in this section to illustrate this detailed phase; however, it illustrates the methodology of this entire study.

This section is focused on the three research tasks that were accomplished in relation to each of the interview study participants at this stage of the study: selecting interview participants through theoretical sampling; conducting the interviews to collect the data; and undertaking preliminary open and axial coding and memoing. Although I use some GT scholars, I have chosen to highlight CGT for this phase of the study because of the emphasis I placed on centering marginality in theoretical sampling process; I relied on Charmaz (2011b) and Henwood (2008).

### **3.3.2 CGT theoretical sampling**

In deciding on this study's sample size, I considered guidelines provided by multiple researcher scholars. Creswell (2013e) suggested that GT research should involve 20 to 60 interviews. However, Starks and Trinidad (2007) proposed that sample size in qualitative research should be based on a number of factors in addition to selected research method: the scope of the study, the nature of topic, the depth and breadth of data, study design, and the use of "shadowed data." I interpreted this to mean social workers' personal lived experiences of spirituality including those based on the relationships established with their clients and work colleagues as part of their professional practice.

Charmaz (2004) made a distinction between various ways of knowing and how that related to the sample size. She used an example of studying phenomena from the outside and another one where the researcher was required to enter into the life of the person or community being studied. These different approaches of “inside” and “outside” are important factors in determining how we focus our inquiry and the size of the study sample. I used four criteria in my participant selection: participants had to have a minimum of 10 years of work experience in direct practice with the goal to seek out those with long and rich practice experience; participants had to represent a diversity in social work practice areas to support a generalist understanding of spirituality as lived experience among social workers; at least three provinces had to be represented to ensure that this was a national study; and the study had to reflect cultural/religious diversity, in view of the general understanding that personal and social beliefs and values are important and related to lived experience of spirituality.

Although I had planned to interview eight to 10 participants, using GT theoretical sampling I ended up interviewing 14 social workers practicing in six provinces. In reality I found that while the four-participant selection criteria mainly helped me to frame my study, I did not need to use it in selecting study participants. The only time I felt a need to rely on this criteria was when I reached out to a provincial association to help me find an Aboriginal social worker. I decided to do this when I realized that some of the participants in the SSQ were acquainted with but not immersed in this community. Recruitment of interview participants based on theoretical sampling was guided by the data collection process, questions that arose after each interview, and GT theoretical sampling, informed by the self-screening participant data coupled with the preliminary open and axial coding. During this phase of the study, participant selection was

informed by the depth and breadth of information provided by the previous interview, the questions raised, gaps sensed through open and axial coding, and ongoing memoing.

Although I was feeling overwhelmed by the number of participants and amount of data by the time I reached the 11<sup>th</sup> participant, I still had questions. The 11<sup>th</sup> participant was the social worker with Aboriginal ancestry, although I had interviewed two other social workers who were also associated with Aboriginal cultures- one through marriage and another through mixed ancestry. I carried out the first interview on May 19, 2016, and I did not sense theoretical saturation until after the 14<sup>th</sup> interview on September 8, 2016. This final study participant answered questions in a unique way that gave me a sense of complete understanding. This helped me to sense the need to complete that data collection phase that had lasted close to five months. I then moved into data management and the formal data analysis phase. However, while in the middle of this phase I decided to carry out one more probing interview with interview participant number 13 (Drew). In addition to Charmaz's (2011) encouragement to use research to promote social justice, my theoretical sampling was informed by Henwood's (2008) work on reflexivity and centering marginality. This CGT theoretical sampling was an enriching and important process in this study.

### **3.3.3 Data collection**

Initially, data collection seemed like a two pronged activity: the responses from the SSQ that were received over a two-month period and the more extensive interviews. The SSQ data supported theoretical sampling as explained above. It also provided data that I have used for the context for this study, which I discuss in chapter 4. However, the core source of the data collected for this study was the interviews.

Thirteen of the 14 interviewees participated in one in-depth interview that was guided by a semi-structured interview guide (see Appendix D). One participant had two full interviews and the second interview ended up being equally long and as informative as the first. In addition to the interviews, participants provided information through other sources, including reference articles, their websites, references to special practice modules they used in their practice, training programs, and books. I used these sources to help me gain more insight into their unique lived experiences of spirituality.

Interviews were preceded by a minimum of two communications via phone and/or emails through which we completed the study consent paperwork, cleared up any questions they had, confirmed the SSQ was completed, and ensured both parties were clear about the best mode of conducting the interview. It was a comprehensive process and in spite of all the preparations there were two interviews where scheduling was an issue; one in which the time was confused and one where the participant postponed because of work. Overall, conducting the majority of the interviews during summer worked out to my advantage as a number of those who had indicated interest would have been unable to participate once fall started.

As part of my preparation for the interviews, I reflected on Mander's (2010) and Hsiung's (2008) work to support my reflexivity and deeper listening skills. I carried out one face-to-face interview, five Skype interviews and nine telephone interviews (note: one was a follow-up interview).

The length of the interviews ranged between 1.25 to 1.45 hours. I started each interview by introducing the whole study, the main question, and the four related questions and gave the participants the freedom talk about their lived experience in whatever way they felt comfortable. I explained that the focus of my research was on lived experience of spirituality in social work

practice but that I also needed to understand their childhood, youth, and social work training. I noticed that one participant used a chronological order; the rest started from where there were at at the time of the interview. At the end of one interview, I asked the participant about her approach. She explained that she was intimately familiar with the subject of human spirit as lived experience in her personal life and in professional social work and felt that this subject area had been ignored in the profession. She thanked me for bringing human spirituality to the forefront. I recognized that this participant had read and reflected on the research project information prior to our interview, as I had requested. For the rest of the participants, I had to ensure that we covered all key areas in the first two-thirds of the interview. The last part was devoted to probing questions arising from gaps and questions in the first part of the interview.

Each interview ended with debriefing for both parties. I asked the participants how they felt about the interview and whether they wanted part of their interview to be off the record. I also asked them if they had questions for me relating to my research project. Overall, all the interviews went smoothly, and I felt that the semi-structured interviews, plus the project information I provided worked out well. However, there were two incidences where I felt resistance during the probing segment. In both incidences I offered to share my personal experience of spirituality as lived experience and how I was led to this research; that seemed to get the interview back on track. During the data analysis, I reflected on those interviews to gain insight on what may have caused the change in the flow of the interview. In Mandie's case, because she described herself as a closet atheist she may have wanted to make sure that she was safe with me. Jiao seemed to need to understand my stance from my heart besides what she had seen on paper.

The interview phase was a humbling experience in that I met social workers with vast experience and a wealth of knowledge which they shared from their hearts. There were many experiences of personal pain—some of them caught me unaware and I was at a loss for words—but there were moments of laughter too. Overall, it was an enriching experience in which I learnt about the diversity, depth, and breadth of lived experiences of spirituality and its dynamic nature. GT requires commencement of data analysis right after each interview; this analysis guided participant selection, and some of the questions in the following interview. The next section explains this preliminary data analysis process.

### **3.3.4 Preliminary data analysis**

Although this research phase actually comprised data collection, preliminary data analysis involved open and axial coding, memoing, and managing the data (reading related articles, visiting websites relating to specific interviews and a host of other activities in between each interview), in this section I focus on data collection and GT preliminary data analysis that supported theoretical sampling. Because this was the first time I used GT, I spent a lot of time reading and re-reading Egan (2002) and Corbin and Strauss (1990) and discussing with colleagues the detailed steps involved in this phase of GT; this was coupled with actually going through the process to comprehend it. In Figure 1, phase 3 corresponds with section 3.2.3; the figure outlines the six steps I used to develop a systematic preliminary data analysis process. Prior to detailing these steps, I provide my understanding of the respective articles that I read to guide this process.

I was guided by Charmaz's (2011) CGT and her advocacy for pragmatism in research with the goal to advance wellbeing and social justice. Tweed and Charmaz (Tweed & Charmaz, 2012) also note that GT is different from, and an addition to, representative sampling. However,

during this phase I found Strauss and Corbin's (1990) guidelines on GT and Egan's (2002) guidance on combining data collection with data analysis and theoretical sampling more useful. This work was supported by Eaves' (2001) work; he recommended using a synthesized technique in GT data analysis to back-up "increased understanding and clarity of GT data analysis techniques" (p. 654). In retrospect, it was during this process that I realized that this was what Charmaz meant by pragmatism in constructivist GT that can promote social justice.

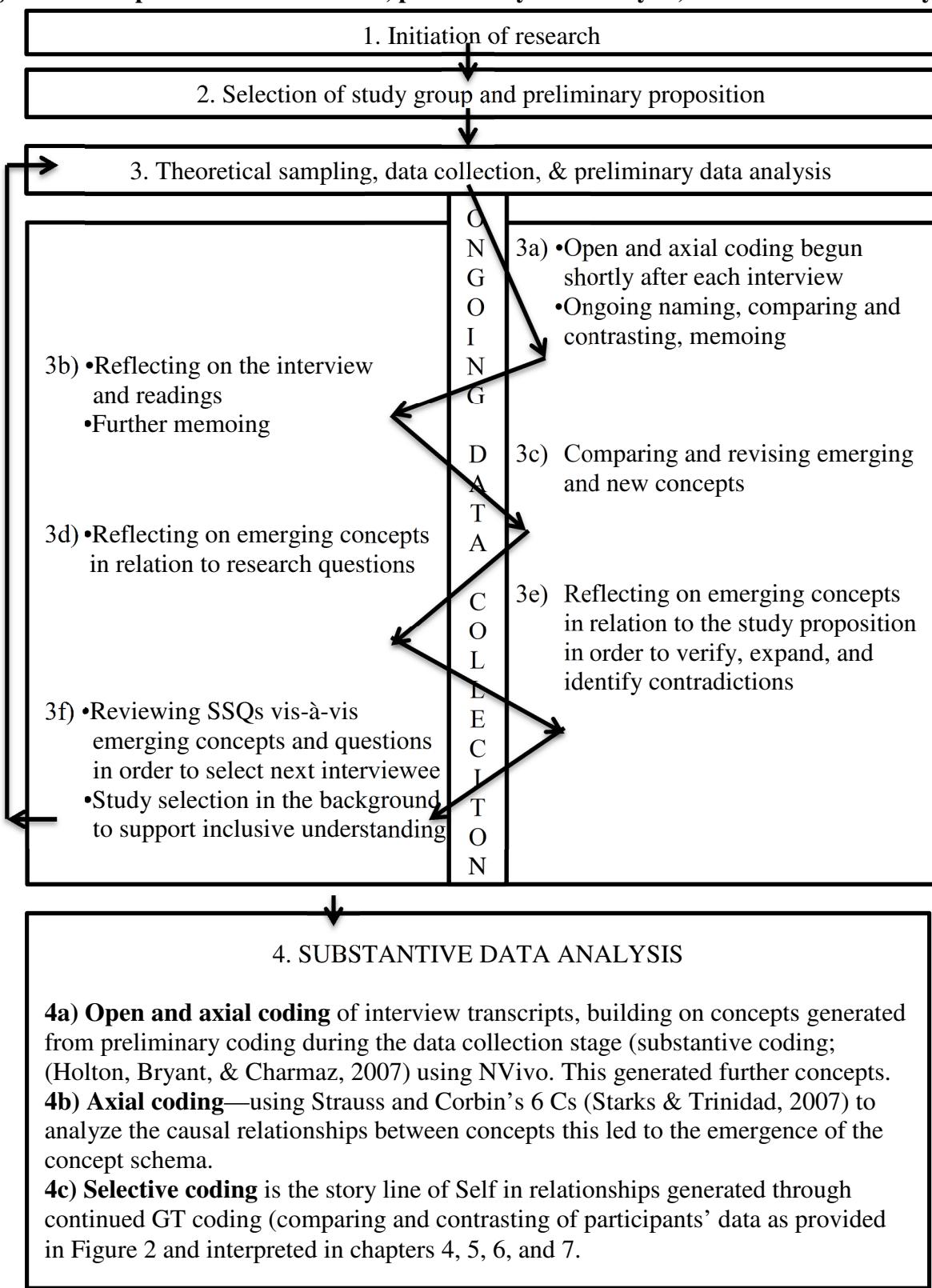
I specifically sought for a combination of CGT approaches, ideas, and strategies to suit the data and to meet the research project's goal of developing a conceptual schema of spirituality as lived experience that would promote a shared understanding.

Strauss and Corbin's (1990) article on GT's cannons and procedures and Egan's (2002) work which emphasized GT's focus on building theory from practice were the two core pieces that informed the data collection and preliminary data analysis. These scholars cautioned that many GT research projects fail to produce a theoretical framework due to a poor study design and implementation that stems from poor data collection or data analysis. Their concerns are consistent with Charmaz's (2011) description of GT as an emergent research method in which data analysis commences at the time of entering the field and is intertwined with theoretical sampling.

Corbin and Strauss (1990) provided a list of critical procedures and related skills required in GT. Using multiple sources of data is important for them. They also explained that GT focuses on concepts and categories of concepts rather than the data and that the underlying structures and patterns in the data are the distinctive features of open, axial, and selective coding. Ongoing comparison and contrasting within and between study participants and accounting for variations is also important. According to Corbin and Strauss, "data collection and analysis are interrelated

processes” (p. 419), theoretical sampling is done in relation to generated concepts as part of open and axial coding, “patterns and variations must be accounted for,” and “process must be built into the theory” (p. 421). In addition, memoing during data collection is different from theoretical memoing. The propositions about relationships among categories should be developed and revised in the course of research in relation to the phenomena being studied, and the study should be framed within a specific social, economic, and political setting. They added that this should be integrated into the theoretical framework.

**Figure 1. CGT phases: Data collection, preliminary data analysis, substantive data analysis**



Adapted from Egan (2005, p. 281).

The following is an explanation of Figure 1 phase 3.

- 3a) I engaged in open and axial coding focusing on the concepts that stood out right after the interview. After every interview, I prioritized my engagement with the preliminary open and axial coding as part of the memo-writing routine. I kept a special memo and coding notebook for this phase and made special tabs to identify the section for each interviewee. Coding focused on concepts and concepts categories (open and axial coding) while I reflected on actions, interactions, and language and engaged in constant comparisons between events and experiences of lived experiences of spirituality. I also searched for incidents, actions, underlying meanings, beliefs, and values. I allocated a section in my notebook for the recoding and the concepts and concepts categories of each of the participants as well as the group concepts and concepts categories that emerged through this process.
- 3b) The next day I reflected on the interview, listened to the audio recording, and collected the suggested articles or visited the relevant website to gain a better understanding of the new concepts and what was shared. This was followed by memoing, refining and expanding individualized concepts through comparing and contrasting incidents, and doing the same for the large group coding. This step also involved data management as will be covered below.
- 3c) As the number of participants increased, there was more room for comparing and contrasting, and the group concepts categories became thicker and longer.
- 3d) I dedicated the next step to evaluating how I was focusing the interviews to ensure that participants had the freedom to speak from their hearts but also that they described at least three complete client vignettes and enough incidents from personal

lived experiences, both negative and positive, to support how they perceived spirituality as lived experience. This was easy for some but more difficult for others, specifically Drew, Mandie, Jiao, and Rosetta. I am not sure if this had to do with their desire to respect confidentiality or because they had very rich personal lived experiences and their social work practices. My thoughts on this are part of the memo notes.

- 3e) I linked data collection and analysis to the tentative propositions as provided in Chapter 1. This was followed by memoing to refine the prepositions.
- 3f) This stage involved reviewing the SSQs that were on file to identify the person who filled the gaps in the data and practiced in the social work area that related to those questions. For example, the first three interviewees worked in cancer and palliative care. For some reason I had failed to realize that cancer would be closely associated with social work practice and spirituality as lived experience—at this moment this sounds like common sense! By the third interview I felt that this practice area was saturated although the third interviewee had a wealth of information that did not come up in the other interviews. Within the context of a generalist study and theoretical sampling, it took me a long time to sense saturation. This probably contributed to me needing a larger sample of 14 interviews rather than my original plan of six to eight participants. The theoretical sampling was determined by the number of SSQs received.

This phase also served as a time during which I gained a deeper understanding of spirituality as lived experience beyond the interviews. I committed time to reviewing scholarly publications and practice models that participants referred to.

There was a lot that was new to me. I also found it necessary to visit a training college that offered a body massage therapist diploma and certificate training because a number of participants' social work practices incorporated massage, touch, and even breathe therapy. I participated in an information session and received information on the program content and a free massage plus a tour of the college. This served as part of my understanding of lived experience.

How I attained theoretical saturation: I sought out the 14<sup>th</sup> interviewee after noticing her response in the SSQ that referred to training and a practice in "spirituality psychotherapy." Although this participant's lived experience of spirituality was unique and contributed a lot to this study, I sensed completeness and saturation of the study. However, later on during the substantive coding phase, I was faced with a different gap in the data and needed to carry out a second interview with one of the participants whose data seemed incomplete. This was Drew.

### **3.3.5 Conclusion of the preliminary data analysis**

The conclusion of the preliminary data analysis comprises two levels of analysis which incorporate other activities. The overall goal was to analyze all the data to support GT substantive data analysis (see phase 4 in Figure 1). This step was divided up into the overall data management that included summarizing open and axial coding from the preliminary data analysis phase (3.3.5.1) and the descriptive-interpretive data analysis—specifically the data collected through the SSQs, memo notes, and all the e-mails (3.3.5.1). Although these two data analyses are at lower levels, they served as a foundation for the substantive GT analysis and as the study context.

### ***3.3.5.1 Data management***

Paying attention to Corbin and Strauss' (1990) GT requirement to expose and demonstrate the research process, this section includes the whole data management procedure employed in this study including the different data sources and how I managed them. It also includes a paragraph on the management of the transcriptions, which is the main GT data source. The summary of the preliminary data analysis—the open and axial coding—is the key outcome of this subsubsection.

The data sources I used in this study include the following: 1) transcriptions that range from 28 to 62 pages of double-spaced text (the longest one was of the interview with the participant who was interviewed twice); 2) 15 audio recordings of the interviews (they range in length from 1.05 to 1.5 hours. (Some interviews do not include the study introduction portion); 3) copies of published articles recommended by interview participants, website notes, and notes made from my visit to the massage training college; 4) signed study consent forms, which included participants' recommendations, and the 24 returned SSQs; 5) follow-up emails with responses to probing questions relating to both SSQs and interview participants; 6) two notebooks with memo notes including concepts generated from open and axial coding during data collection; 7) two more notebooks generated during the substantive data analysis stage and selective coding process plus typed notes and drafts; and 8) emails from the 67 social workers who expressing interest in the study.

Audio recordings and transcriptions remain a critical part of data management. I used two professional transcriptionists instead of one as I had been planned because of the larger number of study participants. Transcribers signed a confidentiality oath (Appendix E) and I evaluated the quality of transcription after the first interview had been done before I assigning the rest of the

work. I found using professional transcribers with the right equipment and experience a worthwhile investment. The quality of transcription was better than what I could attain because of accent and the quality of some tapes. I was able to catch up in respect to lost opportunity to get reacquainted with the data through the editing process and the multiple layers of GT open and axial coding. The final stage of data management was also the final stage of the preliminary data analysis as covered in the following paragraph.

To conclude the preliminary data analysis I merged the individualized open codes and axial codes with the group codes through continued comparing and contrasting of concepts while reflecting on participants' negative and positive lived experiences of spirituality. This was a deep reflective exercise and undertaken with the intent to reduce the concepts categories to a manageable number. I had generated 29 interrelated concepts categories through the preliminary data analysis as part of the interview process; I managed to amalgamate them into four large categories. During this process, I also sensed the emergence of the core concepts category:

**Persistent Transcendent Life-Energy that supports wellbeing.** The other related categories of concepts were: 1) individuation in search of well-being, 2) interconnected, interdependent relationships, and 3) spirituality recognized as a resource, but this also included abuse and self/others ignoring spirituality as a resource. Through continued reflection and reading on coding in GT, I was excited when I recognized in Holton's (2007) article "The coding process and challenges," that the emergence of the core category out of the generated concepts categories signified readiness for the next phase in coding: "to theoretically saturate the core and related concepts" (p. 265). Holton also referred to this phase in data analysis as substantive coding, as covered in section 3.2.4. This shift in the coding process also signaled for me that it was time to use of NVivo, a qualitative data management and analysis program.

### ***3.3.5.2 Descriptive-interpretive data analysis***

The other main form of data that was generated in this study were the 24 responses to the SSQs and emails from 67 social workers who expressed interest in this study. Although the SSQ data were used in the sample selection, it also contained other valuable data. I incorporated this data in light of Corbin and Strauss' (1990) requirement that GT research needs to be framed within both a specific and broad context. The SSQs generated useful information that contributed to my understanding of spirituality as lived experience within the Canadian context. My data analysis was limited to issues that related to this study, specifically social work practice areas, the numbers of years that study participants were in direct social work practice, regional representation, and cultural diversity. These findings will be included in this chapter as section 3.5, alongside demographic information.

I also based my data analysis on Elliott and Timulak's (2005) position that descriptive, interpretive qualitative research can support the understanding of a phenomenon explored in its own context. There are two additional reasons for incorporating this analysis in this study. First, this study generated a lot of interest among social workers through the publicity flyer, and many social workers who expressed interest also shared information about their area of practice and specialties. Second, the language of spirituality as lived experience is relatively new in social work research. Furthermore, spirituality as lived experience was referred to by other scholars in the 1990s such as Carroll (1998), but it was contested as impractical. With this background, it seemed important to provide a context for the main research component of this study through the descriptive interpretive report about the social workers who expressed interest in this study and how they compared with those who responded to the SSQ and those interviewed. The majority of social workers who expressed interest in the study provided information in respect to their area

of social work practice. That is the focus of section 3.5. However, this is preceded by steps to undertake GT substantive coding for the main study.

### **3.4 GT Substantive Coding**

#### **3.4.1 Substantive open and axial coding**

Holton (2007) recommended that after the emergence of a core concepts category and related concepts categories, the next phase in GT coding should be aimed at theoretically saturating the core and related concepts, as already explained as part of my discussion of preliminary coding. This coding phase included open and axial coding of all the data with the support of NVivo. Although I continued to rely on Charmaz and other CGT scholars for open and axial coding steps, during the last step of this coding phase—substantive selective coding—I shifted my focus to Corbin and Strauss' six Cs of GT coding (Starks & Trinidad, 2007). This allowed me to abstract key concepts for the conceptual schema of spirituality as lived experience in study participants' lives and social work practice. Hence I have referred to this phase as GT substantive coding. This is reported on in the main study findings chapters.

My initial open and axial coding was based on the four concepts categories listed in section 3.3.5.1. I completed substantive open and axial coding through continued comparing and contrasting of participants' data, focusing on the interview transcripts and the deeper understanding I had gained through reading the additional data sources, especially the published research and scholarly papers recommended by the study participants. I list some of them here: (Beresford, Croft, & Adshead, 2008; Burford & Adams, 2004; Cohen, 2006; Deci & Ryan, 2000; Dominelli, 1996; Early & GlenMaye, 2000; Edmond, Rubin, & Wambach, 1999; Edmond, Sloan, & McCarty, 2004; Farb et al., 2007; Fook, 2002a, 2002b; Greene, Lee, & Hoffpauir, 2005; Greene, 1999; Heinonen, Spearman, & Hart, 2010; Jacoby, 2013; Jung, 1939; Kabat-Zinn,

2003; Latimer, Dowden, & Muise, 2005; Loyd & Johnson, 2010; MacDougall, 2002; Nichols, 2008; Nickel et al., 2006; Pease & Fook, 1999; Ruppert, 2008; Russell, 2008; Saleebey, 1992; Sermabeikian, 1994; Shapiro, 2014; Shapiro, Astin, Bishop, & Cordova, 2005; Stephan, 2005; Stiefel, Harris, & Zollmann, 2002; Tangenberg & Kemp, 2002; Teasdale et al., 2000; Van Wormer, 2009; Wakefield, 1988; Weinberg, 2013; Wilber, 2001; Williams & Kabat-Zinn, 2011; Williams, 2012; Woolard, 1985).

At this stage in the data analysis, I strengthened my coding skills by reflecting on Tweed and Charmaz's (2012) five key points in CGT coding:

- 1) studying lived experience is best done within the context in which it is lived;
- 2) prioritized coding by gerunds, which meanings looking for action, interactions, and language which exposes underlying assumptions, beliefs, and values as hidden meanings.
- 3) the distinction between GT coding for concepts, which emphasizes constant comparing and contrasting, from coding for themes which “tends to separate data into discrete units rather than reveal links between them” (p. 137);
- 4) acknowledging the position of the researcher and the researched;
- 5) CGT shifts the emphasis “from *discovery* of theory to *generation*” of theory (p. 143) and hence puts emphasis on the emerging process of findings.

Charmaz (2004, 2011) also called for a critical reflexive and reflective stance during this substantive data analysis.

My work plan was consistent with Creswell's (2013) recommendation to focus on four to six key concepts to guide computerized open coding. This stage in data analysis also presented another new area of learning; I had to learn how to use NVivo 11. I used NVivo strictly for data

management during substantive multiple coding; I found it invaluable in supporting in-depth analysis with respect to data accessibility. Through this open and axial coding phase, the four concepts categories generated (see section 3.3.5.1) were greatly refined and expanded. I was able to gain greater insight into the data through sustained comparing and contrasting within participant's lived experiences and between participants. This analysis step, represented as 4a in Figure 1, generated six concepts categories as presented in Table 3.1.

**Table 3.1. Preliminary coding stage: Participants' conceptualizations of spirituality as lived experience**

<b>Central Concept: Transcendent Life-Energy that Supports Transformation and Wellbeing</b>
<i>Related concept: Individuation</i>
a) in relation to actions, interactions, beliefs and values in the process of meeting one's human needs b) within the context of Body-Mind-Emotions-Spirit-Social (BMESS) being c) experiences through childhood, adolescence, and adult life d) experiences in social work training and practice e) social needs include internal and external needs related to the S in B-M-E-S-S as part of social being, including safety and sexual and other broad socio-cultural context including cultural/religious hegemonies, beliefs, rituals and practices one is raised in, and later lived experiences and social influences.
<i>Related concept: Interconnected, interdependence and multi-dimensional relationships</i>
a) intrapersonal b) interpersonal c) beyond the personal (environment, transcendence) that were recognized as: i) resourceful, i.e., supporting wellbeing from within and without ii) abuse by self (including ignoring and resisting change) iii) abuse by others
<i>Related concept: Life events or circumstances leading to transformation</i>
a) Intrapersonal and interpersonal relationships and beyond b) Social work training, knowledge, and practice c) Training beyond social work and life experiences
<i>Related concept: Underlying structures and patterns of relationships:</i>
a) mind-heart connection that includes emotions and can be as deep as neuro-bio-energetic and beyond. These are diverse, dynamic, and dialectical relationships b) un-conditional love (including attitude of gratitude, non-judging, forgiveness, etc.) c) praxis relating to agency d) ongoing change that is beyond one's control
<i>Related concept: Multiple approaches to safety and wellbeing in participants' lived experiences</i>
a) humanistic experiences limited to the mind, such as critical rational thinking in some cognitive behavior therapy (CBT) b) holistic embodied experiences that involve more than the mind, e.g., EMDR , NLP c) posthumanistic experiences that involve the above two but also incorporate Asian philosophies of life-energy practices within self and outside self e.g., reiki.

### 3.4.2 Substantive axial coding

Substantive axial coding consisted of ongoing comparing and contracting within and between participants' data to understand the causal relationships between the concepts categories in Table 3.1. For axial coding, I used Corbin and Strauss' six Cs of social process as provided by Starks

and Trinidad (Starks & Trinidad, 2007). Graham (2010) also referred to Strauss and Corbin's six Cs of analytical questions as an effective strategy in GT axial coding: the central phenomena, causes, context, contingencies, conditions, and consequences. I also looked for variations in language and actions in participants' data to support deeper analysis, as recommended by (Woolard, 1985). I implemented the analysis to gain a preliminary understanding about the causal relationships between the central concepts and the rest of the concepts categories provided in Table 3.1. Elliott (2005) explained that the causal relationships between concepts categories within qualitative research relate to the sequence of events and the content of spirituality as lived experiences in participant data. These preliminary understandings supported the final coding phase.

### **3.4.3 Selective coding**

The selective coding phase corresponds with step 4c of the GT data analysis as shown in Figure 1. It involves the multiple coding of Self—the social work study participants—in relationships with the central concepts. This analysis phase was also enriched by the study findings on demographics and the social context provided in section 3.5. Special attention was paid to findings in Tables 3.3. and 3.4 that reveal two outliers among the study participants, Drew and Mandie, I decided to prioritize Charmaz's (2011b) position on CGT as a research method that promotes social justice. This objective was in line with Henwood (2008), who recommended centering marginality. It was on this basis that I confirmed the need to interview Drew a second time, to gain a deeper understanding of the data generated during my first interview with her and to explore if she had other lived experiences of spirituality to support a comprehensive study of her spiritual experiences. In her first interview, Drew dwelt on the extensive negative lived experience of spirituality and left no room for other case vignettes of

lived experiences of spirituality within social work to make up the minimum of three client case situations.

The selective coding phase lasted six months (September 2015 to February 2016); it was mixed with CGT theoretical memoing that I used to record the findings that emerged through continued CGT multiple coding from a deeper reflective stance. The process involved ongoing multiples coding, memoing, and preparing preliminary findings to capture the complex, dynamic, and abstract understandings that emerged as part of what Holton (2007) described as theoretical coding. Multiple coding and an analysis of language variations among study participants (Woolard, 1985) resulted in Figure 2, the conceptual schema of Self—the study participants' lived experiences of spirituality in social work practice. This ongoing comparing and contrasting within and between participants resulted in the findings chapters 4, 5, 6, and 7.

Fereday and Muir-Cochrane (2008) wrote about the importance of demonstrating transparency in how data is managed and analyzed in the development of theory. Referencing Crabtree and Miller's work, they proposed developing a code manual or an analytical template to support data management, outlining a systematic and transparent step-by-step data analysis that would help establish principles of trustworthiness and rigor, and ensuring the integrity of the research project. In this research project I developed Figure 1, which served as the visual and guiding summary of the research methodology used in this thesis.

### **3.5 Spirituality as Lived Experience in Social Work Practice: The Study Context**

The study findings in this section were generated through the data analysis process covered in section 3.3.5.2. In the process of writing up these findings, the initial findings were refined through the improved understandings gained from CGT open and axial substantive

coding. The demographics and study context provide important background information that in some respects is the foundation of the conceptual findings of spirituality as lived experience in social work, the CGT study conclusions. The section prioritizes results related to the 14 interviewed social workers.

### **3.5.1 Demographics**

A total of 67 Canadian social workers practicing in six provinces and having a client reach of eight provinces expressed interest in this study. Twenty-four out of the 67 returned the SSQ. Fourteen of the 24 were interviewed using a CGT theoretical sampling process; these 14 are the core CGT study participants.

The age range of the core study participants was 35 to 60. However, I did not ask a direct question in relation to participants' age to avoid the traditional myth that associates spirituality with older age. This high age range may be related to the study criteria of 10 or more years in direct practice. Other supplementary demographic information relates to gender, cultural background, and provincial representation.

Although there were more men who expressed interest in this study, there were six men out the 24 who returned the SSQ in the female-dominated social work profession. I was able to include one among the core study participants, Mervin. It was easy to garner some information about the cultural backgrounds as part of the interviews and through the data collected. I have considered this information important since Canada is an immigrant, multicultural country with people who have immigrated from all over the world. Eleven out of the 14 interview participants had European cultural backgrounds; two of the eleven indicated having both European and Aboriginal cultural backgrounds, one by birth and the other through marriage, and another two

out of the eleven had Middle Eastern cultural backgrounds. For the remaining three out of the 14 who were not of European origin, one was Aboriginal Canadian, two were of Asian ancestry (one was born and raised in Britain and immigrated to Canada as a child, while the other emigrated from China as an adult). There were no participants who identified themselves as having an African cultural background. However, this absence is minimized in light of my role as the main researcher and my African cultural background.

The 14 core study participants practiced in six provinces and they had a client reach of eight provinces, as one interviewee practiced in an interprovincial service agency; their national representation was exactly the same as those who expressed interest in the study. This study generated interest at a national scale (8 out of the 10 provinces and three territories were represented). I was not able to establish communication with the remaining four provincial associations and the one professional association that brings together the social workers working in the three territories. One provincial association was new and had no policy authorizing distribution of research information to its members.

### **3.5.2 Study context**

This descriptive interpretative portion of the study is based on the first data set, the self-screening questionnaire (SSQ) supplemented with the interview data. The study context provides some important background information on spirituality as lived experience in the personal and professional lives of Canadian social workers, prioritizing the core and the full study participants. I compared these with those who expressed interest in this study. The study context includes some important information about participants' lived experiences of spirituality during different stages of their lives and at different practice agencies, as well as what participants related to spirituality in their lives. For example, what did these social workers generally mean

by spirituality as lived experience? Does spirituality as lived experience mean beliefs, values, and practices or is it more than this? Were these social workers aware of spirituality during their childhood years, as teenagers, and during their social work education? What is unique about the social workers who are interested in spirituality as lived experience? These descriptive findings are also important because this may be the first survey among social workers on the subject of spirituality as lived experience, and a reasonable number of members of the profession indicated interest in it.

### ***3.5.2.1 Spirituality as lived experience and social work practice areas***

Information provided by social workers who expressed interest in this study included enough information to buttress some general understanding on their social work practice areas as provided in Table 3.2. These social workers were practicing in five broad areas: 1) physical and mental health hospital-based social work, which can be subdivided into the cancer ward or palliative care and mental health; 2) mental health and psychotherapy in public agencies; 3) social justice and community development agencies; 4) family and social welfare work; and 5) those focused on human development.

**Table 3.2. Social work practice areas**

<b>Area of Social Work Practice</b>	<b>Practice issues and focus of service</b>	<b>Expressed an interest 67*</b>	<b>SSQ 24*</b>	<b>Interviewed 14*</b>
<b>•Hospital-based</b>	Emphasis on physical health •Cancer care and palliative care	9	3	3
	Mental health •psychotherapy •dealing with what was described as spiritual distress •psychosocial counseling	12	3	3
<b>•Mental health •Psychological distress at community level</b>	•Mental ailments: addiction, depression •Family and social dysfunction leading to mental health issue—individual/family •Crisis intervention •Adjusting to life transitions	41	19	11

	<ul style="list-style-type: none"> <li>•Management of stress/PTSD</li> <li>•Disabilities</li> </ul>			
Combination of •Mental health •Social justice •Community development	<ul style="list-style-type: none"> <li>•Counseling</li> <li>•Community education</li> <li>•Affecting individual, social, institutional/structural change through exposure, resistance, and challenge of abuse (including sexual abuse)</li> <li>•Systemic inequality, oppression, injustice</li> </ul>	7	6	4
•Family and social services •Income security and welfare	<ul style="list-style-type: none"> <li>•Family and Child Welfare Services and family relationships</li> <li>•Child adoption</li> <li>•Employee Assistance Programs (EAP)</li> <li>•Counseling</li> <li>•Housing</li> <li>•Vocational rehabilitation</li> <li>•Employment and income security</li> </ul>	13	8	2
Human (resource) development	Social work in elementary schools and higher education institutions including emotional behavior specialization, critical thinking, mindfulness meditations, and therapies on change/life adjustments	18	7	3
	Mental health development in children/adults with special needs such as autism, Huntington disease	1		
Not indicated		10		

\* Cumulative totals exceed actual number of participants since most practices covered more than one area of human/social need.

Table 3.2 provides a general picture of the areas of social work where the core study participants were practicing in relation to the rest of social workers who expressed interest in this study. The table reflects the areas in which interview participants were practicing at the time of the interview, although I was made aware that they had also practiced in many other areas during their professional career. The findings chapters provide the full picture in this regard. However, Table 3.2 demonstrates that the social workers who expressed an interest in this study worked in a broad spectrum of human and social needs as body-mind-emotions-spirit-social beings.

Focusing on the 14 interview study participants, this table also reveals that spirituality as lived experience was closely associated with mental health; all participants interviewed related their practice to mental health and illness. Five out of the 14 participants directly related physical health to lived experience of spirituality in their practice. Four out of the 14 described their practice as combining individual case work in mental illness (health) and social justice work; they were specifically addressing sexual abuse and systemic oppression. Two out of the 14 were practicing in family and social welfare; three were involved in human growth/development work, including work in educational institutions. From this table it was clear that social work practice associated with spirituality as lived experience cuts across diverse interconnected and interdependent human needs. Table 3.2 provides a glimpse of the social work practice areas in which spirituality as lived experience features as important, whether for study participants, their clients, or their respective service agencies. The table illustrates that there was no difference in practice areas between the interviewed study participants, those who returned the SSQ, and those who only expressed interest in the study.

### ***3.5.2.2 Study participants and number of years in direct practice***

Who are the social work practitioners who were interviewed? How do they relate to the other participants who returned the SSQ or expressed interest? Eighty per cent of the study participants who returned the SSQ had 15 or more years of direct practice experience. This percentage was even higher among the interviewed study participants. They had an average of 25 years in direct practice; their actual number of years in direct practice ranged from 17 to 41 years. Study participants had a wealth of information reflecting the many years they had been in direct social work practice. However, one participant among those who returned the SSQ had only seven years in direct social work practice. He was included because his job position directly

informed this study; he was a spiritual health specialist social worker, practicing in a community program in a hospital setting. I did not include this participant among the interview participants, since he did not meet the study criteria.

### ***3.5.2.3 Study participants' social work and other training***

Eleven out of the 14 interview participants had an MSW; in comparison to seven out of 10 among the SSQ participants. All interviewed participants had attained addition training outside the formal social work training and they spoke about incorporating that training into their social work practice. Specialized areas of training included postgraduate and graduate degrees in areas such as philosophy, religious studies, psychology, culture and international studies; some participants made reference to spiritual psychology. Participants had diploma-, certificate-, and other unspecified levels of training included bio-energetic analysis and somatic psychotherapy, massage and touch therapy, and trauma therapies. Some of the participants included the study of the central nervous system and life energies, mindfulness meditation for improved health, eastern spiritual traditions and philosophies that relate to health and the body, different forms of life-energy such as reiki, chakra, and qui gong, and Aboriginal spiritual practices. Some of these programs had been offered in universities, such as the purposeful mindfulness meditation offered at the University of Toronto, Health Sciences Department for Health Care and Human Service Workers. In addition, participants referred to specialized training in various western therapeutic practice models utilized in their areas of specialty, such as emotional family therapy (EFT).

### ***3.5.2.4 Spirituality as lived experience recognized as a resource that supports wellbeing***

What did participants mean by spirituality as lived experience? When did they start to experience it in their lives? Study participants' responses during the interviews were compared

and contrasted with the responses in the SSQ in order to gain an improved understanding of these questions. The question relating to their lived experiences of spirituality during childhood, youth, social work training, and their social work practice are summarized in Table 3.3. All 24 SSQ participants recalled lived experiences of spirituality during their childhood/youth. Interview participants revealed that spirituality entailed fulfilling life experiences with family members and loved ones. There were also experiences of overcoming challenges, gaining insights, and healing. Overall, spirituality as lived experience was associated with availability and access of inexhaustible resources that supported wellbeing as opposed to incidents when resources were absent and wellbeing was undermining. The SSQ data summarized in Table 3.3, which shows a 100 per cent positive experience of spirituality during childhood, obscures disturbing experiences of abuse that some participants had in childhood. This was the case for Deanne, Amitola, and Michelle. This omission reveals the limitations of interpretive descriptive data. In interview participants implied a shift in the experience of spirituality during their teenage years, which they attributed to a rejection of their parents'/guardians' religious and cultural beliefs (see chapter 5).

**Table 3.3. Study participants' recollections of lived experience of spirituality during different life stages**

	Childhood/youth		During social work training		As part of social work practice	
	Yes	No	Yes	No	Yes	No
Returned SSQ only (10)	10	0	7	3	9	1
Core study participants (Returned SSQ & interviewed (14))	14	0	9	5	12	2*
Total	24	0	16	8	21	3

\*Among core study participants, Mandie and Drew had no experience of lived experience of spirituality during their social work practice.

### ***3.5.2.5 Lived experience of spirituality during social work training***

A number of participants had a reduced awareness or no experiences of spirituality during their social work training. This was the case for Rhona, Gabriella, Deanne, Michelle, and Olivia. However, Mandie, Drew, Eleanor, and Mervin had a heightened awareness during social work training. Mandie learned that establishing rapport was an important skill that was consistent with the unconditional love she learnt about and felt from her family. Drew referred to social justice as a key value that she had learned about from her religious family and throughout her Catholic-based schooling. This was foundational for her interest in social work; she also made reference to one professor whose life mirrored that value for her.

Five out of the 14 interview participants indicated that their experiences of spirituality were reduced during social work training or that they had no experiences. Jiao, Charita and Adeelah also referred to the absence of experiences of spirituality and no reference to spirituality during their training. Participants attributed their negative experiences of spirituality during training to the restrictions of rationale thinking and scientific theories that discounted cultural knowledge and the full human experience, dismissed the body and emotions, and failed to create an environment that allowed for diversity in beliefs. They also referred to the attitudes they encountered of spiritual experiences as a void/denial/suspicion of spiritual experiences. One participant referred to the hostility she experienced as a Christian student whereas she sensed that students of other faiths did not experience this. In her opinion, this was consistent with the professional policy that rejects people's belief framed as culture and religion but fails to provide a forum for dialogue on these difficult topics.

Four participants described significant negative experiences that undermined their wellbeing in relations to their work colleagues (Drew, Jiao, Michelle, and Mandie), although others referred to a general negative work environment in which they decided to either look for work or remove themselves regardless of financial implications. Some spoke about coping strategies. Participants mentioned poor work relationships between social workers and clients, high-conflict social work practice areas (specifically family and child protection), and many incidents where social workers failed to establish work relationship with clients. One participant explained in detail how social work was not better than any other social institution in respect to the presence of oppressive cultural hegemony; she compared the national and provincial social work associations to religious institutions. She noted that any institution that failed to establish mechanisms of systematic accountability at personal and institutional levels was bound to fail people.

All interview participants referred to unhealthy work relationships between fellow social workers as negative spiritual experiences. Spirituality as lived experience seemed to be generally associated with positive experiences except at times when participants felt overwhelmed with experiences that undermined their wellbeing (more on this in chapter 5).

**Table 3.4. Self-reported aptitude of spirituality as lived experience in social work practice**

Level of experience	Minor	Moderate	Significant
<b>SSQ (10)</b>		2	8
<b>SSQ &amp; interviewed (14)</b>	1		12 (+) 1(-)

(-) significant negative experience of spirituality in social work practice (Drew)  
(+) significant positive lived experience of spirituality in their social work practice

Mandie was the one participant who described only insignificant experiences of spirituality within social work practice. On the other hand, Drew described significant negative

experiences of spirituality within social work practice. She repeatedly referred to the negative client situations that seemed unresolvable and even referred to social workers who were her clients because of the cultural hegemony they experienced at an institutional level. The findings chapters will provide more on these differences of lived experiences of spirituality in the participants' data.

### ***3.5.2.6 Spirituality as lived experience in social work practice: Where is it practiced?***

Seven out of the 14 interview study participants practiced in government agencies, one in a religious institution, two in nonprofit organizations and seven were in private practices. Two of these were also working for public agencies. Three of the interview study participants were practicing and/or actively worked with clients in or from rural settings; the rest were practicing in urban centers.

**Table 3.5. Type of agencies where study participants were employed**

	Total (25)	SSQ (10)	Interviewed (14)*
Government	11	4	7
Religious	4	3	1
Nonprofit	4	2	2
Private practice	9	2	7

\* Column total exceeds number of participants because three of the interview participants practiced in more than one agency.

### **3.5.3 Conclusion**

This descriptive interpretive component has provided some hints of the study participants' interpretation of spirituality as lived experience at different stages of their lives. The majority of social workers who expressed interest and participated in this study were practicing in areas related to mental health (spirituality as lived experience was closely associated with mental health). The participant who worked at a religious agency made reference to mental health within the context of the prevention of mental illness. Generally, these social workers had

a deep understanding of the relationship between mental and physical health; they referred to embodied social work practice, as covered in detail in the findings chapters. Some were working in areas directly related to physical health, specifically cancer and palliative care. Based on the interview data, five out of the 14 participants had worked in Child and Family Services but had decided to remove themselves from that practice area because they felt that the policies and procedures undermined their clients' and their own wellbeing. Another key finding was that the majority of participants associated spirituality with positive experiences, although some emphasized the significant negative experiences of spirituality even in social work practice settings, as will be illuminated in the findings.

Overall, this section has provided a general overview of the study context; specifically Canadian social workers' lived experience of spirituality during their childhood and youth, perceptions during their training, and lived experiences within professional practice. It also provided some idea of how the interview participants fit into the larger group. Although these descriptive interpretive findings cannot effectively convey understandings about lived experience of spirituality, they confirm that all participants were aware of it as children and that they related spirituality to mental and physical wellbeing and health. This is a good foundation on which to build a clear understanding of social workers' conceptualizations of spirituality as lived experience within professional practice.

### **3.6 Strengths and Limitations of the Study**

I have identified three key strengths of this study: the study design, the rigorous CGT methodology, and member check-up. I reflected on Barbour's (2001) qualitative research evaluation criteria and I was able to identify six key methodological strengths of this CGT study. The study member check-up stage supported some level of assessment and validation of

preliminary findings from the part of this study – social worker’s conceptualizations of spirituality as lived experience- as reported in section 3.6.2.

### **3.6.1 Study design and CGT methodology**

First, this study design of spirituality as lived experience in social work practice from a generalist view of the profession coupled with the self-screening questionnaire plus the criteria of 10 years in direct social work practice resulted in participants with rich data. By using the publicity flyer and accessing study participants through the provincial professional associations, it was easy to access colleagues and those who were interested in the study and could invest time in it on personal and professional levels. This design generated a good self-motivated study participant group that remained engaged at three levels of data collection: the SSQ, interviews and member check-up.

The second strength of this study is the rigorous and systematic CGT methodology that supported the generation of the conceptual schema of the shared understandings of spirituality as lived experience among the study participants, as covered in the first part of this chapter. Charmaz’s CGT methodology with its key goal to advance social justice coupled with clear guidelines and allowed setting up a methodology that best suited the study data while building on the work of Strauss and Corbin (1990). Corbin and Strauss’ (1990) detailed step-by-step GT systematic process included the “cannons and cautions” on the causes of unsuccessful GT studies. I took them to heart. One such caution was the need to focus on concepts during data analysis and to start coding right after the first interview. I found that combining the these understandings about the do and do not of GT with recent CGT’s more recent articles which provided more detailed advice on the different phases or components of CGT was effective in moving the process along.

Second, CGT theoretical sampling supported the selection of 14 strong interview participants who were practicing in diverse social work fields and had many years of work experience. This produced rich data that supported deep understandings of spirituality as lived experience in their personal lives as well as in their practices. They also had a wide client reach of 8 out of 11 provinces/territories and they were also representative of the SSQ participants and those who expressed interest as revealed in the data (see Table 3.2). Third, the CGT pragmatic approach supported centering the outliers (Drew and Mandie) through theoretical sampling and preliminary data analysis. As a result, I was continually forced to think outside the box as the outliers presented unique contradictions and variations in the data.

Fourth, the data analysis in this study involved multiple coding even at the substantive coding level. These multiple coding were necessary because they supported the emergence of the conceptual schema and related finding, such as the content of spirituality as lived experience and what it entails; this was coupled with themes that emerged from data when reflected on through the central concepts. This process was also supported by data from multiple sources as required in GT study. This included published articles in addition to the core data source, participant interview data. Fifth, this study has a holistic philosophical framework that supports an inclusive and broad understanding of spirituality as lived experience that is consistent with social work goals. Shek, Tang, and Han (2005) identified clarity about the philosophical framework as a critical factor in evaluating social work qualitative research studies and the need for a framework that is consistent with the profession's multidisciplinary perspective. Lastly, the findings in this study have been strengthened through understandings gained from the three main stages of data collection and analysis: the descriptive interpretive data (section 3.5); the main study findings

(chapters 4–7); and member check data that helped to assess the usefulness of the conceptual schema. Findings on the latter are provided below.

### **3.6.2 Validation of the conceptual schema and related finding through member check**

For member check I prepared a short preliminary study findings report and member-check internal validity questionnaire (see Appendix H). In preparing this questionnaire I used Koelsch's (2013) approach to member checking that is beyond the traditional view of seeking subjective accuracy. I sought for internal validity for the conceptual schema through its central concepts and related findings among the interview study participants and assessed transferability to the full study participant, i.e., the participants who expressed interest and participated in the SSQ but did not participate in interviews. The two documents were distributed to the 24 full study participants through e-mail. In this process, I also paid special attentions to Barbour's (2001) critique of qualitative research that claims to incorporate member check within the context of the general saying that “the tail wagging the dog” implying undertaking member check as a window dressing exercise as opposed to genuine human and research development activity. I offered the study participants the opportunity to ask for an explanation of the study findings prior to their completing the questionnaire; four out of the five sought clarification.

Feedback was received from 9 out of the 24 study participants. That is 3 out of the 14 interview study participants (Olivia, Adeelah and Gabriella), and 6 out of the 10 who participated only the SSQ. Five of the participants in this latter group were men. This change in gender representation neutralized the over representation of women at the interview data collection phase. Overall, four women and five men participated at this data collection stage. Seven of the nine participants completed the questionnaire and their responses are summarized in table 3.6;

one of the interview participants and one of the SSQ participants responded verbally; their input is restricted to general remarks.

**Table 3.6. Study participants' rating of the effectiveness of the conceptual schema**

Assessment criteria	Scale of 1-5	1-Very Poor	2- Weak	3 -Medium	4 -Strong	5- Very strong
Supports understanding of personal (self) lived experience of spirituality			2 (includes Adeelah)	5 (includes Olivia)		
Supports shared understanding of spirituality as lived exp. in professional social work practice			3 (includes Adeelah)	3 (includes Olivia)	1	
Confirmation of relationships between personal (self) lived experience of spirituality and social work practice				2 (includes Adeelah)	5 (includes Olivia)	

Overall, as shown in table 3.6, the conceptual schema was assessed as effective in all areas included in the study findings validity questionnaire (SFVQ) designed as a simple internal validity tool. All participants scored the three areas assessed at a scale of 3 or more out of 5. I expound on the responses from member check to illuminate on strength of the conceptual schema and one of the key related findings.

Five out of seven participants assessed the effectiveness of the central concepts category Transcendent Life Energy (TLE) as Unconditional Love (UL) in Transforming Relationships (TR) With Self (WS) in Support of Wellbeing (WS) - TLE-UL-TR-WS-SW at a scale of 4 out of 5 in respect to supporting shared understandings of spirituality as lived experience in

participants' personal lives. Participants' comments included the following: "it is clear, inclusive and allows personal interpretation"; "it identifies the key concepts . . . transcendence, love and self . . . [and] their interaction in lived experience."

In respect to assessment of the rest of the conceptual schema as presented in Figure 2 within the context of professional social work practice, the scores were equally high. The scores of three of the participants were 3 out of 5; another three at 4 out of 5 and one at 5 out of 5. The participant who scored the central concepts at 5 out of 5 remarked: "I think this is important work to help facilitate dialogue, examination and growth regarding spirituality in our lives and practice." Among those who scored it 4 out of 5, Olivia explained that this concept will support good conversations in the classroom with students about the nature of relationships, the nature of spirituality and the social contexts wherein these conversations don't typically occur. She wrote:

I like that the emphasis is on transcendent life energy as I believe . . . the interaction between practitioner and student/client/colleagues is an energy exchange. As such the notion of unconditional love captures the heart connection which promises transformation on all peoples involved.

Another participant (coded B17 as he did not participate in the interview part of the main study ) who works in a corrections center explained that clients often need the kind of support that is transcendent energy and love to get them out of difficult situations and to help them not to feel isolated and alone; spirituality helps them to create meaning in their lives even in times of deep trouble. B17 stated: "It also enables people to become transformed into becoming more effective, humane, caring people." Study participants who scored it at medium (3 out 5) indicated desiring a longer report and more information to support a deeper understanding of the central concepts. Some specified needing case vignettes to help them understand the interrelated interconnected levels of interdependence related to transcendent life-energy.

The two participants who provided verbal feedback had related concerns. Gabriella stated that although she recognized the value of the conceptual schema she found it difficult to rate her understanding on a scale because of her awareness of spirituality as transcendent that could not be confined in any way. Her concern relates to Adeelah's explanation in relation to her choice of medium; she emphasized that any conceptual framework is limited because it involves understanding about the unconquerable people's inner worlds such as emotions. I interpreted this to mean that, just as lived experiences cannot be fully understood so too the outer world; however, we are able to abstract certain shared meanings out of this complexity.

In respect to the assessment of understandings that emerged from the conceptual schema that spirituality as lived experience related to inherent interconnection transformative relationships between self and social work practice, 5 out of 7 confirmed that relationship at a score of 5 out of 5 implying, a very strong relationship. The remaining 2 scored that relationship at 4 out of 5. One participant (B17) associated personal lived experiences of spirituality in social work practice as living in integrity. He wrote:

I believe that I want to live a congruent life . . . my values at home/family are congruent with my professional values and ethics . . . living in integrity gives one a sense of self-esteem and purpose and if we want the clients to live this way then obviously we the social workers need to live in that same manner acknowledging that we too are not perfect.

Along the same line, Olivia wrote: "I have developed greater equanimity over the years and deeper appreciation that each and every relationship has the potential to further my own growth." Others reached a higher potential in respect to human BMESS being and to living a life of integrity and connectedness. They related it to social work's goal to create a more connected and just world. Another participant explained that it is critical to value personal and professional

lived experiences of social workers if social workers are ever going to value clients' lived experiences.

Furthermore, there was no difference in responses between the two groups of participants, implying a good level of transferability among social workers with lived experience of spirituality. These findings are important because they establish the study findings in the main component of this study (chapters 4, 5, 6, and 7) that is, the conceptual schema that supports shared understandings of spirituality as lived experience in professional practice. The positive assessment of the conceptual schema from member check at multiple levels relates to the very nature of spirituality as lived experience: inherent, interconnected relationships, as will be illuminated in the findings chapters.

### **3.6.3 Limitations of the study**

There are two methodological limitations in this study; I expound on them below. There are also three potential limitations to the usability of the study findings. First, some social workers expressed difficulty in appreciating the purpose and importance of the conceptual schema, in large part because they assumed that it was a rigid structure when in fact, qualitative research and spirituality as lived experience is more fluid. The conceptual schema is not a rigid structure, rather it is a soft theory (Beckett, 2006) that seeks to describe and explain the *what, how, and why* of spirituality as lived experience in participants' lives and social work practice. Second, the absence of a distinction between belief and values acquired through socialization (intellectual knowledge) and those acquired through individuation as part of lived experience (transforming knowledge) within contemporary social work knowledge and literature. Third, the general tendency among some people to view the social work profession in a restricted sense, as

only a social science. The latter two interrelated points are mentioned here, but they are addressed in detail in chapter 8.

As the first methodological weakness relates to the critique raised by Ife (2008) about social work knowledge and practice theory that is developed without the involvement of those it is meant to serve. This is a significant limitation in light of the study finding that spirituality as lived experience is about inherent, interconnected human relationships. Within this context, it is imperative that the conceptual schema that supports a shared understanding among social workers is verified with the study participants before it can be considered relevant to social work practice. This weakness is acknowledged and not surprising, given that this academic project is exploratory in nature.

The second methodological concern relates to the quality of the SSQ used to recruit the study participants. As I was preparing the descriptive study report, I realized that some components of the SSQ were poorly designed, particularly the questions about past experiences of spirituality. These responses were categorical in nature, that is, “yes/no” answers, within the context of a qualitative study and with the variability of spirituality as lived experience, a phenomena that would be best understood through the Likert scale as part of basic social science knowledge (Hoyle, Harris, & Judd, 2002). The nature of the SSQ questions meant that part of the descriptive interpretation (section 3.5) were limited in value and depth. However, this problem was mitigated by the interview data. More importantly, the SSQ data was effective in guiding the CGT theoretical sampling process, and the rest of the SSQ data was valuable in providing the background information that supported the data analysis in main study.

My research goal to establish a conceptual schema that would support a shared understanding of spirituality across a broad spectrum of human experience meant that some form

of a structure had to be in place, albeit a fluid and inclusive one. This was critical to ensure some level of shared understanding while reflecting on the cost of lack of action within the context of professional services in the 21<sup>st</sup> century. GT data analysis and coding methodology, specifically Corbin and Strauss' coding criteria using the six Cs of causal relationships was a perfect fit for coding participants' data through the preliminary central concepts, which I continued to expand and refine to include all study participants' lived experience of spirituality. Initially this appeared like an impossible task but I soon realized that it was the outliers who enriched and broadened the shared understanding.

The central concepts category TLE-UL-TR-WS-SW and the full conceptual schema as a whole is easy to interpret once one focuses on the central concepts in relation to Self and the different locations the Self occupies within the social process and within social work. The central concepts category TLE-UL-TR-WS-SW made up of five concepts as the most inclusive conceptualizations of spirituality as lived experience. This means that even participants who related to just one part of the central concepts to support their wellbeing are included. Attaining the goal of a conceptual schema to support a shared understanding within professional practice required abstracting from the thick qualitative data. This study has generated contextual knowledge about spirituality as lived experience among 14 study participants who are social workers. Within the context of qualitative research, the goal is not to generalize; Fook (2002b) and Beckett (2006), among others, explain the concept of transferability of such research knowledge.

# **Chapter Four – The Conceptual Schema of Social Workers’ Conceptualizations of Spirituality as Lived Experience in Professional Practice**

## **4.1 What Is This Chapter About?**

The main goal of this study is to develop a conceptual framework that supports a shared understanding of spirituality as lived experience in professional social work practice. This chapter is the first of the four chapters on findings. It is focused on explaining the conceptual schema that emerged through multiple GT coding of participant data. In this chapter I discuss the content of, attributes of, nature of, and variations in what spirituality as lived experience entailed for participants in their lives and social work practices. The remaining three findings chapters focus on spirituality as lived experience in 1) study participant social workers’ lives; 2) in their social work practice and; 3) and in the intertwined lives of social work practitioners and their clients.

This chapter is organized as follows. Section 4.2 provides the overview of the chapter; 4.3 is an introduction of the complete conceptual schema which comprises four concepts categories . Section 4.4 is focused on the names and attributes participants used to describe the central concepts, coupled with their variations, plus the corresponding differences in the relationships participants established with the central concepts in their personal lives and social work practices. Section 4.5 provides a glimpse of the full conceptual schema through the lens of the study participant data. The final section, 4.4 concentrates on the key findings about spirituality as lived experience—that is the conceptual schema and what it entails. I also introduce the three themes about spirituality as lived experience in participants’ lives and social

work practice that emerged from the data through this conceptualization. The data is interpreted through Self that is, the study participants who are social workers.

## **4.2 The Main Points**

This chapter accomplishes four tasks.

- 1) It introduces the main study finding—the conceptual schema of spirituality as lived experience through the central concepts category TLE-UL-TR-WS-SW, which supports a shared understanding of spirituality as lived experience among this study participants.
- 2) It uncovers the variations in names that participants used in reference to spirituality as lived experience. These variations translated into differences in how participants established relationships with the central concepts TLE-UL-TR-WS-SW. In the process of life, these variations expose the inherent interconnected, interdependent, transformative relationships and individuation as part of ongoing change from multiple positions.
- 3) It provides a glimpse of the full conceptual schema.
- 4) This chapter also unveils the three themes that emerged from the data through the shared conceptualization of spirituality as lived experience in social work practice.

## **4.3 Introduction to the Conceptual Schema**

In this thesis, I argue that the central concepts category of spirituality as lived experience in professional social work practice is **Transcendent Life-Energy (TLE) as Unconditional Love (UL) in Transformative Relationships (TR) with Self (WS) in Support of Wellbeing (SW)** (abbreviated as TLE-UL-TR-WS-SW) and Self understood as body-mind-emotions-spirit-social (B-M-E-S-S) being. This central concepts category comprises the broadest interpretation

of spirituality as lived experience found in the data. This grouping of concepts is the core that supports a shared understanding of spirituality in participants' lives and in their social work professional practice. The three additional categories of concepts that form the conceptual schema are the causal concepts, contingent concepts, and outcome concepts. These three concepts categories represent structural causal relationships between concepts categories with respect to the sequence of events in lived experience and in social processes (see Figure 2). In addition to these four concepts categories, there are two other factors that inform spirituality as lived experience: the social context and intervening individual conditions including significant personal lived experiences.

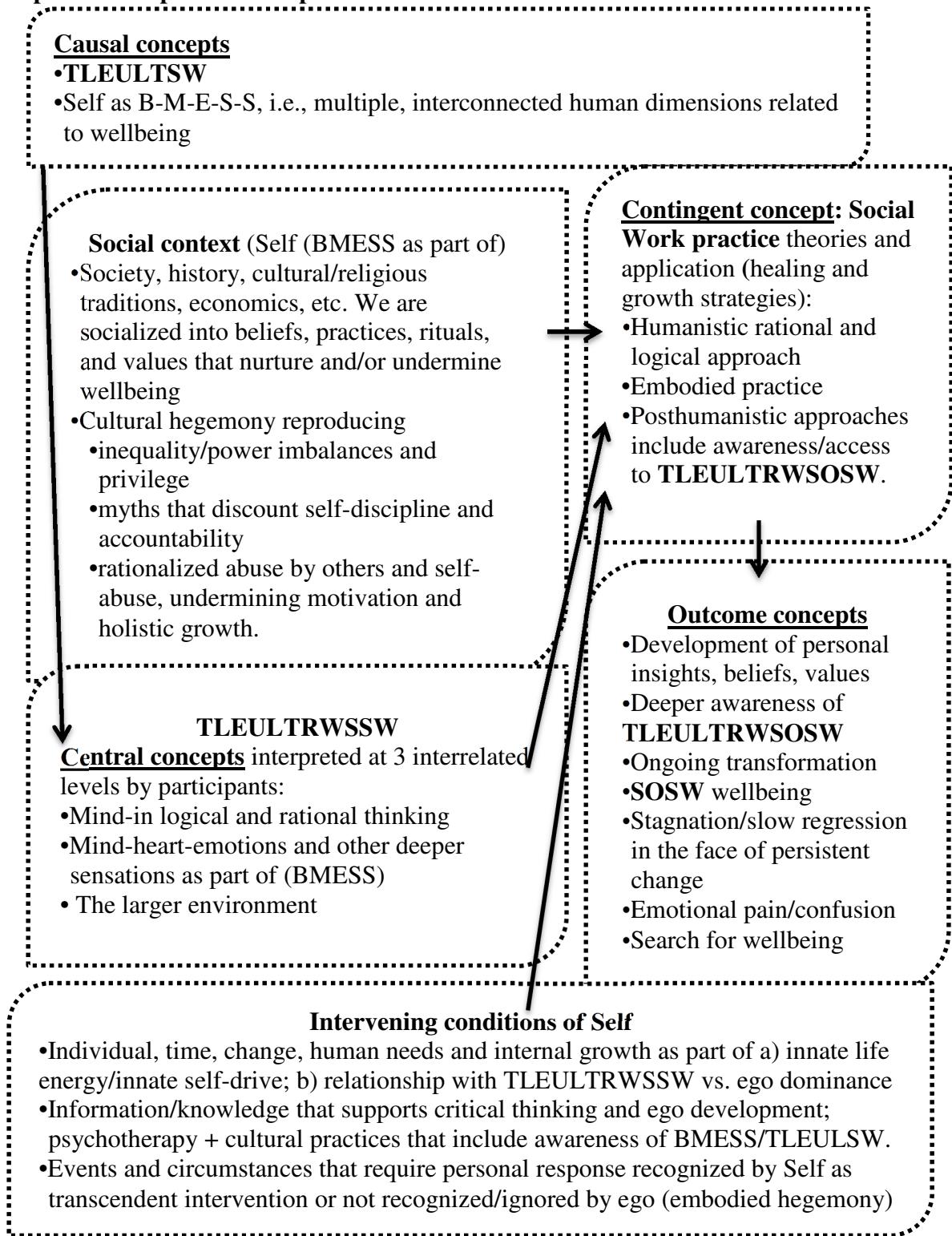
These four concepts categories, as evinced in participants' data, are an interconnected reality and support an inclusive and shared understanding of spirituality as lived experience. They also provide the full conceptualization of spirituality as lived experience in social work practice. Participant data prioritized Unconditional Love and the causal concepts category as critical in supporting wellbeing. The table below interprets the conceptual schema that emerged from the data, summarized in Figure 2.

**Table 4. The conceptual schema and related causal relationships**

	<b>Components of concepts categories—the acronyms</b>	<b>Position/order of concepts categories</b>
<b>Causal concepts</b>	TLE-UL-T-SW (Transcendent Life Energy (TLE) as Unconditional Love (UL) That Supports Wellbeing TSW)) in inherent, interconnected, interdependent, transformative relationships with Self as B-M-E-S-S being (Body-Mind-Emotions-Spirit-Social)	Prerequisite concepts

<b>Central concepts</b>	TLE-UL-TR-WS-SW	Self as BMESS merged with TLE-UL-TSW as part of inherent, interdependent, interconnected relationships.
<b>Contingent concepts</b>	TLE-UL-TR-WS-O-SW	Self with “O” others in social work practice—in inherent, interconnected, transformative relationships.
<b>Outcome concepts</b>	S-O-S-W (subjective-objective-social wellbeing)	The outcome: wellbeing of self (TLE-UL-TR-WS-O-SW) in social work practice inherently interconnected with the wellbeing of others/clients
Social context	Social and cultural resources	The impact of the environment on one’s wellbeing—positive and negative and vice versa (individual in the environment )
Individual intervening conditions	Personal lived experience, awareness of causal concepts (see above) as UL, and accessibility—to establish or/fail to establish transformative relationship and individuation process towards healing, etc.	The presence of ongoing change and opportunities related to transformative relationships and individuation that present in people’s lives over time. Vis-à-vis praxis in relation to resources that support awareness and to overcome embodied and social hegemony

**Figure 2. The conceptual schema: Social workers' conceptualizations of spirituality as lived experience in professional practice**



\*The dotted lines denote the abstract, dynamic and dialectical nature—and interconnectedness—of spirituality as lived experience.

#### **4.4 TLE-UL-TR-WS-SW: Self and the Central Concepts Category**

The findings in this study are set out through the story line of Self—social workers practicing in diverse fields. Understandings about spirituality as lived experience in social work practice include their perceptions, actions and interactions, beliefs and values over time in their personal lives and in social work practice, within the context of shared stories and incidents of lived experience of spirituality. The concepts categories in the conceptual schema relate to Strauss and Corbin's six C's (Starks & Trinidad, 2007) that explain life and social processes. The central concepts category: Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self in Support of Wellbeing—TLE-UL-TR-WS-SW is the main concepts category through which all data has to be interpreted and understood.

##### **4.4.1 Variations in names of TLE-UL-TR-WS-SW**

This section highlights the various ways participants named—and interpreted—the central concepts category: Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self in Support of Wellbeing—TLE-UL-TR-WS-SW. The names that study participants used implied a shared understanding of the existence of transcendence: universal life-energy, higher power, creator, transcendent life-force that supports wellbeing. At different stages in the course of their lives, all study participants became aware of and acknowledged different components of TLE-UL-TR-WS-SW, although they used different names for it and made reference to this shared reality with varying emphasis and importance. In this section I discuss the various names participants used, although I reserve a discussion of unconditional love and other related attributes for section 4.4.2.

Mervin, a psychotherapist for 24 years with an MSW as well as an educational background in philosophy, psychology, and religious studies, talked about spirituality as the

beginning and end of the visible, invisible, and transcendent life-source. He used the analogy of a fish in water to explain the reality of the transcendence of human being:

Spirituality reminds me of the story of a fish living in the ocean and may be this fish swims over to its mom or dad and says, somebody is talking about the fact of water, like what is water? In a way spirituality is like that. It is the air we breathe. . . . It is not for us to understand it; it is for us to experience it. . . . It is also dynamic as opposed to an entity.

....

To me spirituality is more of an attunement or just an awareness of where you are; awareness of the air that's around you. . . . Maybe if we asked people if they have an awareness of it, most people wouldn't. It's just so are you aware that it is there around you and it's what you're breathing so it must here. So there may be other things that are around you and are vital to your existence and your ability but you are not aware of it. To me spirituality is more of the essence. . . . It is part of how you live, a dimension of what it means to be alive.

Mervin dwelt on the relationship with Transcendent Life-Energy, explaining that it was a resource that was available to everyone. It is dialectical and cannot be fully understood. He emphasized that people relate to it and expressed a relationship with it in multiple ways that are beyond self:

Just as people are on a journey, sometimes they are grieving, sometimes they are sad, sometimes they are happy too. Spirituality is the understanding that we are not the end, we are not the creator. There is something greater that brings all of us into some form of relationships and community. And because of that, while we do not have any control, we have influence . . . [and] on other people.

Participants also implied that spirituality as lived experience was about shared human experiences. They used terms such as intuition, deep essence, intelligence, mind, imagination, beyond mind, and beyond self. Some participants made reference to religious/cultural names, others were flexible and open minded. Both Gabriella and Deanne used the name "God." Gabriella used it reverently in reference to her lived experience of spirituality, while Deanne talked about moving in and out of a relationship with God in a religious context. She also referred to her lived experiences of spirituality as intuition; she implied an awareness of the

Creator and also talked about transcendent life-source. Mandie, Michelle, Jiao, Drew, Eleanor, and Adeelah objected to the use of “God” in reference to spirituality as lived experience.

Adeelah stated:

The word “God,” I’m very hesitant to use because it means different things for different people depending on what religious context they come from. . . . I have a very open concept that allows the beliefs of all religions, because to me it is that inherent intelligence and life force that flows through everything constantly. And that doesn’t have any religious context to it. . . . Beliefs to me are of the head, they’re of the mental and a lot of people will think things through in their head and they will say this is what they believe . . . but it’s not an experience. And to me an experience comes through your whole, your body, your thought, your feelings and your spirit, it’s all together unified. . . . And then when you have an experience of something then you have a real knowing and understanding of it.

Adeelah, who grew up in a nonreligious family, described her experience as growing up without limiting religious beliefs: “I’m open to experience and what I find is that people will say ‘do you believe in God?’ and I say, ‘I don’t believe in God, it’s an experience for me.’” Adeelah’s quotation emphasizes the distinction between beliefs and lived experiences. Adeelah emphasized that Life Energy is transcendent and not an entity as some religions and cultures teach. She was also opposed to religious claims and interpretations that claimed exclusive possession of knowledge and restricted exclusive relationships and accessibility of Transcendent Life Energy; she emphasized unconditional accessibility and love. She described and explained life energy as “inherent intelligence” that supported life and wellbeing, was connected to everything, and was beyond self. It was connected to people but was also beyond people. It emerged as Transcendent Life Force, some form of inexhaustible life-giving energy that was dynamic and could not be fully understood.

Jiao referred to spirituality as a resource that was accessible to everyone and not based on religious standards. As part of her spirituality, Jiao shared her experience of learning about chakras, the Indian traditional Ayurveda medicine system of the body system and wellbeing. It is

Something bigger than this physical body, it's connected to a bigger field, the universe, the whole concept of energy. For me that is spirituality, because it's not attached to any religion, like you don't have to—you don't need to believe in any religion . . . it is like traditional Chinese medicine, you don't need to be a Buddhist to be better at this. It's independent from your religious belief like this is something that's there for you to use, for you to benefit.

#### **4.4.2 Attributes of the central concepts TLE-UL-TR-WS-SW**

Participant data illuminates four key attributes of TLE-UL-TR-WS-SW: 1) reverence of a higher power that is manifested in participants' interdependent, transformative relationships, 2) a depth and breadth to transformative relationships, 3) sustained unconditional love, and 4) participants' inexhaustible inspiration and quality of transformative relationships. I use Eleanor's data to illuminate these depictions and highlight some points using shared experiences of three other participants.

Eleanor has an MSW, with a specialization in spirituality and death, and other related training in bio-energetic analysis and somatic psychotherapeutic modality, breath therapy, reiki, and other life-energy practices. She had worked mainly in palliative care and has been a psychotherapist for most of her 29 years in direct practice. A lot of what Eleanor shared as her lived experience of spirituality reveals an understanding of the breadth, depth, and quality of Transcendent Life-Energy. She recalled the deep connectedness and sense of belonging to everything during her childhood.

The river is about a mile wide and it would be frozen and I would lay my back on the ice and look at the darkness and the sky and just sing and sing and sing and so people would hear me on the road as they walked by. I just had such a sense that I belonged to the earth, that I belonged to my village . . . not just to my family. I had such a deep sense of connection in belonging, especially with nature. I had a sense of the vastness of the darkness, I wasn't afraid of the darkness. I loved the mystery of darkness and I loved how my imagination would run wild when I was just there laying on the ice. And in the summer times and in the fall you would hear these patterns of sounds as people would be piling their wood for winter. I

could smell the wood and hear the wood stove going and hear all kinds of sounds going and all those things were strange pieces of strength that kind of connected me to the seasons and to practical life.

This description of Eleanor's childhood incorporates all of what she was and is as a person including her senses, her family and community, and her surroundings, the river, river bank and surrounding nature. Eleanor had an open mind, and as a young person she embraced the mystery of darkness and was not afraid to engage her imagination while in it. In her statement, she gave a glimpse of the breadth and depth of relationships that she enjoyed: "I had such a deep sense of connection in belonging, especially with nature."

Eleanor experienced an intimate and interdependent relationship with TLE-UL-TR-WS-SW as a young child, which she described as "belonging to God and God belonging to me." She also experienced pain as a child from deaths in her family and still associated it with Transcendent Life-Energy as unconditional love that involved joy, pain, and much more. She explained:

There was a lot [of] deaths in my life . . . cancer was very prevalent in my family . . . death probably every two years and my family died at home. My uncles and aunts and grandparents—people would take care of the relative at home and would go to the hospital only when we needed to . . . watching their bodies become very nauseated from cancer really frightened me and at the same time drew me in. The vulnerability . . . and we used to make cards and write letters . . . stick them on their walls to make them happy and to bring some joy.  
My father was Irish Catholic and so . . . we would have [a] wake at home and after the visitation people would . . . have a party with alcohol and food and singing and laughing and crying, telling stories and more crying and laughing. Death would hurt me . . . as a young child. I remember the pain I felt in my body in the physical way, the heartache and the searching kind of feeling that comes with grief. . . . I also had a sense of belonging to this community and the family system that I knew I will be okay.

Eleanor negotiated with God about her feelings:

I have a very open heart, . . . the fear of loving and asking God to keep me from suffering and I remember that as a child . . . I talked to God and looked at the sky and clouds moving beyond the branches . . . longing conversations. I remember

saying to God, “what am I going to do with so much love in my heart? What do I do with this love?”

Eleanor also recalled rebelling as a teenager and related it to her social work training, when she began to critically reflect on how religion and other institutional inequalities denied her and other women the opportunity to be their very best. She considered becoming a priest and committing all her life to service in the church but then found out that as a girl this was not an option. She felt betrayed by the church and other institutions that held similar beliefs and values, including her culture.

Within the context of unconditional love, Eleanor spoke about being drawn to courses relating to death and dying, asking TLE-UL-TR-WS-SW to protect her from the related pain. She also dwelt on experiencing a different kind of pain during her social work training as she was separating herself from her religious beliefs. She explained:

When I went to social work I was drawn to studies around death and dying, women issues, addictions. I became more politically aware around structural social work; it changed my paradigm. . . . It was a great lesson to me however; it did start the unraveling of deep paradigms and religious beliefs. [It] . . . caused even more suffering because it was very painful for me. And it felt like a spiritual crisis; and it did feel like a profound death. I felt my body hurt and I really was grieving and that process took about, I would say five to seven years, before I stopped feeling that kind of pain and had peace inside myself. And I had a different world view or way to hold my sense of the sacred.

Eleanor indicated that the loss of her religious beliefs and dogma and yearning for connectedness was what caused her pain. Through this process, she had come to an understanding and sense of belonging that was far greater as TLE-UL-TR-WS-SW and her relationship with it was further enriched. Eleanor, whose mother is Aboriginal, also struggled with some of her cultural traditions and beliefs:

Where I am in my life, there is no desire to belong to any kind of organized religion or philosophy whether it would be Christianity or even the native spirituality. There are elements in all these that I would draw from and I have great respect for but I have no desire . . . being part of any group. I feel a great

sense of peace and understanding in my life trusting—being very humbled by all the things I do not know for sure and being very okay with that and not afraid. And while I moved away from that tradition and from structured religion my sense of sacred has kind of exploded and my sense of spirituality, or if you want to call it God, although it is formless or shapeless really has expanded beyond that.

Other areas of her life for Eleanor were not spiritual, and she chose to remove herself from them while stationing her-self near others even when they caused pain. She specifically referred to the time after graduating with her first degree when she worked for Child and Family Services. She found it unbearable because of the pain she felt when children were separated from parents and when people hurt each other in her job. She chose to volunteer at a hospital, and in the process realized she had overcame the pain from death. She moved to a lower paying job with a nonprofit organization and established her social work career in palliative care. She was blessed in this.

In respect to her personal life, Eleanor acknowledged that she was in her late years in life but had a young family. Sometimes she feels stretched to the limit with work and raising a family but she felt no desire to ask why.

I just feel this is life, it has challenges and beauty and even in challenges there is beauty. And in the midst of things we [referring to her paralyzed spouse] have a sense of humor and we are able to laugh at things . . . and not being afraid to laugh at ourselves, that spirituality or philosophy guides, and in the midst of all this I find myself joyful. Spirituality and hope go together, looking for where hope is in all of this. Where is it leading to? Not everyone is able to go there but that is how I was wired.

Eleanor further clarified that she was not in full control of her life: “I’m not in full control and the more I try the more I find myself in a mess, humbled again and again, here I go again.”

Eleanor’s awareness of and reverence for the magnitude of TLE-UL-TR-WS-SW was repeated in other participants’ lived experiences of spirituality. Charita was also a social work

practitioner in palliative care. She had been in this practice for the last 17 years and had an MSW and a background in religious studies. She described her childhood:

I come from a very spiritual home and I say spiritual not religious. There has always been a recognition in reverence of a higher power that you can turn to, seek guidance and strength. I am a practicing Hindu, which is interesting to practice a faith in a country where that faith is not prominent . . . was the only kid in my class . . . when we came to Canada. So probably from age ten onwards. . . . [Spirituality] has always been a running theme throughout my life. I see my parents pray, we have an altar in our home. I was raised with all those rituals and structures in place and then we would have a lot of conversations as well, lots of time to ask questions and have them answered in an honest way rather than in a punitive way that you are being judged for not believing hundred per cent. So it is there; it was always there.

Charita referred to her devotion to a higher power as unconditional love and associated it with the love she also found in her family home. It was a resource that also supported her at school during times when she felt discriminated against. Her relationship with TLE-UL-TR-WS-SW sustained her in other challenges of life as well, even as an adult, and it supported her in her social work practice.

Deanne, another MSW social worker in palliative care, with 37 years in direct practice and a practicing Christian, albeit with a critical viewpoint, made a direct reference to the centrality of love in her life and in social work practice: “there is nothing we can do in life without unconditional love.” Deanne experienced many forms of abuse as a child, had a traumatic life as a teenager, and had mental health issues in the midst of raising her family and in her social work career. In describing her recovery from her mental illness, she explained that it was the discovery of unconditional love that supported her healing: “from my own spiritual healing I came to the understanding [the] . . . pain that comes from our resistance. . . . If you are going to resist what is, you’re going to be struggling against the universal times, against your own spirit or your own self.” She made reference to the time she had rejected any form of belief

in TLE-UL-TR-WS-SW. Deanne explained this understanding by quoting from a book she was reading: “Love changes the way we think about our disease. . . . Healing comes from transformed perception. . . . Respond to the problem with love instead of fear.”

TLE-UL-TR-WS-SW in relationship with Self was about multiple relationships that were interconnected, as indicated in participant data. Eleanor expounded on this point and related it to wellbeing. She also hinted that the quality of these relationships vary among people:

As human beings we need to be connected to ourselves first of all in order to be well; and we also need to be connected on the outside, to others; although how much this is varies from individual to individual. I use the words engagement, belonging, attunement, presence, and meaning making, meaningful connections, and meaningful presence so it does matter, the nature and quality of our connection and engagement.

Participants displayed three different types of relationships with TLE-UL-TR-WS-SW. Some participants framed their relationships with the central concepts within the context of Self and other people (TLE-UL-TR-WS-O-SW). Others made reference to spirituality as lived experience with no reference or recognition of TLE. I refer to this as humanism and the rational mind. Mandie is an example of this. She held strong beliefs and emphasized the value and practice of Unconditional Love. Others participants framed their relationships with the central concepts in a broader and deeper context that emphasized Self *and* others as whole beings (B-M-E-S-S). Yet others, such as Eleanor, extended their relationship with TLE-UL-TR-WS-SW and others to everything in the environment. I use Adeelah’s words to refer to this most extensive relationship: “Life-Energy that is Greater than all of me.” I now turn to discussing these three stances.

#### ***4.4.2.1 Humanism and the rational mind***

In this section I discuss participants whose relationship with Transcendent Life-Energy was framed within the limits of rational human understanding or who had disregard for

Unconditional Love as the foundation of Transcendent Life-Energy. I observed the tendency to interpret Unconditional Love limited to rational logical thinking and framed within human capacities, beliefs, and values. This discourse is consistent with traditional positivism and humanism. It is also consistent with religious dogma that assumes full knowledge of Transcendent Life-Energy, contrary to the generally held belief of a Creator and universal life-energy as transcendent and beyond human understanding. I discuss the lived experience of spirituality of three participants who demonstrated a humanistic approach to it. Mandie's and Gabriella's lived experiences of spirituality were consistent with this approach, while Rosetta's experience points to a transition away from it.

Mandie held a bachelor's degree in social work. She had worked as psychotherapist with children and adolescents for 20 years. Mandie described herself as a closet atheist and humanist who believed in unconditional positive regard. She made reference to Carl Rogers' work and others who advocate for "doing good for goodness' sake." Mandie grew up in a loving family and was treated with unconditional positive regard, so she found it easy to respect others regardless of how they behaved. She truly cared about making deep connections with her clients as the foundation for change to happen:

We were told how important rapport is, how important engagement is. One of the most powerful things I remember was the question about, is there really such a thing as noncompliant clients, someone who doesn't show up or is there something that we need to do differently in order for them to show up. So that was really powerful for me. If the clients are not responsive to us then we have to do something different, they're not coming to us then we have to do something different because we're not meeting their needs. I don't blame the clients when they don't follow through or whatever, I change the way I do things; I change my expectations. How that relates to spirituality I'm not sure.

Mandie also expounded on her discomfort with religion, naming it as the cause of many social problems including religious wars. She explained that it took her 10 years of struggle to come to terms with her beliefs. She expounded:

I'm quite a passionate although a closeted atheist. Like I read a lot of Richard Dawkins stuff and I do believe that religion is the downfall of the world because of the extremists but also because of the moderate people who are following along religion like sheep.

Well the extremist people, Christians, Muslims, and extremists, atheists too, anybody that's projecting their beliefs in a violent or aggressive ways onto other people is terrible. The moderate people are just thinking . . . what works for them and throwing away the rest and pretending it didn't happen and that just didn't sit well for me.

Mandie's relationship with and interpretation of Transcendent Life-Energy was framed within the context of the unconditional love she experienced as a child which she felt was restricted and abused by religion. She implied seeing this happening to her clients.

I think [of] religion as social control and many times a cult and so when the kids bring up religion into a session but sometimes when they talk about suicide and feeling guilty for being in sin, you know I feel like I have to stumble for my own therapy because I cannot project my atheistic beliefs on them at any time clearly in that situation. So I struggle over trying to find some words of comfort at that time.

To understand Mandie's interpretation of what she referred to as humanism and unconditional positive regard, I asked her about where positive human potential came from and how clients were able to control their negative human side. She answered:

I did a religious studies course at university and I did find that I aligned more with the eastern religions, with the things like karma. So maybe I do believe in some kind of energy out there, the equalizing energy and that's where the human potential comes in. . . . I think we need to cultivate it, and that's part of the role that I'll play in people's lives; if I could get them to the place where they take the opportunities to meet their full potential. So that's kind of my role, there's potential out there for them to be good and decent, happy, loving and caring people and I just need to help them go that direction. It's up to them.

Mandie's lived experience of spirituality was literally framed within herself and what she could understand through her mind while guarding against religious infiltration. She made limited reference to experiences of spirituality in her practice; specifically, she experienced intuition and mentioned counting on human potential but indicated not being sure about her clients' future. Although limited by her humanism and mind, Mandie described incidents of good relationships with her clients; her practice of unconditional positive regard seems to have contributed to this.

I feel like the work I do is spiritual but not religious. It's spiritual that I'm connecting with people on a different level than the other average person does. I have a strong belief in the human potential and the needs of people to be heard. . . . I don't really have a good definition of what that connection is. Some might describe it as spiritual. . . . After they're done sizing me up and decide whether I might be somebody who can help them . . . somebody who they can trust and they kind of let me in. And then I can feel the relationship change to a healthy relationship.

Gabriella has an MSW and has practiced for 20 years. She is a program manager supervising social workers who provide counseling services to schools and church-based agencies. She described her job as a beautiful fit that supports her faith. Gabriella was introduced to Christian beliefs through her parents and has practiced Christianity regularly since then because it has served her well even as an adult. However, she recalled her time at university and feeling the tension of people resisting Christianity:

I had friends from all walks of life and we would have conversations together and I think being in the social work program there were a lot of conversations that talked about spirituality in a very broad form and talking about respect for where people come from and their different beliefs and here I was kind of listening to these kind of conversations and embracing that but it was interesting because they could talk about different kinds of faiths like Buddhism maybe or Native American or maybe somebody being agnostic or atheist and just kind of having what they might have referred to as more of a new age kind of influence. But if there was a reference to Christian beliefs and seeing that there was more of a caution or not as much acceptance around that.

Gabriella reiterated the tension and frustration she felt at not being able to fully express who she was and to share Transcendent Life-Energy as unconditional love within her profession:

I had a couple of very close friends from different backgrounds and it was always curious to me thinking how do I engage in that conversation? It didn't feel good sort of thinking if we're going to talk about inclusion I should be able to talk about, I choose to go to church and it is not perfect? No, but for the most part it's a blessing to me and it's been a great resource and something that is at the foundation of who I am and how I live. But not wanting people to feel like I was going to start to force that on them. I wondered what is it about Christianity that people fear; I still wonder. I have never quite sorted that out in my social work days, how to do this? How can I be part of this conversation bringing what I believe in to the mix without it sounding like people are threatened by that. So it's still a curious thing for me in a lot of ways.

This lengthy expression evinces Gabriella's reverence for Transcendent Life-Energy as Unconditional Love framed within a restricted religious dogma and also her confusion and challenge about how to have the freedom to express her reverence without offending others. I mentioned religious wars and the conflict between social work and religious values. We both agreed on the need for safe dialogue on such complex and difficult issues. Gabriella added:

My anxiety I guess is that if I speak about that there might be some feeling that I'm evangelizing or that I'm saying my way is right and theirs is wrong. . . . Even within the church we all have different ideas . . . should there be women in office . . . people trying to say that's what the Bible tells us not that we think women can't do it or that they're not competent. So those kinds of conversations happens but the part that gets me sad is if people who are not part of that faith group hear that, they might say oh she is Christian, you know they are no better than we are and I would say I totally agree. We're all people struggling but there is a faith piece, that God is perfect, not us.

Situating TLE-UL-TR-WS-SW within humanism and the rational logical mind seemed restrictive and problematic. While Mandie's relationships emulated Unconditional Love, for the most part she disregarded attributes that related to Transcendent Life-Energy and referred to Self as the reference point of fulfillment or the ultimate goal. On the other hand, Gabriella's

relationships demonstrated reverence for attributes related to Transcendent Life-Energy. However, her relationship was framed by disconnected relationships with others; her last quotation implies a desire to protect her religion and the presence of ego-related issues, as will be covered under chapter 5.

Rosetta, who had practiced social work since 1974 and had, in the 1990s, switched to a mental health practice specializing in mind-body connection, described a lived experience of spirituality that supported her understanding of the distinction between humanism and the rational mind and the broader relationships shared by other participants. Rosetta spoke about her experience with a psychotherapist who had helped her to extend “beyond the realm of thinking” during the treatment of her persistent migraines:

He took me beyond the realm of thinking . . . in my mind broke the back of the cycle of migraines and so that experience prompted me to want to go back into counseling because I felt that I had something that I really believed in. I have had direct experience, so I had my knowledge that I learned from university, you know, but then in addition to that I had this other direct experience of being able to blend the knowledge with a much deeper internal process.

From this experience Rosetta was able to expand the relationships within her own life beyond just the mind; she took more training and combined her social work practice with mind-body awareness and counseling that included BMESS. Mandie’s and Gabriella’s interpretations of TLEULTRWSSW were lacking in depth and breadth; Rosetta’s experience, on the other hand, introduces BMESS approaches.

#### ***4.4.2.2 Body-mind-emotions-spirit-social (B-M-E-S-S) being***

In what ways did BMESS feature in study participants’ conceptualizations of spirituality as lived experience within the context of TLE-UL-TR-WS-SW? All study participants included human experiences in relation to these diverse and deeply interrelated human dimensions in their spiritual experiences, although, as already indicated, the breadth and depth of these dimensions

differed. Some participants connected spirituality as lived experience to intuition, some emphasized emotions, and others included senses, consciousness, and subconsciousness. For example, Eleanor and Deanne made reference to the central nervous system, relating it to human spirit and as connecting the entire body including senses, attitudes, imaginations, and past experiences. Some participants emphasized the spiritual dimension as part of their being, and they tended to have a holistic approach that included other parts of themselves. In other words, they had a sense of themselves as B-M-E-S-S beings.

These participants emphasized increased emotional awareness as a critical human dimension of spirituality and their wellbeing; some were aware of even deeper connections. I will use Deanne's, Michelle's, and Drew's experiences of spirituality to illuminate how this broader and deeper awareness of and relationship with TLE-UL-TR-WS-SW was revealed in participants' lived experiences of spirituality that incorporated a B-M-E-S-S discourse.

Deanne is a palliative care social worker with 37 years of experience. She has an MSW and other training including massage and touch therapy. She shared a deep and complex personal understanding of spirituality that connected body-mind-emotions-spirit, childhood beliefs, and her real life experiences. She also had a deep and broad personal awareness of the relationship between Self and Transcendent Life-Energy as unconditional love; she referred to it within the context of Christianity. She stepped away from it at one time in her life but returned to it with new beliefs and values.

Deanne grew up in a religious family that was plagued with alcoholism and sexual abuse. As a child she experienced trauma and fear mixed up in religious beliefs. She attempted suicide as a teenager. Her posttraumatic stress symptoms built up, and she responded with self-neglect, ending up with a mental breakdown when she was 33/34 in the midst of her career as a social

worker. She was able to move out of that through social work treatment and personal work over a long period time. Deanne shared her spiritual awakening:

I was having a massive anxiety attacks—I had three little kids under the age of four years. I had one when I was 26, 27 and 28. I had major, major postpartum depression after the second baby so the doctor had me on meds for depression. All he was doing . . . back in those days male domination . . . they saw a woman as [a] person who would not cope . . . so they medicated . . . anti-psychotic drugs. . . . I would not touch that kind of stuff with a 10-foot pole, but what did I know! I was young. . . . I was highly medicated. From my upbringing I had no ego, no connection, there was just what I need to be doing, I needed to get married, . . . have children and so I was numb and you know what, I was drinking too. I used to be terribly ashamed of myself. But the more I drunk—It all came down crushing for me. . . . With the anxiety and the difficulties I become agoraphobic. With all these kids I could not go outside of the house and . . . I did not realize but he [Deanne's husband] was emotionally not present. He was not working and I was at home with the kids and then I kind of mastered enough courage to go work at a children's aid agency. It was a horrible job; it was totally traumatizing for me [from childhood trauma]. . . . You know, it almost like I was on remote control for, until close to mid-30s, about then I started running around in circles seeking help.

Deanne connected her sickness to her childhood experiences and how she had responded to them:

I found this clinical social worker. . . . She did some major counseling work and still does. We went back on date-time therapy—layer upon layers of regression work. . . . I think I know where the anxiety came from because the lid was coming off my container and I was just blowing up. . . . She was also doing some body workout as well there was touch [therapy] involved. . . . I don't even know how to describe it to you but it was very much raw in my beginnings in what I needed to do to find a way to heal.

From this lived experience, Deanne discovered that her childhood upbringing had influenced who she had become. She also came to realize that her B-M-E-S-S being including her inner physical organs beyond the temporal feelings or senses, beliefs, and values. She spoke about going through regressive work and neuro-linguistic programming to unlearn wrong things that she had experienced as a child that was embedded in her nervous system and subconscious and that influenced the way she was dealing with life as an adult. Her life was full of fear, mistrust,

and avoidance. These were habits she had learnt as a child and had come to regard as normal.

Although she had faith in Transcendent Life-Energy because of her Catholic faith, she had established it as a fear-filled conditional love relationship. She later rejected that faith when she found no protection in it.

As a child my faith was very much based on fear but it was also very strong. I had . . . a strong prayer life . . . we went to church lots. I went to a Catholic school. So those things were pretty much imprinted in me at a very young age. Like we went to Sunday school when I was three, I think . . . having strong connection with who I thought was God. I turned to Mother Mary a lot.

There was that belief that I was going to be okay—as long as I had enough faith. . . . There was a time when I was about to kill myself, I had an overdose. . . . There was lots of fear. I feared many things.

Deanne also relied on God for protection from her father who sexually assaulted her; she often hid in the church.

I went to God for solace and I felt like I got that. Not that I was fully protected because I was sexually abused by my father. . . . As teenager I had post-traumatic stress disorder. It was really scarcely to live there. One time my father chased me with a knife—he was drunk and he was out of control—I was really scared for my life. I run to the church and that's where they found me. . . . I know now in my heart and my soul that God cannot stop other people from hurting you . . . but as a child, you know, your parents are supposed to love you and protect you but my mother did not. . . . I had so much fear and I think that's why I have had to do so much work on my life and I have. . . . Because that is the one thing that I believe brought me out of trauma.

Deanne's lived experience revealed the interconnectedness of B-M-E-S-S as a continuum in ways that were deep and complex. She explained how she became aware of these connections and how she came to relate them to spirituality:

It was in therapy with a social work counselor, in regression work and neural linguistic programming work in ongoing work on past life trauma, and I made a connecting thread to my faith, that's how I pulled it through [referring to her trauma]. And I have connected it further to my work and my life.

Through developing a new belief system framed by Transcendent Life-Energy as unconditional love, Deanne was able to pull through her mental illness that was also physical; she also had to do a lot of therapy and personal development work.

The most primal work was the regression work—it was very painful in a sense that you felt like you have been run over by a truck after a session, and I was going twice a week for an hour and half. So most of that time when I was going through the sessions with a social work counselor I was not really living—just surviving—I was on remote control and what I was going through was how to shift that to my faith based beliefs. I went through three years of pretty intensive work.

Deanne had deep insights about the connection between B-M-E-S-S, childhood upbringing, and her life through her own lived experience. She also related Transcendent Life-Energy as unconditional love to the relationships that sustained her and supported her healing.

What I know for sure is that the basic beliefs a child has by age five . . . the ones you get those from contact with your mother, father, the closest people and when you go to school it expands your horizons a little bit of your belief systems, but those five years are of primary importance to what you are going to be in life, because they are nervous system grounded, entrenched . . . because they are the earliest memories we have. The earliest memories are about from three years of age but prior to that, those things are trapped in our nervous system and they are kept deep, deep in our memories so we can't access it. . . . To switch those attitudes . . . based on beliefs . . . so if you were raised in a family that was chaotically like mine, and violent and you are scared for your life most of the time. You think what is going to happen? Your beliefs are I'm not good enough, I don't know what to do, so I am going run to God. Like it was always my fault; you know what, I worked really hard to flip those over.

Deanne's experiences expose the complexity of spirituality as lived experience although it highlights TLE-UL-TR-WS-SW and Self as unconditional transformative love. She also acknowledged that the central concepts grounded her and helped her to grow in her ability and courage in her social work practice.

Michelle's lived experience also highlights the relationship with Transcendent Life-Energy as unconditional love and Self as body, mind, and emotions, in a unique and deep way. Although Michelle rejected religious beliefs, her lived experience of spirituality incorporated Transcendent Life-Energy as unconditional love through a deep belief and desire to create safety for herself and others. Her experience highlights the depth and connectedness of human life to Transcendent Life-Energy, which is referred to as resilience in social work practice. Michelle is a psychotherapist specializing in trauma, anxiety, depression, life transition, crisis intervention, and family and children from a holistic stance, or what some participants described as embodied practice. She was adopted by and raised in a very academic family, but Michelle did not feel emotionally connected to her parents.

They offered me a lot of academic truth. They also exposed me to religion. . . . A lot of what they did . . . had to be logical and make sense . . . very scientific views. I have always been [a] very intuitive sort of emotional person and I think [my] family had a very hard time with that because of trying to restrict, restrain and direct me. . . . It made me question a lot of things. . . . I started to look at people around me, especially my family, and recognized that they were not a reflection of me at all . . . constantly looking for people that I could intuitively connect with and reflect on who I was and how I would be in the world. As a teenager . . . rejecting the family I was raised in, and looking for people . . . who were more emotionally available [based on her experience].

Her first boyfriend's family served that need for her, but in a short time, her boyfriend got ill with leukemia. She cared for him while he was in the hospital and supported him through his dying. She recalled:

talking about the stuff that typical 17-year-old students discuss . . . talking about death, what death looks like for him, what the afterlife would be like for him, and really looking at what would give him peace . . . sort of shook the foundation of how I was raised in regards to everything had to be logical. . . . [It] helped see the emotional side from within my life.

Michelle recognized that experience as spiritual and was grateful for it. She had been planning to study math in university, and she was "constantly striving to prove that humanity had the

scientific formula behind it . . . [through] that process . . . I chose . . . bachelors of social work.”

Several people in her life passed away until death was no longer scary for her. After graduate school, Michelle worked for Children’s Aid, and she tried hard to offer “humanity” in her work through honor and respect for clients “in regards to their spiritual abilities and how they want to do things especially with working with different cultures . . . how they approach parenting.”

Michelle quit that job because she found it legalistic and there was too much politics among her fellow social workers. She switched to hospital social work. Here she saw death on a daily basis: “I would see death on a daily basis and working with people who have lost their loved and were vulnerable”; she explained that these experiences made her become aware that people needed to feel safe.

And how you make someone feel safe and to walk them through something? It has got a lot to do with spirituality, and it’s not in the religious form, it’s in how do you connect with their soul so that they trust that you were doing everything you can and that they are not alone. . . . It’s a very scary place.

These experiences helped her to “appreciate that no human being is model” and that everyone experiences life differently. Michelle went through a divorce and was later diagnosed with cancer. In the process she also lost her hospital job. She felt torn but recalled that she, too, had to make her own world: “in the middle of chemotherapy and multiple surgeries . . . [I had to] retrain and get my career back.”

Drew’s lived experience of spirituality highlights the social dimension of B-M-E-S-S. She grew up in a family that was divided because of religious differences, and this caused her anxiety as a young girl. However, her Catholic upbringing instilled social justice values that led her to and established her in social work.

As a child . . . religion and spirituality was just woven into the fabric of [my] family’s life. We have a bit of an odd situation . . . because my father had converted . . . from Judaism to Catholicism. . . . [He had a] spiritual awakening,

an experience that was meaningful to him. He married my mom who was Presbyterian and . . . that was a mixed marriage as they called it back in those days. My father was . . . a staunch Catholic and so it was going to be that we were all going to be raised as Catholics . . . going to the Catholic school, going to church every Sunday and worrying that my mother was in danger, because . . . she didn't convert. . . . I think Catholicism was a part my culture, as much as it was part of my spiritual life.

Drew's 39 years of social work practice were driven by this conflicted childhood experience.

Although Drew's lived experience of spirituality incorporated God as Transcendent Life-Energy, it was not unconditional love; and it included having her wellbeing undermined.

These three cases—Deanne, Michelle, Drew—confirm the diversity in spirituality as lived experience in the context of B-M-E-S-S.

#### ***4.4.2.3 “Life-Energy that is greater than all of me”***

Adeelah referred to spirituality as “life-energy that is greater than all of me.” So, what is the relationship that Adeelah was talking about? At the time of the interview, Adeelah had been in practice for more than 20 years; she described herself as a therapist who incorporated spiritual wellbeing beyond the mind and emotions. Through her healing and training, Adeelah partly associated spirituality with living beyond one’s ego and stepping into a life greater than what society could offer. She explained that some people, especially those who tended to be head centered, might find spirituality in religion useful, yet she was heart centered and tended to learn through experiencing. She went through close to 10 years of her own emotional healing and spiritual searching before she felt ready to go for her MSW and later practice psychotherapy. She recounted:

I started to get an understanding that there was a greater sort of agenda in my life than just what this society has dictated and it was pulling me... I started personal development and . . . healing allowed me to explore that more and allowed me to develop stronger connection with for lack of a better term, life-energy. . . [Part of one's] spiritual path or development of their spirit that is their continued path. . . . I think we all come here to grapple with certain things and learn about certain

things and also to get back from the world in certain ways. I just see that there is no end to growing and developing on the spiritual, emotional, mental and physical levels. ... to me life is about continual change and growth, that movement forward- and what I found is that there is no end to it. There is always more.

For Adeelah this was like hearing a deeper voice that propelled her forward or allowed her to step out of the norm of her life and make major changes in her life leading to greater integrity. This step supported her wellbeing.

You can either call it your true self or you can call it your spirit self, depending on where you are coming from. . . . I would say there is a life force that is going through all of us, partly because it's going through all of creation, all of the physical world and a lot of time in that natural world. And partly because learning the channel energy just came naturally to me, so I have such an experience of that personally. So I just see that there is this energy and it is endless and there is this inherent intelligence in it that guides us if we're willing to listen.

She advocated for lives and a society run more in line with the spiritual realm, which she connected to human spirit and intelligence life-force, rather than to the ego. She insisted that although basic spirituality from diverse cultures is the same for everyone, people and religions approach it in certain ways and twist it to their advantage. Adeelah and Mervin concurred in this point. Mervin, who resigned from priesthood and had travelled all over the world, also remarked that world religions are basically the same; the differences tend to be superficial but are often emphasized by those promoting religion of difference within the context of sustaining power imbalance. Adeelah referenced Joseph Campbell's work that also emphasized the similarities. She described her lived experience and interpretation of relationships with the central concepts in relation to her whole life:

To me spirituality is what's really missing in society that . . . is centered on the personality, the thoughts, the feelings and the body and doesn't recognize [the] spiritual. . . . To me when people don't have a sense of the spiritual and they're just caught up in the ego level, they don't see the broader picture of their life and why they are here and what they are here to learn and what they are here to get back. . . . When people are open to it . . . a different roadmap to life. . . . A lot of people . . . do not understand why certain things are turning out in a certain way

which is not what they were taught to believe. . . . So I have to figure out what is going on in my life to really hear a deeper voice and calling . . . [beyond] setting up a slot in the work world, picking some kind of work or career . . . finding an appropriate marriage partner and having children and buying a house and having a good retirement plan. . . When people recognize their spiritual awakening they start to be more real. Whole tension level in their body releases . . . they're listening to a different drummer in their world.

There were other study participants who related spirituality as lived experience to Transcendent Life-Energy as unconditional love beyond self, such as Eleanor, who incorporated the environment and everything that supported her wellbeing. I will use Amitola's, Rhona's and Olivia's lived experiences of spirituality to provide more examples of this diverse territory.

Amitola is a psychotherapist and community development social worker whose practice is focused on supporting victims of sexual abuse and healing in her community. Amitola learned about spiritual practices and healing from her father during her childhood and she found healing and courage from it when she older. She was sexually abused by her uncle as a young girl and she found courage and healing through regular spiritual practice that included prayer and releasing her pain to the Creator. Her cultural training and social work training and practice also played an important role in her spiritual practices.

My dad was a traditional dancer. . . He carried artifacts—his eagle whistle. He was a whistle man and a whip carrier and those were very special items. . . They would call upon him to make people dance. . . He would go by and touch them on the leg with the whip, the people have to get up and dance. That was his responsibility at the pow-wow. As well as people would call upon him to blow his eagle-whistle for healing. . . As well he told me about rain dances but he said they do not do it anymore. And he said, well, there is nobody around here that can really do it from their heart. . . I used to cling to him when he was at home and as I grew up. He would share stories with me about his own childhood and growing up in residential school and losing his father in the war and being raised by his mother. Going into residential school that is where he was taught Christianity, so learned to combine our spirituality with the Catholic religion. And in his final years he said, what kept him grounded was his role as a spiritual leader in is community. . . I have kept that with me always.

Amitola talked about smudging and growing up with spiritual beliefs and practices that supported her as she raised and protected her own children. They helped her find the courage to resist racism directed at Aboriginal people in the school system and the court system, two other social work areas she has practiced in. Smudging is an example of how a spiritual practice helped her:

When we have a big crisis in the house we smudge. It has a calming effect, the smoke from smudging would take away your worries, your sadness, your anger, and everything that is burdening you, that smoke is turning it away to the Creator to help you with whatever situation. Even if someone has anxiety—they would call it [a] panic attack.

Rhona's spirituality connected several diverse spiritual traditions from Canada's multicultural society. Rhona viewed spirituality as universal wisdom and as much bigger than one religion or culture. According to Rhona, we are all connected spiritually; one has to be open to life-energy and the diverse spiritual sources that support healing and wellbeing. She also made reference to practices that rid her of bad energy.

Rhona was associated with First Nations culture through marriage. She reminisced about taking her bachelor's degree in an Aboriginal program and attending healing circles for many of her classes. For a while, she worked on a First Nations reserve and learned much:

I saw them so much working within the ecosystem and the tribal leaders pushing things to tipping points, and the whole community just snapping into position and thought it was like [a] marvelous way to look at people and how they operate.

For her master's degree, Rhona attended a mainstream social work program in leadership and was frustrated at having to rework the complex systems that she had been exposed to through the Aboriginal cultures into rational linear thought. Her thesis was on the sacred hoop, and her goal was to explore strategies for economic development in complex environments. Describing that

experience she stated: “when I dealt into the complex systems and ecosystems . . . I really felt like I had tapped into magic.”

Rhona worked on a First Nations reserve in many capacities and recalled “connecting to people that believed in things bigger than they were.”. She recollected working with the medicine man who initiated her to the medicinal value of plants:

He was probably the biggest teacher in my life. . . . When I got medicine and I would say, “well what is this for?” He would say, “well it is for your heart.” . . . “We should commercialize” because this is me in my naivety, and he goes, “plants have to be applied with prayer. It will only work with prayer, and only when you get that kind of dosage required through the Great Spirit; only the creator will send you to the plants in the woods, for the dose you need and only through prayer.”

Rhona also learnt about holistic health and using the medicine wheel—emotional, physical, spiritual, and intellectual needs in four equal components—and how to deal with spiritual matters to gain health. She also learned about the attributes of a good medicine tree with roots in four cardinal directions.

For Rhona, a connection exists between Asian and First Nations spirituality. She taught Kundalini yoga, which comprises chants and meditation from the Sikh culture, on the reserve and found that Aboriginal women enjoyed the mantras because it connected them to the Creator. She used yoga to support these women in their healing journey beyond addiction.

At that time, Rhona was working as a spiritual administrator at a collaborative medical clinic, which they referred to as the great mother earth. For her, her work grew out of the traditional spiritual and holistic healing that is a collaborative approach to health and includes Transcendent Life-Energy as unconditional love that supports wellbeing (TLE-UL-TSW), Self as B-M-E-S-S, and everything else including the environment.

Rhona made reference to other external energy forces, such as qui-gong, tai-chi, and reiki, which we can harness. She had practiced reiki while in Japan on a visit to her brother. At the time of the interview, Rhona was taking a course to become a doula; she was learning about “all the lovely healing work in between birth and death from my Irish roots.” She explained that her ancestry is Irish and her husband is First Nations Canadian. Rhona’s inclusive approach based on diverse cultures revealed a broad awareness of Transcendent Life-Energy as unconditional love.

For Olivia, a teacher, clinical practitioner, and community development social worker who has been in practice for 33 years, spirituality has been a big part of her life and hence in her social work practice. Her spiritual vision entailed being able to tap into all kinds of energy when working with clients. She referred to a counseling session during which she recognized, through her window, an eagle flying across the ocean. She was able to tap into its peaceful presence for guidance and support. In her teaching job, Olivia sought to train social workers to be able to access energy that was not visible. According to Olivia, in relationships one needs to be aware of how the other person uses their energy; it is beyond the cognitive orientation. Added to that, every interaction is an energy exchange, and one needs to know whether their heart is open or closed to facilitate energy that is healing and restores safety. She stated:

I had many spiritual teachers over the years and in [her teaching] . . . right now the work is very much around relationships and being able to really tap into [the] energy of the person one is working with and some of it is to really help them to learn how to have . . . bonding conversation. . . . Workers who have embodied knowledge and awareness and also that could bring in that whole piece around working with kinds of energy which can’t be seen but can also be very possible.

Like Rhona and Eleanor, Olivia’s lived experience of spirituality included somatic psychotherapy and reiki.

Eleanor used a client case she had handled to explain the difference between somatic psychotherapy and reiki. A woman had lost control of her central nervous system after the sudden death of her teenage son. Her trauma meant she vomited every time she tried to talk about the incidence. Eleanor used somatic psychotherapy, a bio-energetic analysis modality to help her. She explained:

Somatic psychotherapy is a wonderful modality. I received that therapy. . . . I was a client of that therapy, and because it changed my life, for nine years I studied it after I received my masters' degree of social work.

When we are in full crisis, it is like our central nervous system is an alarm, and the way that her body is managing the horror of the death of her child. It is like her whole being is saying she cannot stand it; she cannot tolerate it. So her body goes into crisis and she starts to vomit. I know we cannot stay there because it may lead into high blood pressure, she will get dehydrated and other things may happen. As a clinician, my job is to figure out how to get her out of this, but we do not just jump in there.

We have to figure out how to regulate that, figure out a gentle way to go in and exit out, go in and then come out. I am conscious about what I know around the central nervous system and our being in the physical realm and I understand what I need to do from a neurological kind of place. How I know physiologically what she needs to do and her nervous system. I understand how to ground her, but I know from the theoretical place but there is something more.

Due to my limited awareness and understanding I asked Eleanor to explain how reiki was connected to this explanation.

The bio-energetic analysis and other forms of energy treatment work are based on substantive knowledge and theory. So I am conscious as one of the actors in the treatment process. As a therapist, I am involved in the treatment and how I chose to guide or give direction, as one of the actors in the therapeutic process. However, as a reiki master, it is not about me to guide or teach or to be silent. Reiki is Japanese philosophy. It is over 200 years old and it does not involve the conscious. It is not about the ego, and it is not about me or the practitioner. It is more about knowing the body spots and relaxing and being so much out of control and letting the body remember to breathe.

Eleanor explained that she had received that kind of treatment at one time in her life and that it saved her life. After her MSW, she pursued related training that took her nine years. She was able to support that mother to regain full recovery.

Eleanor's account of spirituality as lived experience was full of accounts that revealed "life-energy that is greater than all of me." Eleanor is not the source of this quotation, Adeelah is. She was describing what she recognized as inherently interconnected to all of herself, all people, and all of creation. She identified this as the life-force and source that supported growth and individuation beyond the ego and other forms of hegemony. Like these two participants, others emphasized the concept category Transcendent Life Energy in their lived experience of spirituality in their personal lives and in their social work practice. In this study I refer to their practice approach as posthumanistic social work practice in contrast to what Payne (2011) referred to as humanistic social work in which the idea of supernatural reality intervening in human lives is rejected. Humanism emphasizes human potential and self-fulfillment, human rights, and rational thought, consistent with what Mandie prioritized in her practice. The majority of study participants shared Eleanor and Adeelah's conceptualization, although they expressed it in different ways, Rhona referred to great spirit; Mervin emphasized awareness of not being in full control, but only able to influence; Jiao, Deanne, and Amitola referred to this phenomena in terms of healing and wellbeing through courage and strength received from Transcendent Life Energy. These participants denoted this resource in their personal lives and also in their clients' lives (for example, see my discussion of Rosetta in sections 4.4.2.1 and 6.3.3). I recognize posthumanism as including therapeutic practice modalities that extend beyond humanism, such as Chung's (2000) practice theory that emphasizes B-M-E-S-S while also embraces life-energy in supporting clients' mental and physical wellbeing. Other scholarly work and therapeutic practices that fit in this practice perspective include Shapiro's (2014) EMDR and how Mervin applied this modality. In addition to the practice steps he emphasized the need to coach clients to extend beyond self to access abstract resources during the recovery process and to gain new

perspective to life leading to growth. Weinberg (2013) also discusses the need for posthumanistic resources to support clients who fail to find healing from addictions. There are extensive references about posthumanistic social work practice in social work literature; they include people who use nature and ecology to support their and clients' wellbeing; predominant among these are Aboriginal social workers such as Bruyere (2007), others include: Coates (2003, 2007, 2012), Lysack (2009), Hanrahan (2011) and Zapf (2008, 2010). More examples of this practice among the study participants are included in the respective findings chapters 5, 6, and 7.

#### **4.5 Overview of the Conceptual Schema: TLE-UL-TR-WS-SW and Self**

In the previous section I discussed participants' conceptualizations of spirituality primarily as TLE-UL-TR-WS-SW. This section explores participants' conceptualizations of TLE-UL-TR-WS-SW in a more complete form. It examines the nature of transformative relationships that participants established in four different contexts or structural relationships, as found in the central concepts: 1) Self in relationships highlighting unconditional love; 2) Self in transformative relationships in participants' personal lives; 3) Self in transformative relationships within the context of social work practice and application; and 4) Self and others as an outcome in social work practice, exposing the inexhaustible qualities of the central concepts of spirituality as lived experience. These findings incorporate the social contexts and individual participant's intervening conditions (the two additional structural relationships as shown in Figure 2) to provide a complete understanding of spirituality as lived experience within participants' personal lives and in their social work practice. The findings illustrate the multiple, interconnected, interdependent, transformative relationships in participant's personal lives and in their social work practice.

#### **4.5.1 TLE-UL-TR-WS-SW: Self and Unconditional Love**

TLE-UL-TR-WS-SW was consistently described by participants as transcendent and as broad and deep in all aspects. Eleanor described her relationship with TLE as a mutual exchange of feelings and expressions. She felt a deep sense of intimacy between her and her family and what she referred to as God during her childhood. For Eleanor, these relationships were interdependent. They needed each other to survive and for wellbeing. In reflection, Eleanor stated that she was not sure if she used those exact words as a child but that is what she recalled.

My family was very musical, so music was another piece in my life. My father was one of twelve children and my grandparents . . . lived next door. So we would sing songs and we would gather all the grandchildren . . . would be singing . . . [until] it was late in the night and the parents would go on and sing. . . . It was beautiful, a kind of spiritual thing for me—strong connection and feeling a sense of belonging to my family.

I was raised a Catholic. . . . For me singing those hymns and letting my voice feel all the spaces of the church was so beautiful. . . . I had such a big sense of intimacy and . . . connection with the God or Jesus . . . as my friend—such a deep sense of belonging to God and God belonging to me . . . we had an interdependent relationship. God needed me to be an expression of [the] sacred on the earth and I needed God.

Eleanor removed herself from institutional relationships, whether religious or cultural, that claimed full knowledge of “God” during her teenage years and social work training when she became aware of the discriminatory beliefs and practices within these institutions. She noted that her relationship with that which is not confined has flourished even more. Eleanor’s lived experiences of spirituality demonstrated changes in her interpretation, beliefs, rituals, and values in relation to the central concepts that support wellbeing. Eleanor also described this relationship as a mystery and inexhaustible. The concept of unconditional love (UL) as a core part of the central concept was also emphasized by Jiao and expounded on by Deanne in relation to her years in therapy and what brought her out of trauma.

#### **4.5.2 TLE-UL-TR-WS-SW: Self and Transformative Relationships**

This subsection highlights transformative relationships as key attributes of TLE-UL-TR-WS-SW. The section exposes the underlying progression of changes in Self, including individuation, the development of personal beliefs and values, and personal growth as part of a relationship with TLE-UL-TR-WS-SW. I will use Adeelah to reveal the process of individuation and the power of transformative relationships.

To me the ego is the thoughts and the feelings without the spirit whereas you see in the spiritual world there is a saying that the ego is a great servant and a poor master. And the problem in the west, we have been brought up to let the ego be the master and spirit to be in the background. We live in a world that is a result of ego running rampant . . . people just wanting more for themselves.

According to Adeelah, this understanding is drawn from Carl Jung's human psychology work (refer to the references listed in the methodology section 3.4.1).

Adeelah's analysis of individuation and the limitations of the ego within the broad context of TLE-UL-TR-WS-SW was consistent with Deanne's personal experience of mental illness and in her work as a probationary social worker. Deanne, who had been in direct social work practice for 29 years, suffered from mental illness early on in her career. She associated this with growing up in an alcoholic family with a father who was mentally ill and who sexually abused her. Deanne was suicidal as a teenager, and following the birth of her third child she suffered postpartum depression and was on medication for a number of years. She recovered with the help of what she described as deep psychotherapy that involved her B-M-E-S-S being, her childhood experiences of abuse and related trauma, and learning new coping strategies and beliefs. This was the beginning of individuation for her, a process of recovery and growth. Like

Adeelah, Deanne also emphasized the role of ego and unconditional love in personal growth and ego development.

I worked as a probationary social worker . . . definitely worked on that piece of knowing your own identity . . . being strong in your thick of self. That's hugely important if they are going to ever develop enough ego, integrity, to grow beyond the background of their family or whatever took them to crime or violence. Those young people I had on probation to me were not fully developed so there was a lot of attachment issues . . . so if you could attach... love them, support them to find themselves and develop an identity . . . be a supportive friend . . . there is that piece for people to bring out into the open their soul, their insides . . . to understand themselves and to fully live their insides. These young people . . . did not know themselves at all.

This subsection corresponds with chapter 5 in which I focus on differences in transformative relationships and individuation within participants' lives and between participants, using participant data. It highlights individuation and decisions taken by individuals and the involvement of emotions, ego, will, and other sensations on a personal level, within the context of participants' interpretations of the central concepts TLE-UL-TR-WS-SW. It also highlights variations in social contexts, individual intervening conditions, and alterations in personal beliefs and values. In this chapter, I will also discuss culture and religion as resources, hegemony coupled with the resource, and hegemony within Self.

#### **4.5.3 TLE-UL-TR-WS-SW: Self and others—theory and practice in social work**

This section reveals differences in individuation and transformation within individual participants within the context of TLE-UL-TR-WS-SW. However, the focus is on the differences of participants' lived experiences of spirituality in social work practices and in their personal lives.

As an important individual intervening condition, the majority of the participants in this study had an MSW. They had also gained understanding and knowledge of how the body

functions as a system with the potential to heal itself through specialized training and practical experience. Eleanor, Olivia, and Deanne correlated the human spirit with the human body, especially the central nervous system, which they saw as interconnected with the entire body and able to connect to others' spirits as part of invisible life-energy. Eleanor took many years of training in bio-energetic analysis after receiving this therapy herself. She was also trained in somatic psychotherapeutic modalities, reiki, and breathe therapy. Deanne found healing through neuro-linguistic programming (NLP), touch therapy, and massage therapy. She was also a massage and touch therapist and incorporated these therapies in her practice. Olivia trained in trauma management, and at the time of the interview she was training in somatic therapy. These practitioners were well acquainted with the body's functioning systems, which most people and many social workers pay little attention to. I will now provide a more in-depth analysis of two participants whose social work practices emphasized B-M-E-S-S: Mervin and Deanne.

Mervin used eye movement desensitization and reprocessing therapy (EMDR) and emotional family therapy (EFT) in his practice as modalities that emphasized emotions. They also required one's full presence, meaning B-M-E-S-S. But according to Mervin, they also involved letting go of control. The social worker has to release control to the client and the client has to release control to the body and Transcendent Life-Energy. EMDR is a treatment of the mind that involves erasing memories of the past so that the client can deal with the present and the future. Mervin used EMDR daily to treat clients who had experienced trauma.

EMDR therapy was developed by Francine Shapiro in the 1980s and it is one of the most researched evidence-based trauma therapies currently in use. It is used to treat stress related to brain injury, and it involves initiating a placebo-like stimulation of the neurological system that allows the reprocessing of memories to help the client see things differently. Clients receive a

series of treatments and at the end of each session the therapist assesses how much of the traumatic memory is reprocessed. This continues until there is no reprocessing needed. Mervin described EMDR by comparing the brain (mind) to a computer:

It is like defragging the computer. . . I think of input files and gather everything from the past. It starts to stick together like Velcro to Velcro. When you are defragmenting them, like you think of that event, it's like you have Teflon and when you think of that disturbing event with further pictures you have in your brain there's no disturbance and over time it resolves to zero when there's no disturbance.

Mervin talked about a recent client who was referred to him after many years of treatment for mental illness. Prior to the client's first EMDR therapy, she talked about her grandfather who sexually abused her as a young girl. She had tried explaining this to her mother so that she (her mother) would not leave her with him, but her mother did not understand. As Mervin showed her pictures and asked her questions, her memory reprocessed and erased those childhood memories that were tormenting her. Most often clients ended up with a clean slate and then they have to start the process of leaning to trust.

We followed the protocol process and she resolved two-thirds . . . the first time—that was her worst presence. The last time I saw her she was at zero; just have in future to do minor follow-up. When I asked her what are your feelings. “There is nothing—it is interesting.” “So how would you describe it?” “There is nothing.” Where are your nervous at. . . So it is kind of like that with everybody. . . It is like, there is nothing. There is something you’re telling me what you don’t have. So you do not have fear, you do not have anxiety, you do not have sadness, and so what do you have? Not having those things . . . where peace, relaxation, calm, and that’s the, yeah, peaceful. I call it peaceful. She didn’t know; she said I have never felt this in my life.

In this case vignette, Mervin marveled at the power EMDR had in supporting his clients. He had to release control to the client as he followed the process of this practice module, and while the client had to follow his instructions, she too had to release control. Through a number of sessions, her BMESS being was gradually healed. Mervin's social work practice was different

from other participants in the mental health field. Overall, participants' practices were informed by their lived experiences, beliefs, and values, which informed their choices in their place of work and the practice theories they employed. This in turn influenced the depth and breadth of TLE-UL-TR-WS-O-SW.

#### **4.5.4 TLE-UL-TR-WS-SW: Self and others—outcomes of social work practice**

This section features the central concept as extended to TLE-UL-TR-WS-O-SW—as Self in social work practice and the further extension of personal wellbeing into subjective, objective, and social wellbeing (S-O-S-W)—as an outcome found in the participant data. I discuss a variety of incidents which reveal transformative relationships in social work and that resulted in subjective, objective, and sustainable wellbeing, although there were also incidents of disconnections and negative outcomes. The section also shows personal qualities that can support S-O-W-S as an outcome. However, S-O-W-S also depends on the disposition of the client, practice theory, model employed, plus a multitude of other complexities in life; in some incidents the social worker had no influence. Deanne's client vignette is a good example of shared S-O-W-S as the outcome of the central concepts in social work practice and as part of ongoing transformation.

Deanne acknowledged that her belief system about life and religion had changed a lot over the years. "When you come from a background like mine, you have many, many beliefs that are skewed; there is a lot of black and white thinking. . . . You think you can save everybody." Through her lived experiences and training, Deanne came to believe that people can connect at a deep human level and honor each other regardless of whether one has religious beliefs or not.

You are assessing a patient or a client . . . [to] know where they are at, . . . screening for their beliefs, how they cope and live . . . at this stage what you're

doing is finding out how can I support this person to get through or form where they are at, . . . how they are coping, . . . how they are doing and what they need to get through this phase [of their life]. . . . Life is about many, many changes and I think that is what social work is about—being an agent to assist with change and loss. And if it is not faith based that's okay too—there are people who do not just need anything to do with those things or spiritual things . . . and that is fine too. We do what is called dignity therapy at our unit and that is pretty much starting with where the patient is. Our job is making sure that you are always listening for the cue from your patient is.

Deanne described her social work role in palliative care as helping patients feel comfortable and supporting them in making death a beautiful process. According to Deanne, most patients know when to release control in the process of death, but some fight it, making it more difficult for themselves and their loved ones. Deanne spoke about a cancer patient with whom she was able to connect deeply. The patient had late-stage cancer, but she was determined to spend only a short time in the hospital and then go home to business as usual.

She is a fighter and wanted to deal with her cancer and go back home again. She had a 30+ years old daughter. . . . She is the only child. This is the first day . . . I see her, so I go in and tell her that I'm the social worker and I encourage her to tell me about her story to where she is now. . . . They have to tell their story because it is important and it is a good way to connect. . . . She wanted her daughter to have power of attorney . . . a practical piece. We also worked with her on a life book—photographs, poems for her daughter.

Deanne counseled this woman, and they had daily massage and touch therapy sessions. Deanne was called to attend to her whenever she was “having pain because she would rather I come smooth out the energy field . . . get her to calm down and the pain would subside within a short time of therapy. We went from fighting, fighting.” Through the process, Deanne developed a deep relationship with her and her daughter, and over time the woman came to terms with her condition. She was also able to take care of all she set out to do and even more. She died peacefully in the presence of Deanne and her daughter. Deanne said:

Talk therapy is not enough in some cases. She was a very strong person to be connected to this world, very hard for her to get to the spot where she said okay I

am ready. . . . [Deanne told the patient] “I don’t know exactly how you got there but I have been here and your daughter has been here and we are both very proud of you because you . . . have done the things you needed.” . . . She wrote her own obituary.

Deanne also explained that this client bought a gift for the hospital unit, a toaster, which her daughter delivered after the memorial service. She explained that her mother requested her to buy it for the unit because the one they had was not working well. Deanne recognized that gesture as growing out of the discussion she had had with the deceased about gifting and legacies.

#### **4.6 Related Findings and Conclusion**

The core finding in this CGT study is the emergence of the central concepts **Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self in Support of Wellbeing** (TLE-UL-TR-WS-SW) and the related concepts categories that establish the conceptual schema as shown in Figure 2. Within the context of social work practice, the central concepts TLE-UL-TR-WS-SW have three related concepts categories: the causal concepts, the contingent concepts, and the outcome concepts. These are framed within the social context and the intervening individual conditions. This makes up the full conceptual schema that supports a shared understanding of spirituality as lived experience in the study participants’ lives and in their professional practices.

As required in GT coding, all participant data was analyzed through the central concepts TLE-UL-TR-WS-SW to support the shared understanding of spirituality as lived experience. However, all participants’ lived experiences of spirituality highlighted TLE-UL-TSW and B-M-E-S-S being, the causal concepts category as the priority concepts. As part of the conceptual

schema, the central concepts emerged from Transcendent Life Energy (TLE) as Unconditional Love (UL) That Supports Wellbeing (TSW) -TLE-UL-TSW and Self (as B-M-E-S-S being), the two causal concepts categories merged through Unconditional Love (UL) in Transformative Relationships (TR). All study participants made reference to these concepts and attributes. They referred to transcendent life force that was beyond human understanding and as an inexhaustible resource or life energy. Some participants were aware of and related to all parts of the central concepts category while others related to only parts of it. Participant data also revealed corresponding differences in personal transformative relationships, wellbeing, and social work practice as discussed in greater detail in the study findings.

Through TLE-UL-TR-WS-SW, participant data illuminated the *content, nature, attributes, variations, and outcomes* of spirituality as lived experience in participant's lives and in their professional practices. Participant data exposed the central concepts and related concepts categories that make up the conceptual schema as *inherent, interconnected, interdependent, transformative* relationships that support wellbeing. Figure 3 is an attempt to illustrate the multiple, interconnected, transformative relationships of lived experiences of spirituality that participants described. Furthermore, the conceptual schema and shared understanding of spirituality as lived experience supports the emergence of three interconnected themes related to social work goals: 1) transformative relationships in spirituality as lived experience or the central concepts TLE-UL-TR-WS-SW as related to individuation, 2) study participants' social work practice was inherently interconnected with their wellbeing and in the process also interconnected with their clients' wellbeing, and 3) in some instants, the outcome in participants' lives was subjective, objective, and social wellbeing as part of ongoing change and sustainable

wellbeing that promoted social justice. I expound on these interrelated findings about the conceptual schema in the following ten points.

1. The conceptual schema explained through the central concepts categories TLE-UL-TR-WS-SW and Self (as B-M-E-S-S being) supports a shared understanding in professional practice through prioritizing Transcendent Life Energy (TLE) as Unconditional Love (UL) that Supports Wellbeing (TSW)—TLE-UL-TSW. This was the case for all participants, although some participant emphasized only UL at certain times in their lives. The two causal concepts categories are recognized as transcendence and inexhaustible, and UL is the first attribute of spirituality as lived experience within the conceptual schema (see 4.5.1). Participants used terms like “inner unconquerable” to refer to their understanding of themselves and others and “inexhaustible intelligence” and “life energy accessible to all” to refer to external resources for their spirituality. They also emphasized that it was an accessible resource without any conditions attached and that it existed in multiple forms, some of which were not easily understood.
2. The conceptual schema that emerged through CGT multiple coding comprised four concepts categories coupled with social context and individual intervening conditions (see Figure 2 and Table 4). First, TLE-UL-TR-WS-SW as the central concepts in spirituality as lived experience in social work practice highlight TLE-UL-TSW and B-M-E-S-S as causal concepts that are merged to form the central concepts TLE-UL-TR-WS-SW. The central concepts also serve as the core concepts categories that support a shared understanding. The remaining two additional concepts categories that form the conceptual schema are extensions of the central concepts as revealed in social work practice. TLE-UL-TR-WS-O-SW represents the transformative relationship/lack of relationship between the social worker and

the client, recognized through the respective practice theory and applications as the contingent concepts categories. S-O-S-W represents the outcome of subjective, objective, and social wellbeing, presenting sustainable wellbeing. Although sustainable wellbeing is a social work goal, participant data included incidents where it was attained as part of participants' and clients' healing and development. These concepts categories were informed by the social context and individual participants' intervening conditions, specifically, the resources that enhance wellbeing and that hegemony that undermines it. Participant data also illuminated participants' personal lived experiences, competences, choices, and factors beyond their control as the intervening conditions that either undermined or supported wellbeing.

3. The complete conceptual schema supported multiple and complex understandings. They include key discernments. The causal concepts clarified the *contents* of spirituality as lived experience as comprising the Self, understood as a B-M-E-S-S being, inherent, interconnected, and interdependent with transcendent life-energy (TLE) as unconditional love (UL) that supports wellbeing (TSW), that is, TLE-UL-TSW. These two concepts categories merged into the central concepts TLE-UL-TR-WS-SW. The conceptual schema also illuminated the other two structures of concepts categories as extensions of the central concepts category: TLE-UL-TR-WS-O-SW as the contingent concepts category in social work practice and S-O-S-W as the outcome concepts category. Two additional important parts of the conceptual schema are: the social context and individual intervening conditions which support and/or undermine participants' wellbeing.
4. The central concepts category, TLE-UL-TR-WS-SW, and Self extend beyond Self and others to include ecology and transcendence as life forces. Participant data also exposes the

remaining four components of the central concepts categories as important *attributes* of TLE-UL-TR-WS-SW (in addition to TLE-UL-TSW, as covered in #1). They illuminate the deeper qualities of unconditional love (UL; see section 4.4.2) that supports transformative relationships with self. These understandings are expounded on in chapter 5.

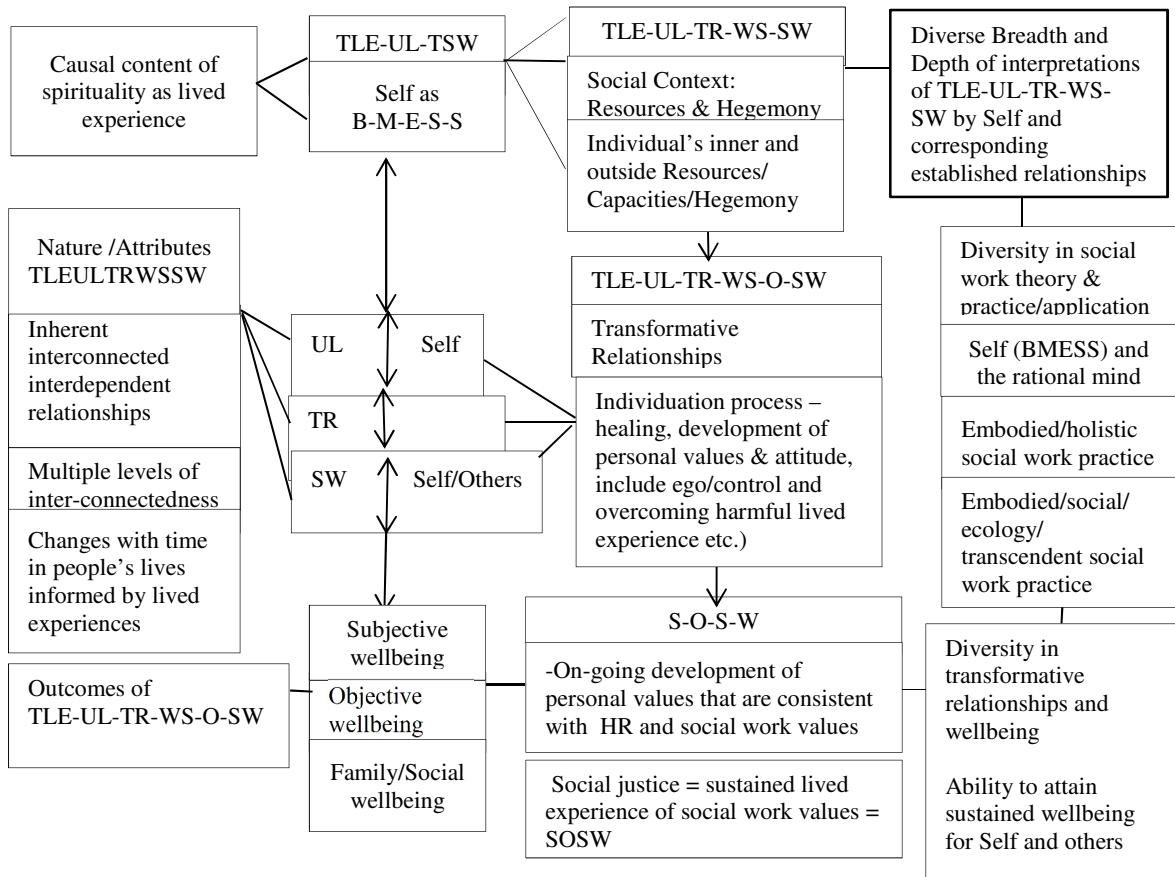
5. Participants referred to incidents in their social context and in their personal lives that either supported or undermined their wellbeing. In the midst of TLE-UL-TR-WS-SW, all participants spoke about experiencing abuse that undermined their wellbeing. They included lived experiences and beliefs and values from childhood that resurfaced later in life and that affected their mental and physical health. These needed to be attended to in order for them to regain wellbeing. Within the context of the central concepts TLE-UL-TR-WS-SW in social work practice, spirituality as lived experience was about transformative relationships and individuations that supported personal and others' wellbeing and helped overcome hegemony (recognized as events, actions, or lack that undermined wellbeing) within self and others and in participants' social contexts.
6. All participants spoke about acquiring beliefs and values that they realized undermined or did not support their wellbeing. These beliefs were discarded as part of their individuation and were replaced with personal beliefs and values that supported theirs and others' wellbeing.
7. There were *variations* in how the study participants interpreted TLE-UL-TR-WS-SW and what their relationships with these central concepts were. These variations within participant's lived experience of spirituality were evident in participant data. As covered in section 4.4, some of those variations can be recognized through the names participants used for Transcendent Life Energy and / or Self as B-M-E-S-S and through their actions and interactions with the central concepts TLE-UL-TR-WS-SW. These variations were also

evident based on the concepts categories participants emphasized in their lives at any given time, reflecting on what they considered to be worth striving for. There were also variations in the breadth and depth of participants' understandings of spirituality as lived experience; participants related to different parts of the central concepts category at different times in their lives. Furthermore, participants' awareness of the central concepts seemed to correspond to their access to resources for themselves and for clients. These variations are evident in the differences between the study participants' when it came to the breadth and depth of their interpretation and the transformative relationships they established with the central concepts and corresponding individuation process. For some participants, spirituality as lived experience was about Self, and for others it extended beyond Self and others to include ecology and transcendence. These variations were also depicted in the transformative relationships participants established in their lives, social work practice, practice theories, and outcomes.

8. Furthermore, the central concepts TLE-UL-TR-WS-SW expose the *nature* of spirituality as lived experience as multiple, inherent, interconnected, interdependent, transformative relationships. This was a living reality for the study participants, preliminary at three levels:
  - a. TLE-UL-TSW in relationship with Self (B-M-E-S-S) in unconditional love that supports wellbeing whether participants were aware of it or not.
  - b. TLE-UL-TR-WS-SW in transformative relationships within Self at the personal level, that is, B-M-E-S-S being (the whole person as a system not just the rational mind or mind and emotions).
  - c. TLE-UL-TR-WS-O-SW supports wellbeing in transformative relationships within Self and with others; for some these relationships included ecology and life-forces.

The full conceptual schema exposed more inherent, interconnected, interdependent, transformative relationships as revealed through the extension of the central concepts categories to TLE-UL-TR-WS-O-SW and S-O-S-W in social work practice. These and additional interconnected, transformative, relationships are expounded on in chapters 5, 6, and 7.

**Figure 3. Interpretation of the conceptual schema of spirituality as lived experience in social work practice**



**Key:** UL: Unconditional Love; TR: Transformative Relationships; SW: Supportive of Wellbeing; S/O: Self and Others; SOSW: Subjective, Objective and Social Wellbeing

9. All participants' spirituality included references to resources that were within Self, in others, and were also beyond Self and others. These were described as an inexhaustible life-force or source related to TLE-UL-TSW. They also talked about lived experiences that undermined their wellbeing within themselves as part of B-M-E-S-S and in relationships with others. I have referred to these experiences as embodied and cultural hegemony. Within the conceptual schema, these are a part of the social context and the individual intervening conditions as depicted in Figure 2 and Table 4.

10. The three themes that emerged from the conceptual schema extend the shared understanding of spirituality as lived experience. They relate to the inherent, interconnected, interdependent nature of transformative relationships in spirituality as lived experience. They are:

- a) Spirituality as lived experience entailed both supportive and harmful lived experiences and beliefs and values learned during childhood and youth. It also included adult lived experiences that were not framed in the central concepts. Participants' lived experiences of spirituality clarified the importance and the role of transformative relationships within the central concepts TLE-UL-TR-WS-SW; they were related to individuation, decisions and actions taken, or praxis in relation to one's wellbeing. Individuation was directly related to healing, development of personal beliefs and values, growth, and other aspects of wellbeing for the practitioner and clients. All study participants referred to this reality in their lives and in their social work practice. This theme is expounded on in the Chapter 5, which is dedicated to TLE-UL-TR-WS-SW and Self in transformative relationships.
- b) All participants spoke about their own transformative relationships and individuation in relation to their wellbeing and how it informed their social work practice. Participant's personal lived experiences of spirituality was inherently intertwined with their social work practice as part of the central concepts TLE-UL-TR-WS-SW. Participants' lived experience of spirituality was also about transformative relationships of Self and others seeking wellbeing, TLE-UL-TR-WS-O-SW; and it exposed social work practice theories related to spirituality as lived experience. This theme is the focus of chapter 6.
- c) Spirituality as lived experience as understood through the central concepts TLE-UL-TR-WS-SW also supported subjective, objective, and social wellbeing (S-O-S-W). The outcome of such spirituality was sustainable wellbeing and the development of human

rights values that are consistent with and support the development of social work values in the practitioners' and their clients' lives. This was the experience of Deanne (section 4.3.4) and will be further discussed in relation to other participants in Chapter 7.

This chapter has introduced the GT findings about the conceptual schema of spirituality as lived experience in social work practice, highlighting its' central concepts TLE-UL-TR-WS-SW. I have also discussed the contents, attributes, nature, variations, and outcomes of the central concepts TLE-UL-TR-WS-SW. Furthermore, I have introduced three themes that emerged from the central concepts, the conceptual schema, and shared understandings about spirituality in the study participants' personal lives and in their social work practice. The three themes are the focus of the remaining three findings chapters.

## **Chapter Five – TLE-UL-TR-WS-SW: Self (B-M-E-S-S) and Transformative Relationships That Support Wellbeing**

### **5.1 What Is This Chapter About?**

This chapter highlights the causal concepts categories TLE-UL-TSW and Self as B-M-E-S-S being that are bound together through Unconditional Love (UL) into the central concepts—Transcendent Life-Energy as Unconditional Love in Transformative Relationships with Self in Support of Wellbeing—TLE-UL-TR-WS-SW (see Figure 2 and Table 4). This chapter prioritizes TLE-UL-TSW and B-M-E-S-S as two critical concepts categories and UL (see 4.5.1) as a priority attribute that support transformative relationships and wellbeing as illuminated in the study participant data. Participant data also revealed that spirituality as lived experience that supports wellbeing is about individuation as part of larger change that is beyond Self. This chapter expounds on the personal and sociocultural intervening conditions, including embodied resources and hegemony, cultural and religious resources, and hegemony in study participants' lives, beliefs, and values learned through socialization.

I introduce the chapter by focusing on the central concepts TLE-UL-TR-WS-SW as Self in transformative relationships and engaged in individuation that results in healing, growth, and wellbeing. I also highlight the two causal concepts TLE-UL-TSW and B-M-E-S-S, from which the central concepts emerged from, as critical in supporting wellbeing. In sections 5.3.1 through 5.3.3, I discuss variations in transformative relationships and individuation that participants had established in their personal lives in relation to the three concepts categories TLE-UL-TSW, B-M-E-S-S, and TLE-UL-TR-WS-SW. I then conclude by identifying the key findings about spirituality as lived experience in the study participants' lives.

## **5.2 The Main Points**

There are five main points that relate to TLE-UL-TR-WS-SW and Self (as B-M-E-S-S being) in transformative relationships and individuation that support wellbeing as represented in the conceptual schema and a shared understanding of spirituality as lived experience.

1. Transcendent Life Energy (TLE) as Unconditional Love (UL) That Supports Wellbeing (TSW) (TLE-UL-TSW) and awareness of Self as a body-mind-emotions-spirit-social (B-M-E-S-S) being merged into the central concepts TLE-UL-TR-WS-SW. This merging required mutual unconditional love to support transformative relationships, individuation, and sustained wellbeing.
2. TLE-UL-TR-WS-SW, that is, lived experiences of spirituality included relationships in childhood and the passing on of beliefs, practices, and values by parents, guardians, teachers, and others. For some this included religious beliefs and values. Others learned from broader sociocultural contexts, including rejection of religious/cultural practices and beliefs acquired during childhood and adolescent.
3. Lived experience of spirituality was about transformative relationships and ongoing individuation as a process. Individuation included healing; the development of the ego; the development of personal beliefs, and values as lived experience; growth; and maintenance of physical and mental health.
4. Within the context of TLE-UL-TR-WS-SW, all participants talked about times when they lacked awareness of TLE-UL-TSW, B-M-E-S-S being, and/or components of these concepts categories coupled with related lived experience. These included actions, inaction and interactions, adjustments in life, and relationships in the process of restoring one's wellbeing.

5. Individual participants described their relationships participants with the central concepts TLE-UL-TR-WS-SW in various ways as they talked about spirituality over the course of their lives. There were also variations between participants. These variations went hand in hand with differences in participants' transformative relationships and individuation processes. In this work, I attempted to understand these variations by focusing on variations within individual participants' life experiences and the differences between participants at the time of the interviews.

Participants had varying levels of awareness of Transcendent Life-Energy as unconditional love in transformative relationships with Self. An awareness seemed to be an important factor in supporting wellbeing. Some participants recognized the central concepts in events or circumstances that were extraordinary, which helped them realize that change was required if wellbeing was to be supported. Some participants spoke about the enormous pain that was involved in transformation. For all participants, transformation also involved rejecting or adjusting old beliefs and practices and developing personal beliefs and values that supported personal wellbeing. There were many factors that emerged from my reflection on participants' lived experiences of spirituality within the complexity of human life (BMESS) and social life, and the central concepts TLE-UL-TR-WS-SW only provide a simplistic framework to support shared understandings about transformative relationships, individuation, and wellbeing.

### **5.3 TLE-UL-TR-WS-SW: Self and Transformative Relationships - Ongoing Individuation that Support Wellbeing**

In this section I discuss the finding that TLE-UL-TR-WS-SW supported wellbeing of Self, that the social workers required an awareness of TLE-UL-TSW as Unconditional Love

(UL) for Self (as BMESS) and others to support transformative relationships (TR) within Self, and that individuation was an ongoing process that led to wellbeing. Participant data demonstrated that such transformative relationships supported ongoing individuation on the part of the study participants. Individuation included healing, personal growth, and the development of personal values that contributed to the ongoing transformation of Self and others. This was the case of many participants, including Deanne, Adeelah, Eleanor, Mervin, and Michelle. The core concepts categories for these participants were awareness of TLE-UL-TSW as unconditional love for Self and for others and of Self as BMESS.

Adeelah's lived experience of spirituality highlights the need for, nature of, and awareness of TLE-UL-TSW as unconditional love; it exposes the individuation process as part of transformative relationships in relation to healing, development of personal beliefs and values ongoing growth and sustained wellbeing. On the other hand, Drew's lived experience highlights the critical role of unconditional love for Self and others framed within TLE-UL-TSW coupled with the awareness of Self and others as B-M-E-S-S. I have used Adeelah's and Drew's lived experiences of spirituality to expose differences in transformative relationships and individuation brought on by differences in their awareness of the three critical factors. The differences in their sociocultural contexts, cultural resources and hegemony, and intervening individual conditions are also important. In contrast, Mervin's lived experience of spirituality features personal qualities, strategies, beliefs, and values that supported an ongoing awareness of Transcendent Life-Energy from a healthy context. Some study participants referred to the need to intentionally engage in transformative relationships as part of ongoing individuation and change.

Adeelah did not share much about her childhood experiences of spirituality, although based on the SSQ, she indicated an awareness of spirituality during her childhood (as did all

other study participants). As I discuss in chapter 4, Adeelah's upbringing was not religious, but over time she developed a deep awareness of Transcendent Life-Energy. Adeelah described the development of this awareness:

I fell apart at a kind of early age. I would say I had what was a pretty classic spiritual awakening at the age of 23. And this was 30 years ago, so nobody had really understood it. So what did I do . . . I went into therapy. . . . I recognized that this was the work that I was going to be doing with others. At the age of 26 I was accepted for masters in social work degree program. I realized that I needed to put it off, because I needed to work through all of my own emotional stuff first before I took on the role of caring for others.

Adeelah did not enter graduate studies for another nine years after her admission into graduate studies. During this time she continued with what she described as intensive spiritual therapy to deal with life issues. Therapy was important for her personal development and healing and allowed her to develop a stronger connection to TLE-UL-TSW as covered earlier (Chapter 4). Her treatment dealt with deeper underlying issues and supported "true individuation." I requested Adeelah to explain what she meant by true individuation.

To me the difference between individual and individuation, individuation is a psychological concept of separating from your parents. So you start life and you're completely connected, you're emotionally and genetically connected to your parents and you're not separate from all the caregivers including your teachers, aunts, uncles, brothers, sisters, like everything affects how you grow and develop, because you're not a separate being yet. And as you grow, you become more separate as you go through all of the developmental stages . . . becoming more capable and separate from what other people want you to be or the role models they give . . . so by the time you become an adult, you can deal with the world and other people as a separate being.

For Adeelah, the process of separating from her parents did not happen perfectly and she needed therapy to figure out how to remove what was blocking her from becoming a separate unique human being that acted for herself as opposed to acting out of family or social conditioning. This should not be confused with being autonomous or being completely independent.

I find in my own path and life . . . the more you work through all of those blocks you become more individuated and you become more of an autonomous human being. The more you are individuated; you have more to give others as opposed to

needing some from others. If you still have major blocks, because you had imperfect role models in your younger years or people that needed from you, you are still looking for unconditional love or support for being in the world . . . as opposed to giving to others. So once you work through that and you become more solid in the world and more individuated, then you become an individual that's actually much more connected to other people.

Adeelah's lived experience of spirituality provided clarification about TLE-UL-TR-WS-SW and the social dimension of B-M-E-S-S. She made it clear that, within the context of individuation, as social beings other people are a core part of an individual's transforming relationships. I sought further elucidation in respect to how individuation relates to the ego and spirituality.

Well, to me the ego is the thoughts and the feelings . . . in this western society, we basically are taught to believe that it's just the physical body, the thoughts and the feelings. And to me it is missing the spiritual which is the overarching part of life, the overarching dimension. So . . . [typical] therapy will deal with the emotions and thoughts; . . . some deal with just emotions, some with just thoughts like cognitive behavioral therapy deals with thoughts and actions.

Adeelah's account illuminated the necessity to go beyond rational thinking and cultural/religious expectations within the context of spirituality as lived experience. It also revealed the inherent nature of individuation as a process that is essential to healing, personal growth, and other people's healing and wellbeing; this was also evident in other study participants like Deanne and Eleanor although not to the same extent.

Drew's lived experience of spirituality, while very different from Adeelah's, also highlights TLE-UL-TR-WS-SW with a unique twist in challenges and experiences of individuation in one of the incidents she shared. Drew grew up in a stable family environment. Her upbringing in a Catholic family, schools, and church instilled community and social justice values in her at an early age. Social justice was further enshrined in her intellectually learned beliefs and values that she developed in her social work training and early social work practice. In her late 30s, Drew was exposed to sexual abuse and social injustices in religious institutions

through a client's experience of childhood sexual abuse. As part of her healing process, the client requested Drew to assist her to resolve these issues in her life and to also seek financial assistance from the church; she was also overwhelmed with the ongoing financial constraints related to her medical bills. Through a lot of pleading and preparation, the respective religious institution agreed to meet the client and Drew, but the whole process was fraudulent and the client ended up further traumatized. While church accepted its mistake in that it acknowledged that the priest was culpable, the church offered minimal financial support to cover medical costs and made accusations that her client contributed to the sexual abuse as a child. Drew, in her naivety, wrote an appeal letter that was replied through the legal process, and later she learned that this was a standard response to many other cases on the part of the church. Drew's trust and belief in religious institutions was shattered. This experience began her individuation, which ended up in what she described as a spiritual crisis.

I began to read that these cases were not unusual and . . . I was quite intrigued and disappointed and wondered what I could do. I began to speak to others about it and to see if other people have had cases like this, and I began to link up with people on the internet and I began to understand that this was in fact much bigger than I had ever realized. . . . [I learnt] the response of my client was not unusual. I had been raised as a Catholic girl to really believe that the church was about social justice. And I watched them treating the victims like they were traitors. I watched . . . [lied to] the priests they were reporting were being taken care of when really they were just being shuffled to another community where they could abuse more children. I found that they were hiring high-priced lawyers to fight the cases that were coming forward. I got to know the whistle blower . . . the police . . . would ignore the complaints and . . . weren't pressing any charges. . . . What was happening was [the] institutional response. I found that so horrifying [emphasis]. It went against every single thing that I believed; every value that I believed as a social worker and as a woman.

Drew connected with likeminded advocates in Canada, USA and across the world and realized that this was not an American problem, it was worldwide. It seemed to her like a game plan in terms of responding to cases of child sexual abuse. In that process, Drew also realized that abuse

was a human and social problem that cut across all religious, government and other institutions and not restricted to religious institutions.

I went through a really slow but deep crisis [emphasis] where I began to question everything, [long silence] because I realized that it was well-known. . . . That nobody was standing up within the churches and, if they did stand up their careers were over. . . . I was very, very disappointed . . . can no longer identify myself as a Catholic... no longer feel connected to any kind of institutional religion . . . for the first time. I confronted a level of evil and corruption that I had naively not known even existed. . . . I . . . lost all beliefs in institutional churches. I see them as no better and no worse than any other corporate institution. . . . In terms of spiritual belief, I don't know whether there is an afterlife, I don't know whether there is even a God, I don't know a whole lot. I do know that the institutions that purport to represent God do good or not . . . I see it much more than just being the few bad apples.

Drew lamented further that she no longer knew how to support her daughter without belief in that which was transcendent to herself and others. At the time of our first interview, Drew was still experiencing a dejected phase in her individuation process as illustrated in Figure 4.

Although Drew did not indicate that she had had a mental breakdown like Deanne did (section 4.4.2.2), their experiences were very similar and make evident the connection between thoughts, emotions, the prominence of the ego, and wellbeing.

In Figure 4, I use Adeelah's and Drew's lived experiences of spirituality to illustrate two of the possible processes of individuation in ongoing transformative relationships with TLE-UL-TR-WS-SW. Figure 4 portrays eight possible phases. According to participant data, individuation is related to meeting basic human needs through interconnected, interdependent, supernatural, intrapersonal, and interpersonal relationships. For some participants this included relationships beyond the human world and awareness of TLE-UL-TR-WS-SW. Drew's, Eleanor's, Deanne's, and Amitola's lived experiences of spirituality are among those that supported a reasonably comprehensive understanding of this process.

Overall, participants spoke about lived experiences of spirituality in ways that confirmed the movement from phase 1 as childhood and adolescence through phases 2, 3, and 4—gradual

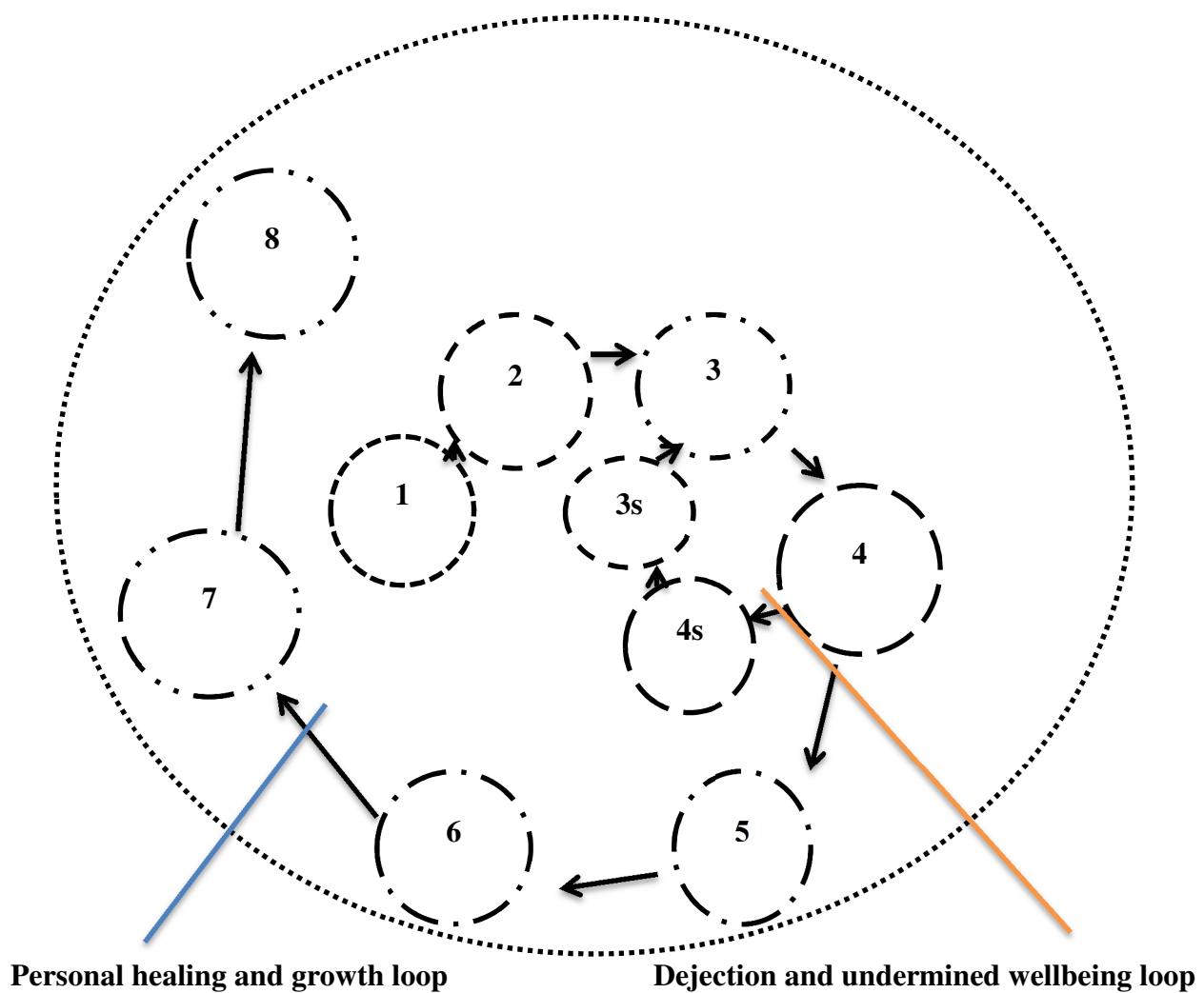
individuation and the natural changes in life. This development involves many forms of life-energy or forces, those we recognize and those we do not, which participants referred to as Transcendent Life-Energy as unconditional love.

All participants indicated movement through phases 4 and 5; some moved back to 4 or 3. This represents the dejection following disconnection from relationships with the central concepts, portrayed as a loop. Both Adeelah and Drew experienced this. For them it was dominated by events and circumstances that involved spiritual crises within their Selves. For Drew it involved interpretation and disconnection in her relationship with Transcendent Life-Energy as unconditional love. For participants, the dejection loop within the context of TLE-UL-TR-WS-SW was caused for various reasons, such as periods of embodied hegemony in participants' lives, or what Adeelah referred to as "ego-control" when people fear being out of control or insisting on being in control in the midst of TLE-UL-TR-WS-SW, as in Drew's case. Adeelah provided an example in her description of this disposition:

If I let go of control which often brings anxiety and I actually start dealing with things and I start changing . . . how I deal with myself and my family and my work, then everything will fall apart. It is that same fear of letting go of ego control.

I have also related it to what Mervin described as needing to remain connected to TLE-UL-TR-WS-SW or the Creator and understanding that we are not in control, we are not the ultimate end.

**Figure 4. A simplified illustration of the individuation of Self in unconditional love and transformative relationships**



Key: The large discontinuous circle represents the abstract and dynamic interconnected central concepts; the numbers signify different phases of Self as B-M-E-S-S being in transformative relationships. The arrows represent the movement through individuation.

All participants in this study spoke about transformative experiences where they sensed lack of full control of their lives and having to make major decisions as individuals and accessing resources outside themselves to support their wellbeing, although the length of stagnation varied. Drew was still stuck in the stage of stagnation at the time of her first interview. However, during her second interview she talked about an institutional client case experience she had handled

(covered in Chapter 7). Her handling of this case revealed transforming and deeper relationships with TLE-UL-TR-WS-SW and a personal commitment to personal social justice values through individuation. This experience, in turn, sparked individuation in other people.

Adeelah related her lived experience of spirituality to the nine years of deep psychotherapy and personal development before she felt ready to take a master's degree and to take care of others. I have interpreted this as a phase of breakthrough from a dejected relationship with the central concepts (possibly 4, 4s, and 3) and later a continuation of individuation through higher phases (possibly 6, 7, 8), and so on. Framing it within her lived experience of spirituality, Adeelah described this as "transformation through [an] inner call and intelligence that involved a greater call, a life force that is going through all of us . . . through all creation , all of the physical world and . . . natural world." Combining Adeelah's interpretation with other participants' descriptions, I have come to refer to this as Self in transformative relationships with the central concepts. This is interpreted as posthumanism in this thesis.

Every participant's lived experience of spirituality was unique and complex, and participants responded to events and circumstances in different ways. Mervin described life as a mystery, adding, "no one has the answers." Mervin's explanations were indirect but had deep meaning informed and influenced by his broad background in philosophy, theology, and social work education and practice. He avowed that we are all wounded, need healing to the depth of spirit to spirit, and that there is no end to challenges in life. He observed that transformative relationships as part of the central concepts was a life-long lived experience.

It was easy to recognize the many occasions when participants were abused by others and how cultural hegemony supported and sustained this. There were also many incidents of self-abuse. Mervin referred to not knowing who we are and poor communication relating to the limits

of human nature, the mind, and other capabilities. Mervin also talked about the human condition as being multiple events beyond human control. Like Eleanor (see section 4.4.2), Mervin prioritized interconnected interdependence at the personal level with TLE-UL-TR-WS-SW within himself (intrapersonal) and then at the interpersonal level in support of ongoing transformation. While Mervin shared in-depth lived experiences of spirituality (as covered in different parts of the findings chapters), this chapter draws on his reflective and analytical stance that emphasized human limitations in the midst of the human condition. He repeatedly reflected on human vulnerability and the need to balance praxis in a relationship with TLE-UL-TR-WS-SW and awareness of having only influence, not control.

We have to remain teachable. . . . There is nothing you cannot touch; it is all connected, right? It is there around us. And then you're saying so, how do we get to the water? Where do we find this air, where, how do we get it? Throughout, it's here, like a unique part of you.

Mervin spoke about relationships or connectedness at the human level as part of Transcendent Life-Energy as unconditional love. Like Rosetta in section 4.4.2.1, Mervin referred to a head-to-heart connection and cautioned against ignoring feeling. He inferred that our behavior and feelings are connected to the physical body, mind, spirit, the social dimension, and our health and wellbeing. He drew attention to the importance of being aware of the different human dimensions that make up our whole even at the very basic level. He also wanted to ensure that those dimensions remained interconnected with other of self as body-mind-emotions-spirit-social being (B-M-E-S-S) including the social parts and affirmed the integrity of other people.

It is not about our feelings alone; we cannot afford to leave out of connectedness. It's like going out on intelligence gathering, . . . [and then] everybody just keep their mouths shut and do not tell you anything because you do not want any feelings, you do not want that information, you just want to listen to one or two people. How helpful would that be? . . . So, you drink, you take drugs [to numb feelings], you do this and . . . still need to interpret it and [try to] live in congruence... [of oneself]. What is usually seen when our thoughts or feelings line up . . . have our head and heart connected ... we actually live

more out of our passion. It is then we are sending perhaps more truthful feelings of who we are [to others] and living spiritually [at peace within self-]. . . connected to where we are going, . . . ourselves and others.

For Mervin, living in transformative relationship with Transcendent Life-Energy as unconditional love within the context of the diverse dimensions of who we fully are, coupled with the complex human condition, was “a process to an uncertain destination.” It may seem like we are in control through the choices we have to make, but we have no control because of our uncertain destination. Yet to attain some level of wellbeing one has to make decisions and act on them with integrity.

Everyone is hurting but no one knows the answer for sure. Part of the answer is in [the] process. . . . Although my feelings are important it is not about me alone . . . the negative belief about yourself [such as disconnected relationships] as self-abuse negative self-concept such as I am not lovable, leads to certain actions and behaviors that are going to also then likely require some treatment, some healing and reconciliation. May be forgiving myself, forgiving others, whatever it might be.

Mervin explained that forgiving leads to healing and the wellbeing of the person who has been offended, adding that the one who offends does not usually wait for permission to move on, and sometimes they are not even aware that they offended you. The person who fails to forgive receives double punishment. Mervin explained that there is a difference between forgiving a person and that person having to pay for the consequences of their actions. But many times people confuse the two or disregard forgiveness as a religious tradition, when, in reality, it has a lot to do with our health and wellbeing. Mervin also stated that spirituality as lived experience is “the ongoing realization that there is something greater than us that forms life. We may ignore it, meaning having no relationship or connection to it, but it remains everything; nobody fully understands it. It is dialectical because it is unconditional love.”

Mervin had previously worked as an ordained priest for 17 years and had a master’s degree in theology in addition to a degree in philosophy and psychology. He then transitioned to

social work through an applied MSW program. Mervin spoke about his social work training practicums and emphasized learning about a) diversity, b) change as a process and c) the need to practice respect and integrity with clients. He underscored realizing that nobody can make another person change; they have to want to do it themselves. He used the analogy of the depth of the iceberg to illustrate the depth, breadth, and complexity of people's lives. He added that what social workers see and deal with is the tip of the iceberg; there is a lot more they do not know. He asserted that social workers are agents of change and are there only to support and to offer choices, not to make decisions in people's lives. Mervin's practicum experiences supported his individuation.

[I was] working with kids who had dropped out of school in probably junior high and wanting to get back—perhaps to finish or to get into high school. For lots of different reasons I was the antithesis of almost everything that would probably be seen as discriminatory. . . . I recognized that I probably represented the entity of what was also that source of discrimination or racism.

Mervin worked with youth who had dropped out of school who were living in the Bronx, Brooklyn, Queens, and Manhattan. Coming from a mainly Caucasian city in Canada, Mervin had to work with African American and Spanish-speaking youth. He added, for some reason, “there was no Caucasian kid . . . among those 30 kids for that year.”

Offering them some support and counseling throughout that year—it was just that to see where they were at, I mean, I don't have any answers. . . . I needed to tell them who I was in order to establish the relationship. I did not tell everyone who I am—it was none of their business. But well it was for them, because it was something that was part of who I am, and I had learned about them and I thought I needed to tell them. You know, and it actually worked out better to tell them. As well, that is being respectful . . . integrity, while respecting boundaries.

Mervin also spoke about learning the importance of process as the most effective strategy in clinical social work and he realized it was also consistent with his and possibly other people's

natures. I have interpreted Mervin's experience as process framed within appreciative inquiry that supports transforming relationships and individuation.

It was all just about process, just so much is about the process . . . getting out of the way so the process can work . . . that was so much about psychotherapy or any part of social working. So much of education that I do now even with regarding sports as an educator or within schools, it is all about process. . . . So you ask as many questions as you can from what they know, get everything that they have and then teach them, like filling the slots or give them exercises that will give them the opportunity to learn or acquire the experience . . . that is more beneficial than telling them upfront or just reading stuff they will not remember.

Resigning from the priesthood was an important aspect of transforming relationships and individuation for Mervin. Mervin worked as a priest for 17 years before resigning and committing himself to full-time social work practice as a psychotherapist. He explained:

I think that [leaving priesthood] was more of a personal decision . . . where it took a long time to come to. I guess . . . to live my spirituality. . . . I mean to live life and make choices as freely as I wanted. Just like if I'm married, I suppose I can just say this is not really, really working well for me, I am not being the healthiest. So I need to move on forward, move on.

Mervin also implied having to let go of his ego by not worrying about his position in society but living with greater integrity within himself and with others. He also highlighted the importance of remaining aware that we have some influence but it is not control because we are do not have the final word. "We are not the Creator; there is something greater that brings all of us into some form of relationship and community. And because of that, while we do not have . . . control, we have influence on other people and awareness . . . and morality, ethics."

Adeelah's, Drew's, Deanne's and Mervin's lived experiences of spirituality were grounded in the understanding that Transcendent Life-Energy in support of wellbeing was a transformative relationship with Self. I highlight seven findings that relate to the central concepts TLE-UL-TR-WS-SW in relation to the two causal concepts categories, TLE-UL-TSW and Self as B-M-E-S-S and UL.

- 1) Within the context of the central concepts TLE-UL-TR-WS-SW with Self as B-M-E-S-S, all study participants, with the exception of two outliers (Mandie and Michelle) emphasized the priority of TLE-UL-TSW and Self as B-M-E-S-S merged together through unconditional love (UL), which could then support transformative relationships (TR). For participants, this was an enormous resource for bringing about wellbeing, accessible to all people. They also spoke about human vulnerability, noting that they were not in control. They maintained the view that while need to make choices and act on them, we can only influence. Well aware of the potential of TLE-UL-TSW, they encouraged release of control as part of ego development, individuation, and wellbeing. Participants who excluded TLE as part of TLE-UL-TSW emphasized UL.
- 2) Awareness of B-M-E-S-S within the central concepts exposes the diverse dimensions of being human. It is also necessary to establish the awareness of embodied resources, or resilience, as well as embodied hegemony, which resists transformative relationships and undermines personal and others' wellbeing. Within the context of TLE-UL-TR-WS-SW, embodied hegemony entailed disregard for the priority of the causal concepts TLE-UL-TSW and Self as B-M-E-S-S and UL. Drew's description of her client case vignette is a good example; human vulnerability as well as her own was evident in what ended up as an experience of vicarious trauma.
- 3) Spirituality as lived experience involved transformative relationships and ongoing individuation to support wellbeing within established cultural hegemony.
- 4) Self needs ongoing support from others, including professionals, to sustain a critical awareness of TLE-UL-TSW and Self as well as access to cultural resources in order to resist cultural hegemony. The majority of the study participants included ecological relationships

such as nature or animals and accessed life-energy such the awareness inexhaustible opportunities and resources beyond themselves and their immediate knowledge; they relied on a broad range of transformative relationships to support their individuation. On the other hand, Mandie and Gabriella had restricted interpretation of the central concepts and correspondingly restricted transformative relationships and individuation.

In the following section I expound on these findings and highlight the differences between participants' interpretations of the central concepts and within individual participants. As established in section 4.4.2, there were three dominant interpretations, with corresponding differences, of individuation among the study participants. These differences are treated under subsections 5.3.1, 5.3.2, and 5.3.3.

### **5.3.1 Humanism, rational mind, ego, and Self and transformative relationships**

Spirituality as lived experience for a small number of study participants was interpreted and experienced as limited to humanism and what is rationale and logical. This was the case for Mandie at the time I conducted the interview (although her interpretation may change over time depending on circumstances and events in her life). This was also the case for Drew at the time of the first interview.

Mandie had eased out of the dejection loop in the individuation process as covered in section 4.4.2.1. Gabriella talked about a persisting anxiety in her effort to protect her childhood beliefs and the social status of Christianity against those who wanted to critically reflect on its position as part of cultural hegemony. Some other participants referred to periods of their lives when they were in a phase of transforming relationships and individuation when the mind and ego were dominant and Transcendent Life-Energy as unconditional love was obscure. Jiao and

Rosetta's lived experiences of spirituality revealed the process of moving out the dejection loop or phases.

As indicated in section 4.4.2.1, Mandie described herself as having strong beliefs that were opposed to religion. She spent close to 10 years reflecting on religion and then decided that it caused many problems; she opted to believe in humanism and human potential. It seemed like Mandie correlated rejection of religion with a rejection of anything that was not physical and logical including universal life-energy. Mandie, however, associated her lived experience of spirituality with unconditional love. Although Mandie's client case vignettes revealed positive, deep connections with her clients and her goal was to strengthen communication and openness to ideas that would help clients find healing within themselves, she had stagnated in her personal development; she was holding onto her childhood beliefs and values and had also set up herself as the standard. She stated:

I am an atheist but I'm not real out there about that. I feel like the work I do is spiritual but not religious. It's spiritual that I'm connecting with people on a different level. . . . I have a strong belief in the human potential and the needs of people to be heard. . . . I think that the connection . . . can help. . . . [build] trust and they kind of let me in. And then I can feel the relationship change to a healthy relationship. . . . I can certainly tell that the person is now open to me to be a helping person to them. . . . That's kind of where it starts. I think it's integral. If a client is not connected to me . . . then I'm not going to hear their truth, they're not going to reveal their truth, they're not going to analyze their own truth and see if their truth can be something different. . . . If there is no connection I just feel like I am a robot. I can give them cognitive behavioral therapy and relaxation strategies but without the connection it does not feel like I am doing good work. It is harder to do good work.

Mandie's stance implied not being aware of and correspondingly, not having a connection with Transcendent Life-Energy. Like the dogmatic religious people she resented, she repeatedly limited her interpretation of life to her family situation that had provided unconditional love in the absence of religion. She did not seem to recognize a need to open up to a broader belief

system to accommodate human differences even though she was aware of diversity in people.

She interpreted spirituality as related to unconditional love and highlighted human potential.

My belief is in human potential and the need for society to get along well and be good for goodness' sakes . . . like having a collective community. . . . I would probably be a great anarchist . . . anarchy means violence and wars and crimes all the time, but true anarchy would be like just no rules,...t you do not need rules. Everybody is just kind to one another and does what they need to do to make a community get along. . . . I would probably be successful in that kind of world but I'm not under any illusion that most other people will not be successful in that kind of world. They need the rules, they need the laws and maybe they need what religion tells them or what the rules and the laws for them to behave in any ways. So I guess for those people well, still they get their rules and laws but there will be no religion. We don't need religion to tell us that murder is bad.

Mandie indicated having only limited experience of spirituality in the SSQ and her interview.

Her strong beliefs about religion seemed to restrict her interpretation of her relationship with Transcendent Life-Energy as unconditional love. She was uncomfortable when her clients asked her about her religion. As a closet atheist, she exhibited limited personal growth in respect to development of personal beliefs and integrity in comparison to other participants. She shared how she struggled to find integrity even when working with her clients:

Kids have asked me about my religion; it's been very awkward and uncomfortable for me. They could ask me a lot of personal questions, am I married, do I have kids, have I done drugs, and I'm comfortable with all those questions. I may not always answer them truthfully but I can answer them, but when they ask me about my religion I am quite uncomfortable.

It seemed like Mandie had an ego control issue in relation to religion; she referred to incidences of frustration when her clients brought up religion because of her strong beliefs about religion. Her fixated stance against religion as anti-spiritual and decision to live as a closet atheist seemed to undermined her personal development, and opportunities to participate in transforming relationships, individuation, and ongoing personal growth. She stated:

I think I am one of the most moral of people that I know and it's not because there's religion. My family didn't grow up religious, my mom has gotten religious more in her older years but we didn't grow up religious. I grew up in a very loving family, my mom

volunteered everywhere, and we were very much community minded. My brothers are the same way and it is not because they are religious, that is because of a healthy upbringing.

Mandie's worldview was built on human goodness, the mind, and her ego. Her stance, when coupled with cultural hegemony, is part of the stalemate in the Canadian social context in respect to religion, and explains her choice in positioning herself as a closet atheist. The cultural and personal hegemony denied her the opportunity to resolve these issues in her own life, and correspondingly in her clients' lives, as she alluded to in the quotation above.

Jiao had a similar ego position prior to her taking a life-energy class that sparked her spiritual awakening, as covered in Chapter 4. She stated: "I remember thinking like, well, I am a social worker with a master's degree. I do not believe this new age stuff. So I was very apprehensive about the whole thing . . . Like we have aura field rather than this physical body!" Jiao was able to overcome stagnation through personal development and exposure to Transcendent Life-Energy as unconditional love, and at the time of the interview she seemed to have continued with her personal growth through her private practice in family counseling.

Gabriella shared her frustration about the absence of space within the social work profession to talk, reflect, critique, and grow because she was not able to live with integrity in the current social work climate vis-à-vis religious beliefs. She acknowledged the challenge of communication, stating: "People assume that Christians are always trying to evangelize them." She admitted not knowing how to resolve this tension.

It never really feels safe, I hate using the word safe. It never feels like it's a good place for us to be talking about that. And I don't know why. . . . My anxiety, I guess, is that if I speak about that there might be some feeling that I'm evangelizing or that I'm saying my way is right and theirs is wrong. So sometimes we all know that's our background . . . but that's really a part from me as a social worker.

Gabriella referred to the struggle of many Christian social workers who work in institutions where religion and minority cultures are shunned. She also discussed the need to protect her beliefs (section 4.4.2.1), alluding to the larger public stalemate that has failed to create room for healthy dialogue on religion and cultural differences as one of the difficult conversations. This is a form of cultural hegemony. This impasse puts Gabriella and others in the same quandary as Mandie, although they may not refer to themselves as closet Christians. It also implies a restriction in transformative relationships and furthering individuation and personal and social growth. Gabriella, who worked at a faith agency supervising other social workers, prayed for her projects and talked about experiencing the presence of God—being transformed and growing through the many successes she has experienced in her work over the years. She described her main spiritual practice as an “application of who Christ is and how he would desire for me to live.”

Gabriella also spoke about purposeful mindfulness practice as another important spiritual practice in her life. She stated:

There is actually sort of another piece . . . spirituality . . . that I know is there for me too. I have been doing mindfulness meditation and I lead a group at the Arthritis Society and that's growing in popularity . . . as a health-based practice . . . it may have its roots in Buddhism. . . . It is becoming an efficacy research-based [practice] . . . because of all the tests and studies . . . [that show] it helps people as an intervention to manage stress to manage pain, to manage depression, anxiety . . . something that I've been studying more. . . . I think that it taps into the spiritual part of who we are. . . . I think it can fit beautifully through worship to God . . . so I have done actually a workshop with my faith-based organization to try to marry the two a little bit better.

Gabriella’s experience of mindfulness meditation when working with people who were dealing with arthritis made it possible for her to go beyond the head-mind approach to spirituality. This is consistent with Mervin’s reference to the importance of “process” and being open minded. I recognize Gabriella’s step in introducing mindfulness meditation to her Christian-based agency

as Transcendent Life-Energy in transforming relationships and individuation, whether we are fully aware of this or not. However, I am also aware that for some, transforming relationships and moving towards individuation may require more awareness and bolder steps as in Amitola's case in the following section.

### **5.3.2 B-M-E-S-S being and Self and transformative relationships**

TLE-UL-TR-WS-SW and individuation seemed like a natural process for study participants who framed their spirituality within a broader B-M-E-S-S understanding of spirituality. This seemed to be the case whether the participants consciously included the awareness of Transcendent Life-Energy as part of their lived experience of spirituality or not. I will use data from Amitola, Deanne, and Michelle to elucidate this finding.

Starting to live from her spiritual dimension transformed Amitola's life. She talked about how as a young girl, her father told her that his role as a spiritual leader in his Aboriginal community kept him grounded in the midst of abuse in residential schools, losing his parents, and the destruction of much of his culture (see section 4.4.2.3). Amitola spoke about holding that learning in her heart. She attended her first healing ceremony when her oldest daughter was about three. People participated in the ceremony for healing from physical illness, mental illness, emotional distress, family distress, and personal distress. She was dealing with a lot of issues at the time and she was one of the first ones at that event.

I am terrified of the dark and had to sit in complete darkness. I was so scared . . . afraid of the dark, I was sitting in there with my daughter and I was scared. I had my eyes closed, then before the ceremony started, the Medicine Man stood up and he said, "Who is scared? Somebody in here is scared. They came early . . . somebody is in here scared" and [he] said, "Don't be scared." . . . So then I relaxed and the ceremony went on. That ceremony would be going for four hours...

Coming out of that it was completely different. It was like . . . I felt protected. [I] knew that somebody is there, out there. Somebody is there actually watching over me...you know it is kind of like, I think you can say you were in touch with your guardian angel and you know they are there.

Amitola's life was transformed by that traditional spiritual healing experience. She found the courage to start meeting her own deep needs through the needs within her own community, and nothing has been able to stop her, not even the structural racism she experienced in the process. She talked about developing the full awareness of what she was, B-M-E-S-S, although she did put emphasis on her social dimension and the awareness of and relationship with Transcendent Life-Energy.

Yeah! . . . That is what I carried with me after that. . . . At first it was working with families . . . First Nation families. They, they are saying we need help. How can we help our kids? How can we get our kids to be more positive . . . find their identity. . . . You know, I did not know how to help them. So I had to do a lot of research. I talk to my dad and he said, they took our culture away. They took our language away. That's where our identity is. So then I had the vision to work with the school. I visited the First Nation families within that school and I ask them, "Would you welcome an elder program in the school?" . . . So we started with the after-school elder program. That was once a week, that's how we started.

Amitola started developing an after-school cultural program in 2000 at a school near her reserve. By 2004 she was organizing Salteaux language classes and other children's program as a means to address racism.

Although these programs were stopped with the change in school administration and protest from non-Aboriginal parents, Amitola did not stop. She completed her social work degree while working in the court system, continuing in work to support members of her community. At the time of the interview, she was working at a sexual assault center as a counselor while completing her MSW. Prior to starting her work as a sexual assault counselor she started on her own healing from childhood sexual assault.

All study participants who had spiritual experiences that involved their B-M-E-S-S selves also experienced individualized transforming experiences that could not be stopped. Like Amitola, Deanne's description of what she referred to as spiritual awakening (see 4.4.2.2) took

her to places she could have never imagined. Deanne described being close to retirement but still full of enthusiasm about her work:

I am close to retirement and still have things I need to accomplish with others in this work. . . . You would think that there would not be a good feel[ing] at the palliative care unit, but I am telling you that when you have done your work and you are saying your gratitude . . . saying your prayers there is always a good feeling.

This experience of ongoing transforming relationships that involve individuation was consistent with Michelle's experience. The only exception was that, unlike Amitola and Deanne, Michelle rejected religion (see section 4.4.2.2), and she did not refer to having a relationship with Transcendent Life-Energy. Michelle described her spirituality as humanity and respect for the dignity of every person; she referred to the importance of honoring emotions, connecting spirit to spirit, and providing safety when one was feeling vulnerable. This kind of spirituality enabled Michelle to survive a divorce and cancer, win a national cancer award, and establish a successful private social work practice against all odds. She explained how she coped when she lost her job after being diagnosed with cancer:

And so they gave my profile from that job to someone else. And I guess that made me sort of think, gosh I have got to create my own world. So taking a reflection back on everything that I have learned . . . I was in the middle of chemotherapy and multiple surgeries, I sort of retrained to get my career back. It grew from there . . . I did not have defined perspectives on how I should offer service. Some businesses did not allow us to offer any kind of spiritual input into the process; they want us to keep the vision focused on getting people out the door as quickly as possible. . . . I began to go towards ones that were more open to allow me to practice in a way that feels comfortable for me as well as to the client.

Through her life challenges and transformation, Michelle found that spirituality as lived experience was related to hers and others' wellbeing (see section 4.4.2.2). She referred to the awareness of her individuation when she stated, "gosh, I have got to create my own world," which she did while supporting others to find theirs.

### **5.3.3 Posthumanism and Self and transformative relationships**

All 14 study participants were aware of Transcendent Life-Energy as unconditional love as a transformative relationship with Self. Only Mandie, who had a restricted interpretation of the central concept as limited to unconditional love and who did not incorporate the broad awareness of B-M-E-S-S, seemed to be somewhat restricted in this area at the time of the interview. On the other end, Eleanor's spirituality provides one of the most expansive examples of Transcendent Life-Energy as unconditional love in transforming relationships with Self through individuation. Eleanor, like Deanne, talked about transforming relationships and individuation as initially painful and long. Her lived experience exemplified how this process supported the development of personal beliefs and values, ongoing transformation, and sustained wellbeing, even in the midst of doubts and challenges.

When I went to social work I was drawn to studies around death and dying, women issues, addictions. . . . I became . . . aware of structural social work; it changed my paradigm. . . . [I] started . . . to question my religious formation. . . . It did start the unraveling of deep paradigms and religious beliefs. The breaking of paradigms caused . . . suffering because it was very, very painful for me. It felt like a spiritual crisis... it did feel like a profound death. I felt my body hurt and I really was grieving and that process took about . . . five to seven years, before I stopped feeling that kind of pain and had peace inside myself. And I had a different worldview or way to hold my sense of the sacred. The loss and letting go of beliefs, so I no longer believe or hold to the dogma or doctrine of my own religious formation and I felt such profound sadness and grief.

Eleanor had wanted to become a priest as a young girl, and she was angry at the church and other institutions for denying her the opportunity to fully express her childhood beliefs and values in relationship to what she had understood as God. As part of individuation, she removed herself from those institutional beliefs and practices that she found contradictory to her social work values. She chose the road of being open-minded and at the same time indicated awareness of her individual personality, noting that some other people may thrive better in institutional settings. She indicated:

Where I am in my life there is no desire to belong to any kind of organized religion or philosophy whether it would be Christianity or even the Native spirituality. There are elements in all these . . . that I would draw from and I have great respect for them but I have no desire to call myself or identify with being part of any group. I feel a great sense of peace and understanding in my life trusting—being very humbled by all those things I do not know for sure and being very okay with that and not afraid.

After Eleanor graduated with her first degree, she worked in child protection:

I felt like I would die if I continued to do that work. I felt like it was work that I really could not see making any change. The policies and systems were not helping families to move forward nor did I feel that children were really being protected. I found this hard to live with and to accept.

During her training, Eleanor asked God to take away the pain she had felt as a young girl from the death of her relatives. It was then that she realized that the pain was no longer there. She volunteered in a hospital with the goal of moving to a palliative care job.

I found that death and dying did not bother me. . . . [It] is a natural process so I could accept death of a child from illness; I could accept death of a family members or people through illness. It is what we do to each other that caused such heart break. . . . I worked for a short time in child protection and left a permanent job offer to work in a non-profit organization part time for less money, but it was full of joy. I realized that was exactly where I wanted to be. That was work with people who were dying and I was only 21.

Even though this work was intense and involved practical suffering and physical and emotional pain for families, Eleanor felt that those were natural processes. She had also learned to be grateful that endings happen. Eleanor recollected meeting a dying priest and sharing with him her disappointments with the church. He did not seem to understand her frustration, but, nonetheless, she noted his remarks that alluded to individuation. He told her that

non-examined faith is no faith at all. A belief system or philosophy that we inherit does not belong to us until we explore it and question it and maybe throw it away and then take back what we need or what we believe or we want and we claim it as our own.

Eleanor moved from her home province to Toronto for her master's degree. Here she stumbled into her sexuality as part of her larger social need and became more aware of the breadth, depth, and complexity of human nature and Transcendent Life-Energy.

I specialized in grief and loss. . . . I created a course work around spirituality; there was nothing close to hospice care and people that were dying. . . . There was a man that was dying basically the same age as me around 24, 25 and entering into conversations around identity, gender, death . . . dying from HIV/AIDS when these people were just beginning to identify themselves as sexual beings in a more public way, and . . . all the complications of life . . . Their families rejecting them and longing for connection, and who they are as sacred people and trying to connect them to the big value in themselves . . . and living sacred lives. . . . Some were street people and sex street workers. . . . It was really too much for me, at a time of claiming my own identity as a sexual being.

Eleanor also spent time in her search for belonging, identity, and connectedness to that which was familiar to her as a child. She chose to stick with the personal values she had found.

I remember getting up Sunday mornings. . . . I would get up early . . . and just wonder and I could walk for two or three hours. . . . I was searching for home and wandered from place to place for hours trying to find [a] church where I felt that they have the belief systems that were consistent with where I was on the inside. I have not yet found one but I am okay now—I don't search anymore, I am okay with who I am. But at that time there used to be a longing to replace something which I had lost.

Like other participants, Eleanor developed personal beliefs and values that were centered on the awareness of and relationship with Transcendent Life-Energy that has continued to grow. Like Adeelah and Mervin, she spoke about unlimited breadth and depth. She was also able to manage her ego and incorporate ongoing reflection on how to provide safety for her clients in the midst of complex situations. Eleanor reflected on a client family situation that tested her limits.

There was one child who was like ten years old. . . . She died I would say eight years ago and her family was very protective of her—wanting her to be at home. They were a family that was socially very isolated. . . . They lived in a rural area of our city. . . . They denied access to our home-based nursing, only exceptional cases and a social worker was not allowed to come in. They did agree to have access to [name] Hospital which specializes in children's illnesses; they would consult with them through email contact. So for me my spirituality . . . the first part was to let go of that which I was not able to control. I was very conscience of that process—not to impose my value system and

judgment upon the family and to trust the parents' knowing of their child and what was in the best interest of the child.

It was very hard for Eleanor and her professional team to hold-off because they felt they would know how to take care of that child and how to support the family. They phoned and sent e-mails, but in spite of all their efforts, the family remained adamant. Eleanor spoke about her own personal struggle with this client case, her fear for the child's safety, and her understanding of social needs.

I thought how do I make connection and yet be respectful. How do I honor the integrity of this child and the mom and dad and her siblings? . . . We provided them an i-pad for the child . . . she could do a lot of things. We provided CDs and DVDs of new movies that talk about dying, letting go, saying good bye through animation so that kind of thing using popular culture . . . that talk about courage, love and hope, that kind of thing. The oldest sibling of the child who was dying was in grade 11. . . . So I found quotes and poetry about the beauty of things that are sometimes not easily seen and I . . . just gave them to him. I wrote a letter to the mother and father just saying this is who I am. . . . This is what I do and I this is what I am trying to do. You may never choose to access me, however, I am here whether it is today or five years from now and so I want to be respectful and yet I am concerned about any isolation so this is why I am reaching out.

When they found out that the child was not in danger, Eleanor had to come to terms with the understanding that her desire to help the family was her need. Since the family did not accept outside help, it was more important to respect the integrity of the child and the family. Eleanor spoke about the contradictions about what she had come to understand as grief care in evidence-based practice and spirituality.

The child died at home. . . . The funeral was very private; it was closed to the family. . . . So it meant things like driving out to this rural area with a meat pie and a note and leaving it at the doorstep then driving away. And how are these things spiritual? I think mystery and spirituality is about what remains when everything else is drained away. . . . What remains and what is essential? Do you have the courage to live with the intention of all the opposite with what is left? I think that example for me of being conscience, having enough maturity, enough trust.

In comparison to other participants, Charita and Rhona, whose cultural backgrounds supported lived experiences of spirituality that was open and inclusive from their childhood and

adolescence, experienced ongoing transforming relationships and did not share having pronounced periods of spiritual crisis. However, they shared other life incidents of crisis and life challenges such as those related to cultural hegemony, such racism for Charita and Amitola and physical illness for Rhona. At the time of the interview, Olivia was learning about somatic life-energy. She suggested that when we work with integrity other people connect to an awareness of a different level of energy, meaning the nervous system and the physiological sense of safety.

Eleanor reflected on her client case: “that was an unusual situation and I mention that because of the inner struggle for me and what it required and demanded of me.” For me, that statement and her concluding remarks on the mystery and spirituality in the quotation above brings to mind Mervin’s earlier explanation that social workers are agents of change and can influence and support transformation and individuation. However, we should never see ourselves as the ultimate end or having the answer. Mervin also insisted that transcendent life-force in relationship with Self is beyond Self (TLE-UL-TR-WS-SW); it ought to foster transformative relationships that support ours and other’s wellbeing. Chapter 6 is devoted to this third underlying structural relationship—Transcendent Life-Energy as Unconditional Love in Transformative Relationships with Self and Others (TLE-UL-TR-WS-O-SW) in social work practice. It is focused on social work practice theory and application.

#### **5.4 Related Findings and Conclusion**

This chapter has highlighted the central concepts TLE-UL-TR-WS-SW in relation to transformative relationships that involve TLE-UL-TSW, UL, and B-M-E-S-S. Such relationships support individuation, a process that involves healing, the development of personal beliefs and values, and physical and mental wellbeing. Such healing was the case for study participants who

were abused and whose wellbeing was undermined but who were able to attain healing and develop personal beliefs and values. In this process, they were also able to support personal healing and growth in others.

I expound on twelve findings related to the central concepts TLE-UL-TR-WS-SW as part of the full conceptual schema, but focus on the causal concepts TLE-UL-TSW and Self as B-M-E-S-S, the attribute of unconditional love (UL) in transformative relationships, and individuation. I build on the preliminary findings related to individuation described at the end of section 5.3. Here I discuss their implications for social work practice.

1. All the study participants highlighted the importance of different levels of sustained awareness of TLE-UL-TSW and Self as comprising B-M-E-S-S. These were foundational concepts categories bound together through unconditional love (UL) for Self and others. Unconditional love was a critical attribute that has to be present in TLE-UL-TR-WS-SW. It is necessary to support transformative relationships and individuation that brings about healing and wellbeing. Unconditional love is important in light of the multiple sources of cultural and personal hegemony, human vulnerability, and diverse human conditions and challenges and human limitations.
2. For some participants, the physical and emotional abuse they experienced during childhood resurfaced in their later years in relationship to their spirituality as lived experience. Their compromised wellbeing required deep therapy involving B-M-E-S-S being. Some abuse from others and self abuse was related to wrong beliefs and values acquired from culture/religion including institutions such as families, schools, and even the social work profession. All kinds of relationships and institutions, including social work, produce cultural and embodied hegemony, which means there

- is a need for ongoing accountability. Also beliefs and values play an important role in spirituality as lived experience, transformative relationships and the individuation process, healing, growth and wellbeing.
3. Transformative relationships required awareness of TLE-UL-TSW and awareness of self as B-M-E-S-S bound together in unconditional love (UL), not only for Self but also for others. This was an important revelation, as Drew's lived experience attested. But it was also present in others, although not to as obvious or of the same magnitude. Lack of awareness of Self and others as B-M-E-S-S also inhibited the development of transformative relationships and in turn inhibited individuation and undermined wellbeing. Both the absence of unconditional love and unawareness of Self and others as B-M-E-S-S inhibited awareness of TLE-UL-TSW for Self and others and resulted in the establishment of embodied and cultural hegemony.
  4. All participants spoke about experiences of an inexhaustible resource that was within Self and outside of Self. For all participants, this resource transformed issues and needs into greater resources; encountering this resource also transformed them in ways that gave them the courage to do greater things than was rationally possible. All participants (except Mandie) also shared lived experiences of transforming abuse into a resource through healing, developing a deeper awareness of Self, others, and transcendent life-forces, and utilizing resources available to Self and others to maintain wellbeing.
  5. In other words, study participants' lived experiences of spirituality were about the process of recognizing and developing transformative relationships, re-examining, evaluating, and changing childhood beliefs, attitudes, and values, and developing

personal beliefs and values that supported their new reality. In some cases, healing involved deep energy psychotherapy and body therapy. For the study participants, recovery from abuse and attaining wellbeing went beyond the traditional approach in social work that is confined to counseling and use of the rational mind. Participants talked about personal experiences and dealing with clients who had experienced deep personal trauma and required healing. Dealing with this involved all levels of Self as B-M-E-S-S being and attaining healing through therapy (therapy modalities such as massage therapy and the use of the bio-energetic field and the nervous system.

6. Transformative relationships and ongoing individuation involved praxis, that is, making decisions and acting on one's situation in order to facilitate personal and other's wellbeing within the context of TLE-UL-TR-WS-SW and the conceptual schema. Inaction as a result of a limited awareness of TLE-UL-TR-WS-SW resulted in limited awareness of transformative relationships, failure to see opportunities or options, a lack of individuation, and a persisting undermining of wellbeing for Self as BMESS and others.
7. Transformative relationships involved individuation and various actions and inactions on the part of Self as B-M-E-S-S. They involved meaning making: making decisions and taking action in areas that required healing, developing new beliefs and values, and changing behavior accordingly. In some cases, participants talked about three years, others talked about six years, and yet others did not share the number of years of struggle but indicated being in the midst of ongoing change in their experience of spirituality. As illustrated in Figure 4, all study participants experienced periods of inhibited individuation, undermined health and wellbeing, and restricted growth.

These periods corresponded with times of restricted transformative relationships.

Drew illustrates the process of transforming negative lived experience into resources that support healing in Self and others (in chapters 6 and 7). This was the case for all study participants, although with varying degrees of intensity, except for Mandie.

8. Transformative relationships and individuation involved the development of personal beliefs and values as lived experience, as indicated above. This process involved an awareness of one's present beliefs and values, exposure to alternatives, and the freedom to evaluate for oneself and make choices that support wellbeing for Self and others. Participants talked about the determination to overcome hegemony through taking action towards a desired goal. Some relied on TLE-UL-TSW and UL, Self as B-M-E-S-S, or parts of Self. In the process, they expanded their resources, discarded old beliefs and values, were willing to try out new beliefs, and cultivated beliefs, values, and principles that supported their own and others' (as part of Self as B-M-E-S-S) wellbeing.
9. These understandings exposed the distinction between belief and values learnt through socialization (intellectual knowledge) and those acquired through individuation and cultivated to support personal and social wellbeing. Beliefs and values related to lived experience were distinct in that they were self-evaluated, they involved feelings and personal will, they included self-evaluated safety precautions for Self and others, they included commitment, and they supported wellbeing in a sustainable way. These are values we associate with human rights and are also consistent with social work values, such as respect, equality, human dignity, and self-determination. This is a significant finding for social work. It exposes the distinction

between cultural/religious beliefs and values that are not fully developed at a personal level and social justice. Although some values may seem the same on the surface, Drew's experiences (section 5.3) exemplify the difference between values acquired through socialization and those developed through individuation towards attaining sustained wellbeing (as was also is the case for other participants, particularly, Mervin, Deanne, and Eleanor). This point was also supported by Eleanor's discussion with a dying priest who agreed that religious beliefs and values were not really one's own until they are self-examined, explored, and transformed into one's own through lived experiences (see section 5.3.3).

10. Participants also talked about times when they lacked awareness of TLE-UL-TSW, of themselves as B-M-E-S-S, and of UL because of cultural hegemony. There seemed to be a multitude of factors contributing to abuse within the sociocultural context. At other times participants also spoke about self-abuse. They ignored resources and opportunities within and beyond themselves. I refer to these instances as embodied hegemony in the midst of the central concepts and Unconditional Love (UL) for Self and others. Some study participants also identified these as times when they accessed social work services.

11. Wellbeing framed within the central concepts TLE-UL-TR-WS-SW was related to inherent, interconnected, transformative relationships and it was inexhaustible and transcendent. Some participants emphasized their awareness of this, not being in control, and learning to forgive as part of emotional, mental, and physical health and wellbeing. Mervin and Deanne emphasized this point. According to them, forgiving others is based on the awareness of human nature and human life as persistently

imperfect and that forgiving others is more for the wellbeing of the one forgiving.

Participants also spoke about other strategies they used for themselves and in their social work practice.

12. As explained in section 4.4, there were variations in awareness of, interpretation of, and the type of relationships participants established with TLE-UL-TR-WS-SW, the central concepts. These variations were evident in the differences in transformative relationships and individuation within participants' lived experiences, healing, growth, and wellbeing.

In conclusion, this chapter provides important shared understandings of what the conceptual schema through TLE-UL-TR-WS-SW entails and the meaning of its critical activities in respect to a) individuation as an ongoing process; b) wellbeing for Self as related to individuation, wellbeing of other, but also wellbeing beyond Self and others through TLE-UL-TSW, c) ongoing individuation that involves transforming hegemony in Self into a resource and d) transformative relationships within the context of social work. Firstly, these activities are inherent, interconnected, and interdependent and they relate to sustained wellbeing. Secondly, individuation is about praxis as part of ongoing awareness and engaging in transformative relationships. It also requires making decisions and taking action at the individual level to support one's healing, growth and the development of personal beliefs and values that enhance wellbeing in the midst of cultural and embodied hegemony; it is a process, not an end in itself.

Finally, the conceptual schema makes it evident that the study participants' wellbeing was intertwined with their social work practice; and the contingent concepts category TLE-UL-TR-WS-O-SW emerged from TLE-UL-TR-WS- SW. Furthermore, the practitioners' wellbeing was also intertwined with their clients' wellbeing; wellbeing that emerged from TLE-UL-TR-

WS-O-SW as Subjective (S) Objective and Social (S) Wellbeing (W)—SOSW. They are inherently interconnected attributes that make up sustainable wellbeing in lived experience of spirituality in social work practice. The first of these two findings is the focus of chapter 6.

## **Chapter Six – TLE-UL-TR-WS-O-SW: Self and Others and Transformative Relationships in Social Work Practice**

### **6.1 What Is This Chapter About?**

This chapter is about the second theme that emerged from the conceptual schema TLE-UL-TR-WS-O-SW; specifically, Transcendent Life-Energy as Unconditional Love in Transformative Relationships with Self and Others in Support of Wellbeing (see Figure 2). TLE-UL-TR-WS-O-SW represents Self, the clients and others in social work practice. Participant data illuminated that study participants' wellbeing was inherently intertwined with their social work practice. Participant data also exposed that social work practitioners' wellbeing was inherently interconnected with their clients' wellbeing. Further analysis also revealed that in some instances it was the clients' lived experiences that triggered transformative relationships, individuation, and healing for the social work practitioners. There were a number of other inherent, interconnected, transformative relationships recognizable in the data that are of importance in social work practice.

### **6.2 Main Points**

- 1) This chapter is focused on the inherent, interconnected, transformative relationships in social work practice as found in the conceptual schema. 2) It will highlight social work practice theory in participant data.

In the first part of this chapter, I illustrate two levels of inherent, interconnected, interdependent, transformative relationships found in participant data. Adeelah referred to this deep, broad, extensive, inherent, interconnected, transformative relationship as “a life-force that is going through all of us” and a kind of pull towards wellbeing. In other cases, inherent,

interconnected, interdependent, transformative relationships arose from relationships initiated with and by their clients. I use Adeelah's, Jiao's, and Drew's experiences to provide some examples of this. With these examples, there are multiple (possibly an endless number of) opportunities to develop inherent, interconnected, interdependent, transformative relationships that help heal and develop personal values that support wellbeing for Self and others.

### **6.3 TLE-UL-TR-WS-O-SW: Self and Others in Intertwined, Transformative Relationships in Social Work Practice**

Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self and Others (TLE-UL-TR-WS-O-SW) is also about inherent, interconnected, interdependent, transformative relationships in multiple, dynamic, identifiable levels and forms. Some study participants spoke about experiencing this as a sense of being drawn or gently pulled in a certain direction in their lives. Adeelah described this as "energy, and it is endless and there is this inherent intelligence in it that guides us if we are willing to listen." Some participants responded to this life-energy without fully knowing what they were getting into. All study participants' lived experiences of spirituality implied recognition of the interdependent nature of transformative relationships within the context of the central concepts TLE-UL-TR-WS-O-SW. I will use Jiao and Drew as examples.

Jiao, a family counselor with more than 20 years of experience in direct practice, inadvertently became re-acquainted with her personal spirituality after quitting her child protection and family welfare job. She was burnt out because of poor work relations with her coworkers and a job in which she felt she was not contributing to the welfare of children and

families. Jiao, originally from China, recalled having heard about the word “spiritual” for the first time from a facilitator at a psycho drama weekend workshop. She wondered:

What is spiritual? . . . Because for me there is [was] only my rationale mind and my emotions. So I was very much focused on my feelings, my emotions to have a balance with my rationale thinking, reasoning and analyzing. . . . Spirituality was completely not in my awareness.

Spirituality was not a part of Jiao’s consciousness during her graduate social work training. She remained very practical even when she started working in developmental disability and a child protection agency in her first job. While figuring out what to do with her life after she resigned, she came across a community college course on chakras. In the process, Jiao was able to use this training to bring about her own healing and wellbeing and restart her career in private social work practice as a family counselor where she used constellation theory. She linked that training to her cultural knowledge about connectedness to ancestors, family, and the universal energy field.

In spite of the devastating experience Drew had, she was able to move into deeper transformative relationships in another areas of her career. Drew described an institutional client case that she had worked with that involved personal insights and practice perceptions that were consistent with Adeelah’s interpretation of the intelligence that flows through all people. Drew’s private practice involved individual case work, training workshops and training, and consultancy work for institutions. Work with an institutional client provided an example of multiple levels of interdependence between individuals at a community (macro) level. The agency hired Drew to provide training as part of its institutional and organization structural change so that clients would be better supported. She provided training at three levels: senior management, middle management and direct service staff. The agency delivered support services for people with mental disabilities. Their clients included people with mental illness and people released from

jail. Drew's training emphasized team work and process as two critical pieces that would have a direct impact on the clinical work that the agency was providing.

For me that is very much related to my sense of spirituality and community in terms of how, you know we have to have healthy [good] relationships that deal respectfully and caringly with each other and to be able to support each other in ways that allow us to have the energy to support others. That way understanding the dynamics of our team, helps us to add them to our learning of groups.

Drew explained that senior management understood that they had to support middle management and in turn middle management supported the frontline workers who in turn passed on the new culture to the clients. While senior management may not have recognized creating a healthy work environment as spiritual work, internally she viewed it that way. It was a positive experience for Drew. She highlighted the importance of follow-up work to bring her clients back on track when they slipped: "it's like a garden. . . . It needs to be nurtured." For Drew, the experience was "energizing. . . . Working with senior managers who are working . . . with honesty and integrity and in care and respect and equality. . . . It was delightful because it takes time to work in that way . . . nurturing a healthy team." Drew's remarks are consistent with Mervin's emphasis on spirituality as lived experience being about process. They also highlight the importance of developing personal values that are consistent with social work values within the context of TLE-UL-TR-WS-O-SW, which is the focus of chapter 7.

While there were incidents of conflict as with any change, the different levels of management learned to work together and to listen to each other: "they learned to celebrate differences and used those incidences to add value to a shared vision from a place of respect and then move on to build positive relationships." When management was able to model how to manage disagreement and how to respectfully resolve conflict with middle management, middle management was able to do the same for direct service workers and down to the clients with the

goal to dismantle the cultural and embodied hegemony of disrespect and oppression that was evident in the organization.

Drew also pointed out the need to build a culture that exposes people and institutions that are morally bankrupt in spite of having head-based beliefs and value systems: “I think there’s a schizophrenic split in many institutions between what they say is their mission statement, their beliefs and values and what they are actually practice.” In my view, Drew’s work modeled how to address both embodied and cultural hegemony in order to establish the wellbeing of all members of the agency or community. Drew was alluding to the distinction between lived experience and intellectual or stated beliefs and values that sound right but are not applied. She was identifying how to sustain wellbeing by establishing opportunities that supported centering the values and mission statements of agencies and how to have safe ways for staff members to hold themselves and each other accountable whenever one got off track.

Drew’s practice experience seemed like sustained, inherent, interconnected, interdependent, transformative relationships within the context of TLE-UL-TR-WS-O-SW, consistent with what Adeelah described as the intelligent life-force that goes through everything. I have also viewed Drew’s work as consistent with how Adeelah viewed her social work practice—the micro, mezzo and macro being inherently interconnected. Adeelah described her practice as prioritizing individual leaders while paying attention to the outcome.

The people that are working to change government . . . are equally important individual work as I mean individual work is important, because what it does is it allows people to get out of being run by ego so that they free up a huge amount of energy to be able to act in the world from a place of love rather than needing to promote their own agenda, the ego agenda.

Participants’ wellbeing was intertwined with clients’ wellbeing in diverse and complex ways. In some instances participants described incidents when the clients experienced wellbeing. I asked

all participants to speak about client cases from their practice that affected their lived experience of spirituality, both positively and negatively. The analysis below highlights participants' positive experiences of spirituality as lived experiences, categorized as three dominant interpretations and corresponding transformative relationships that study participants had established with the central concepts TLE-UL-TR-WS-O-SW. I highlight two broad social work practice theories—embodied practice theory and systems theory—to introduce differences in practice theory and to support broad shared understandings of practice theory related to spirituality as lived experience in professional practice.

### **6.3.1. TLE-UL-TR-WS-O-SW and social work practice theory framed within humanism and the rational mind**

Mandie and Gabriella provide good examples of social work practice framed within humanism and the mind. Mandie described her practice in terms of humanism and unconditional love. She explained humanism as her belief in human potential to do good if one receives unconditional positive regard, respect, and compassion and is treated as an important and valuable member of the community. She made reference to Carl Rogers' work on unconditional positive regard. Through my probing, Mandie mentioned awareness of the existence of life-forces based on Eastern philosophy, but her actions, interactions, and belief system did not include Transcendent Life-Energy (TLE) as part of UL-TR-WS-SW. Her emphasis was on unconditional love and human potential. Mandie's practice theory was distinct from other study participants', some of whom emphasized TLE and the whole of Self as B-M-E-S-S. Like the rest of the study participants, her practice theory was informed by her belief system and values. She highlighted cognitive behavioral therapy in her professional practice.

Mandie worked as a psychotherapist for children and adolescents in a public mental health clinic in a large urban center and had been in direct practice for 20 years. She spoke about a youth client who was regarded as a high risk sex offender. She counseled him for seven years using cognitive behavior therapy.

I worked with a young boy who sexually abused his cousin and another young person prior to the cousin. . . . He was evaluated by a sexual abuse risk therapist to be high risk . . . likely to go on offending somebody again. But I loved this kid. He had such a great personality . . . he wanted to do right . . . but he had this thing about him that was hard for him to control. We got him in the right environment with caregivers who were willing to make sure his environment was safe . . . [not] at risk . . . not able to act on these urges that he had. So he was able to grow up in his teen years being successful and being this loveable young person. What it means for his adulthood I am not sure but we gave him a few good years. That experience, knowing what that boy did, it for sure made me more compassionate about when you saw the creeps on TV about who did this and who did that I just thought somebody somewhere loves that guy, loves something about that guy. You know he did terrible things, but somebody loves him.

When he ended the counseling with her, Mandie was not sure if it had been a transforming experience for him. She took comfort in knowing that it had given that boy a few years to grow up in a safe, loving environment and possibly learn to control himself. Mandie indicated her uncertainty in whether that boy would not offend in his adult life. In reflecting on options and considering whether her client would be able to control himself as an adult, Mandie mentioned the importance of medication for some people. This implies a limited sense of options that support transformation within the context of a restricted interpretation and relationships with the central concepts on the part of Mandie.

Gabriella is another participant whose lived experience of spirituality highlighted the use of the mind in a restricted way within the context of B-M-E-S-S. She implemented eight weeks of purposeful mindfulness meditation training programs for seniors to help them manage their arthritis and reduce their stress. It was a broad health-based intervention that covered the interplay between the mind and body and taught the seniors about internal body capacities.

Gabriella did not incorporate her Christian beliefs in the practice at the nonprofit agency she worked at. However, she introduced the program at her faith-based work agency and added prayer as part of the purposeful mindful meditation, pointing out that they can easily be merged.

A lot of people attended her eight-week training session, but by the middle of the training the numbers dwindled. She explained that although these programs were evidence based and have proven positive results, they required discipline and most people lost hope before they saw results. Only one client, a former manager, was able to sustain positive results from her training program. Gabriella received her training for this program from the University of Toronto Health Care Department, a program offered for health and other human service workers. Both Gabriella and Mandie talked about their clients experiencing low levels of engagement and healing and being uncertain of improved wellbeing from their practice. This seems related to their practice theory and application that relied on the limits of the mind and the exclusion of or lack of awareness of Transcendent Life-Energy (TLE) as Unconditional Love within the context of TLE-UL-TR-WS-O-SW in their practice. The difference in their practice theory and application will be illustrated in the following subsections.

### **6.3.2 TLE-UL-TR-WS-O-SW and social work practice theory as embodied practice**

B-M-E-S-S dimensions of being are a broad spectrum and all participants' lived experiences of spirituality and their social work practice incorporated B-M-E-S-S, with the difference being that some paid more attention to dimensions beyond the mind and emotions than others and were more attentive to their functioning as an embodied system. A number of participants identified their practices as embodied practices. They differentiated their practice from traditional practice that overlooked the complex and dynamic nature of human beings as comprising B-M-E-S-S dimensions as the bare minimum of human being, and the innate human

system to heal, grow, and seek wellbeing for Self (need for safety). Awareness of human potential that is beyond rational thinking and science, such as resilience, emotions, safety, and the inbuilt ability of the human body to operate as a system, heals the Self. The majority of the study participants had additional training outside of social work and also actively combined their social work counseling skills with other practices such as mindfulness, touch therapy, massage therapy, breath therapy, and energy therapies, as introduced in chapter 4.

Study participants who spoke about embodied practice had received specialized training about B-M-E-S-S and embraced diverse practice theories, understandings, and knowledge on how the body functions within their specialized social work practice. They had a diverse breadth and depth of knowledge of deep transformative relationships that supported healing and growth. For example, Eleanor's practice included bio-energetic analysis, somatic psychotherapeutic modalities, and reiki; Deanne associated the human spirit with the human body and especially the central nervous system and described them as interconnected systems that one needs to be aware of within the context of spirituality as lived experience and social work practice. Both Eleanor and Deanne were working in hospitals in palliative and cancer care. Olivia was a professor and also involved in private counseling and community development work; Rhona combined an MSW in leadership with economic and community development. She infused this with training in Eastern philosophies on life energy and Aboriginal spirituality. Some participants had received specialized training in specific dimensions of B-M-E-S-S associated with their practice areas, such as massage therapy. Mervin, working in mental health, and Michelle, whose private practice covered a broad spectrum of personal and social needs, emphasized emotions in their practice. In this subsection, I will use Mervin's EFT practice as an example.

Mervin used eye movement desensitization and reprocessing therapy (EMDR) as covered in chapter 5. Mervin also spoke highly about emotional focused therapy (EFT) in his practice as a modality that emphasizes emotions and also require one's full awareness of the whole B-M-E-S-S and the diverse resources that are all around us within the context of TLE-UL-TR-WS-SW. EFT was developed by a Canadian social work practitioner, Dr. Sue Johnson, as an evidence-based practice. It is based on three key scientific works: a) experiential therapy which emphasizes feelings and senses, developed by Carl Rogers; b) attachment and bonding therapy which emphasizes creating positive bonding experiences, developed by John Barrie; and c) systems therapies on patterns of relations, developed by Salvo Moonachie.

The goal of EFT is to create a secure emotional bond to work towards a state where partners feel secure with each other; after that other relationships re-correct themselves. This illustrates EFT's awareness of the inherent power in people to correct dysfunctions in relationships and to sustain ongoing healing and transformation. Mervin explained that this modality is based on neuroscience, how the mind works, physiological changes in the brain from changes in emotions, and the knowledge that people tend to prioritize feelings and safety when they feel vulnerable. Mervin emphasized the need to understand B-M-E-S-S as part of the larger TLE-UL-TR-WS-SW and in his embodied social work practice. He talked about using EFT for couples, addiction, and other issues and how it means the social worker needs to know how to release control as part of the healing and transformation process.

We use EFT a lot . . . it is a process, and once you know that what leads to the negative cycle against the problem [not the people involved] you seek connections [relationships] so when you do not go to the negative cycle you will connect and once you connect you can resolve problems. And so you are dealing with the iceberg, the emotions, feeling, actions, needs, tasks, issues really under the surface and so working with a couple and seeing them go through the struggle with trying and pursuing that dynamic.

Mervin spoke about a couple with whom he had used EFT. He was able to help them resolve their issues easily after they were able to deal with their emotional and safety issues. “They reached out for each other’s hand. I didn’t ask them to do it and they just felt the connection in the room and the healing and then they continued for a few more sessions and just wrapped up recently.” He expounded “there is that sense and that’s all anybody wants, whether you are two years old or an adult, you want to reach out and have that comfort, assurance, I’m not alone, I’m not going to be left alone, I am going to be okay.”

### **6.3.3 TLE-UL-TR-WS-O-SW in social work practice theory, posthumanism, and ecological perspectives**

Some of the study participants extended their B-M-E-S-S practice perspective beyond human beings to some aspect of the ecosystem. Their social work practices included the awareness of people as priority but they were also aware of people’s inherent interconnection and interdependence with their environment. For some, Transcendent Life Energy (TLE) as unconditional Love (UL) was prioritized as part of the central concepts. All the other concepts were also present in the social work practices of Adeelah, Mervin, Eleanor, Olivia, and Rhona, although participants also referred to them with less emphasis. Unlike participants who referred to intuition or gaining insight when dealing with a difficult client situation; these participants highlighted the extraordinary wisdom in their midst. There were many incidents in which participants highlighted their awareness of Transcendent Life-Energy as Unconditional Love in Transformative Relationships with Self and Others in Support of Wellbeing (TLE-UL-TR-WS-O-SW). They described their cognizance of deep and deeper sources of knowledge about human life as B-M-E-S-S and about Transcendent Life Energy as Unconditional Love that Supports

Wellbeing (TLE-UL-TSW). These were insights into their practice that went beyond traditional social work practice. I will use Rosetta and Eleanor as examples.

Rosetta described her social work practice as a “mind-heart connection.” This entailed teaching clients to explore deeply the concept of doing anything or thinking anything or acting from any place that was not completely congruent within themselves, for example, that their head was not separate from their heart. In her practice, she drew on the work of Ken Wilber and his book *No Boundaries*, which is based on Asian philosophy and seeks to touch essence, which she described as touching her deepest sense of truthfulness or integrity in the broadest way.

For me as an individual, I found it was impossible to separate health from truth whether it was physical health, mental health, and emotional health, and so on. As I explored that, I started to get better from the migraines and in many other ways in my life. It is really about touching that highest wisdom that is available to us. . . . It's just innate in everything and it is just really whether we are willing to open to that part. . . . I never try to convince anybody to become spiritual, but what I do is I kind of guide them to a deeper place within themselves like a place that's just beyond their thoughts, even beyond their emotions

Many participants worked with clients suffering from trauma from sexual abuse as children. Like Mervin, Rosetta spoke about a client who had experienced incest as a young girl, to illustrate her practice approach that supported a sustained lived experience of spirituality for her and the client.

She would dissociate, which is not uncommon as a child during the experience. [In] her particular case she saw herself sitting on the windowsill of the room [a comfortable setting] and . . . I got her to tell me more about that place . . . to go into the memory. . . . So I would say to her okay tell me what you're experiencing on the window sill. She would say well I saw this happening and that happening and I'd say okay lets go little deeper between the breaths. What were you feeling while you were on the window-sill. She said well actually I felt safe, I felt very safe that's why I stayed there you know. . . . [I] felt the presence of the angels . . . on the window sill. . . . The angels were also watching what was happening on the bed. So I would encourage her to go there more often, into that feeling of how she felt on the window sill. . . . Overtime we explored more that experience rather than the actual incest itself, so that she was able to actually see that rather than focusing on that being something that was wrong or that she was so afraid she had to escape that; the dissociation as [it] is technically called was actually a spiritual

experience of safety, and that could happen back then and that was very real for her just to realize the incest itself.

Eventually this client was able to believe that she was actually protected even in the present and to deepen the “window sill” experience within her. She was able to expand that into her current life rather than dismiss it as a coping mechanism. Rosetta explained that the phrase “coping mechanism” is helpful to people, but she takes it deeper by establishing it as a transcendent reality that is still available for the client today and even in the future: “as a step into the spiritual realm it becomes more than just a cognitive coping mechanism, so she did very well.”

Eleanor spoke about a hospitalized client she had recently worked with. This woman’s 18-year-old son had died suddenly from an overdose, and she witnessed the death as her husband tried to resuscitate him. This client was in a state of “full crisis; her nervous system had gone into higher alert, and whenever she would think or try to talk about the incident she began vomit uncontrollably.” They used several modalities related to BMESS—bio-energetic analysis, breathing and somatic therapy—to regulate her nervous system.

I decided to ask her if she would like to walk with me outside bare feet in the grounds. We have lots of trees, just to walk quietly and talk if she wanted to, or not. Just to be with her for connection, the quality of engagement and presence. For me when I am out there walking, I’m so conscious when I feel my feet touch the earth, . . . conscious of my own legs and my own breathing, . . . conscious of how profound this is, being with this other human being who is just trying to find her breathing again after the loss of a child.

Eleanor highlighted spirituality amongst additional practice theories that were involved:

You know there is grief theory, there is crisis intervention and I am trained as a somatic psychotherapist as well and, I am trained in trauma relief and in bio-energetic analysis and so . . . you can know of all kinds of things but spirituality to me is not so much about knowing as it is an embodied sense—and embodiment of—and a physical thing as well as an embodied knowing, an embodied awareness, and a kind of mindfulness in the moment—coming from some kind of an intuitive place and not control-in-my-head place and not pushing against the current.

These practices were able to help this patient regain control of her central nervous system.

When we are in full crisis, it is like our central nervous system is an alarm and the way that her body is managing the horror of the death of her child, it is like her whole being is saying she cannot stand it, she cannot tolerate it. So her body goes into crisis and she starts to vomit. I know we can't stay there because it may lead into high blood pressure, she will get dehydrated and other things may happen. As a clinician, my job is to figure out how to get her out of this—but we do not just jump in there. We have to figure out how to regulate that, figure out a gentle way to go in and exit out, go in and then come out. I am conscience about what I know around the central nervous system and our being in the physical realm and I understand what I need to do from a neurological kind of place. How I know physiologically what she needs to do, her nervous system, I understand how to ground her, but I know from the theoretical place but there is something more.

Eleanor referred to reiki as a practice in which practitioners are conscious as one of the actors in the treatment process. It does not involve consciousness; it is more about being out of control and letting the body remember how to breathe by itself. Eleanor's practice has some similarities to EMDR, which Mervin used. Eleanor and Mervin drew on TLE-UL-TR-WS-O-SW in their healing processes and their social work practice.

Participants' data exposed social workers' practice theories as they related to spirituality as lived experience. Section 6.3.1 through 6.3.3 also exposed the differences in practice theory based on participants' beliefs and values, lived experiences, and relationships established with the central concepts. Furthermore, some of the examples of participants reveal variations within individual participants' practice theory that illustrate their insight gained through improved awareness of the central concepts and extended breadth and depth in transformative relationships within the context of TLE-UL-TR-WS-O-SW. This was the case in Drew's practice section 6.3 in respect to the intertwined transformative relationships she engaged in once she realized that she was not the source of social justice, it was beyond herself and her ego. In that client vignette, she used a practice model that supported personal and institutional transformative relationships, healing, growth, and ongoing personal and social transformation that fostered social justice

within that institution. Drew's practice model was also consistent with Adeelah's view of social work practice.

#### **6.4 Related Findings and Conclusion**

This chapter focused on the contingent concepts (TLE-UL-TR-WS-O-SW) of the conceptual schema as represented in the social work practitioners. In this chapter, I have discussed the multiple inherent, interconnected, interdependent transformative relationships in spirituality as lived experience. The chapter also illuminated social work practice theory related to spirituality as lived experience as being inherently interconnected, despite the obvious variations in interpretations and relationships study participants established with the central concepts categories. I highlight eleven findings.

1. Participants' data revealed that spirituality as lived experience in social work practice is about multiple, inherent, interconnected, interdependent transformative relationships.

Chapter 4 introduced three levels of those relationships: i.e., Self as B-M-E-S-S being, TLE-UL-TSW with Self that form the central concepts TLE-UL-TR-WS-SW, and TLE-UL-TR-WS-O-SW as Self with others. In chapter 5 the inherent, interconnected, interdependent transformative relationships is covered as part of the study participants' individuation process that relates to healing, development of personal values, growth and wellbeing. The inherent, interconnected, interdependent, transformative relationships discussed in this chapter are:

- a. participant social workers' wellbeing was inherently interconnected with their social work practice; this finding confirms Mandell's (2007) and Blackstock's (2009) concerns about the use of self in social work practice as covered in chapter 1.
- b. participants' wellbeing was also inherently intertwined with their clients' wellbeing. The latter finding will be covered in more detail in chapter 7.

2. TLE-UL-TR-WS-O-SW as a shared conceptualization of spirituality as lived experience, exposed the practice theories that participants used in their practice to meet the diverse human needs they encountered.
3. It was also possible to recognize variations in practitioners' practice theories and their applications, based on differences in the individual participant's interpretation of and relationship with the central concepts category TLE-UL-TR-WS-SW. The social work approaches and practice theory participants used in their practices were influenced by their awareness, interpretations of, and transformative relationships with the central concepts. This attribute was also recognized as inherent, interconnected, interdependent, a part of the nature of spirituality as lived experience.
4. TLE-UL-TR-WS-O-SW also related to the larger ongoing change towards wellbeing. The majority of study participants sought for change and greater wellbeing for Self and others. Eleven out of 14 study participants had an MSW, and only one participant did not have additional training outside social work. They also expressed a commitment to further learning to improve their and their clients' wellbeing and their social work practice. This feature is consistent with the nature of the central concepts (TLE-UL-TR-WS-SW) as transformative and involving individuation that supports healing, growth, and sustained wellbeing.
5. Correspondingly, the study participants' social work practices differed from the traditional approach used in social work. Study participants spoke about being involved with clients who had major mental and physical health issues (including cancer, palliative care, posttraumatic disorders etc.) and social issues such as childhood experiences of sexual abuse. These issues had not been resolved for years, yet the practitioners were able to help their

clients resolve them easily and in ways that also established ongoing healing and wellbeing. This was the case for all study participants, except for the two who did not incorporate the concepts category Transcendent Life Energy (TLE) as part of TLE-UL-TSW, although they emphasized Unconditional Love (UL) and awareness of Self as B-M-E-S-S.

Study participants' practice theories expose social work practice theory related to spirituality as lived experience, although it has to be understood within the context of their practice fields and client needs being addressed. This includes CBT, narrative and family therapy, mindfulness practices, NLP, EMDR, EFT, bio-energetic practices modality, other energy treatment, and massage therapy. One participant repeatedly indicated that talk therapy was not enough within the context of spirituality as lived experience in social work practice. Some of these practice theories emphasized rational thinking such as cognitive behavioral therapy (CBT) and mindfulness practices to support healing; some practice models emphasized emotional needs such as emotionally focused therapy (EFT) with emphasis on emotions as part of B-M-E-S-S being as was the case of Michelle. Some participants incorporated an awareness of transcendence in their practice when using these modalities beyond the practice method, the practitioners' abilities and the personal resources for both the practitioner and the clients as explained by Mervin in respect to EMDR and EFT, and Eleanor in respect to Reiki.

6. All study participants practiced embodied social work that incorporated awareness of B-M-E-S-S. They questioned practices that failed to incorporate deeper understandings of human beings as complex systems comprising the five dimensions: body-mind-emotions-spirit-social (B-M-E-S-S). They emphasized both emotional and social being, which are excluded in the literature on spirituality in social work as covered in Chapter 2. The majority also

incorporated an awareness of life as being beyond Self and others, including ecology, and including an understanding of inherent life forces. Emphasizing TLE, they spoke about the body and relationships being able to heal in ways they could not fully comprehend. Within the context of TLE-UL-TR-WS-O-SW, they also emphasized the power of UL in transformative relationships and the need to deliberately disregard dysfunctions in relationships because that is counterproductive and undermines wellbeing. This was done with caution, while also paying attention to diversity and being aware of the existence of social and embodied hegemony.

7. The variations in social work practice theories were partly based on the participants' practice areas, but theories also established out of individual participants' awareness of the transformative relationships they established within the context of TLE-UL-TR-WS-O-SW. The differences in participants' practice approaches and theories were best understood as a spectrum that ranged from emphasis of rational thinking and expanded to diverse breadth and depth of awareness of Self and others as B-M-E- S-S being, through embodied practice which was the expansion of rational thinking to include additional parts of and /or all aspects of being human. The broader and deeper approach - posthumanistic social work practices included the awareness of different levels of ecology and different forms of life energy as additional resources in life that support wellbeing. On one extreme there were participants who emphasized rational thinking. However, participants also transitioned to deeper practices when they gained awareness of the heart-mind connection or an awareness of B-M-E-S-S. There was also a broad range among those in ecological practice and those who employed life-force energy practices associated with transcendence.

9. These practice theories, though diverse, were also inherently interconnected, relating to diverse and dynamic human needs but chosen and interpreted differently by study participants. Participant data revealed three dominant discourses in line with what Payne (2005) refers to as a social work philosophical framework. These understandings address Payne's (2005, 2014) concern about theory about spirituality in humanistic social work practice; it goes beyond dualistic thinking of Self and the problematic self-actualization theory and traditional religious practices that are exclusive and problematic with respect to conflicting values (Payne, 2014).
10. Within the context of inherent, interconnected, transformative relationships in the conceptual schema coupled with the multiple sources of social and embodied hegemony, it was imperative that the social work practitioner remained intimately aware of the multiple positions they occupied. This was important to support wellbeing in their personal lives and their clients'. It involved intentionality of conscious and ongoing reflection and reflexivity. Some participants explained this understanding as the awareness of not being in control and the awareness of a transcendent life-force as sustained transformative relationships that support individuation and the development of human rights and cultivation of social work values in their personal lives as lived experience.
11. Participant data revealed many forms of vulnerability in practitioners' personal lives and within their social work practice; participants shared about experiences of vicarious trauma within their personal lives and among their clients. In some instances participants relied on the awareness of TLE-UL-TSW for healing in themselves as B-M-E-S-S being.
12. Participant data exposed a practice model that supported spirituality as lived in social work practice for self and clients, from a generalist approach. It incorporates the central concepts

category within the conceptual schema and strategies that support the development of personal beliefs and values and ongoing personal growth, in the midst of social and personal hegemony. Although Drew did not state it directly, I recognized her practice model (section 6.1) as a simple and feasible generalist practice model that can be used at micro, mezzo, and macro levels to support personal transformation, individuation, healing, and growth in a sustainable manner. It can dismantle personal and cultural hegemony in Self and others through self-determination and respect for human dignity as part of a process towards sustainable wellbeing and social justice at the institutional level, one institution and community at a time.

For some of the study participants, TLE-UL-TR-WS-O-SW merged into wellbeing as an outcome of social work practice that comprised subjective, objective, and social (S-O-S-W) wellbeing, that is, sustained wellbeing. The next and last chapter of the study findings is devoted to S-O-S-W and other related outcomes of TLE-UL-TR-WS-SW in social work practice.

# **Chapter Seven – Subjective, Objective, and Social Wellbeing (S-O-S-W) in Social Work Practice**

## **7.1 What Is This Chapter About**

This chapter highlights subjective, objective, and social wellbeing (S-O-S-W), also understood as sustainable wellbeing as a feasible outcome of Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self in Support of Wellbeing (TLE-UL-TR-WS-SW) and Others (TLE-UL-TR-WS-O-SW) in social work practice. S-O-S-W is part of the inherent, interconnected, interdependent outcome of TLE-UL-TR-WS-O-SW, that is, Self in social work practice. Study participants interpreted theirs and their clients' wellbeing in diverse ways. Some participants' wellbeing comprised three features: subjective, objective, and social wellbeing towards establishing sustainable wellbeing. Some participant data illustrated the process of attaining and sustaining wellbeing, including transformative relationships, individuation, healing, the development of personal values and growth, and the development of social work values. However, there were many factors at play. The social worker has some influence but it is also limited by clients' dispositions in the transformative relationships.

## **7.2 Main Points**

This final chapter on findings includes the following:

- 1) Examples of the intertwined nature of social workers' and clients' wellbeing in the context of the central concepts and shared understandings of spirituality as lived experience, as well as factors that contribute to wellbeing as an outcome of practice.

- 2) Illustrations of variations in the quality of wellbeing within and between social work practices and some factors that influence the quality of wellbeing.
- 3) A definition of sustainable wellbeing in social work practice in the context of the central concepts TLE-UL-TR-WS-O-SW and inherent, interconnected, interdependent, transformative relationships.

### **7.3 Participants' and Clients' Wellbeing Inherently Intertwined in Social Work Practice**

There were multiple and complex ways social workers' and clients' wellbeing was intertwined within social work practice. Within the context of the central concepts, practitioners' wellbeing was inherently interconnected and interdependent on others' wellbeing, including clients. I use Deanne, Michelle, and Amitola to illuminate.

In explaining her lived experience of spirituality, Deanne spoke about the troubles in her adult life and described how she was able to achieve healing. Dealing with children abandoned as part of her work as a family and child-care worker, she recalled her own childhood experiences of abandonment and sexual abuse and was able to receive healing for her mental breakdown through a clinical social worker. Deanne also shared a principle she had learned in her life: "If you are going to resist what is, you're going to be struggling against the universal times, against your own spirit or your own self." Deanne came to realize that her social work practice was intertwined with personal issues she had to deal with in her own healing, including those she had resisted addressing.

It took me a very, very long time. . . . It was about healing with other social workers. I have been through years of actual therapy. . . . I did some key work with a clinical social worker where she put me in high intense work. . . . There is all kinds of pieces to how I healed with other social workers.

Deanne also explained that she had gone through different areas of social work practice and all seemed to be associated with her personal issues. In some instances the clients whom she worked with were accessing resources she had gained in her life journey. She stated:

It is interesting how the people that come to me for counsel . . . the clients that I have, they come to me for the things that I know already in my life. So each place I worked the people that present are the people that need to be there for the lessons that I learned already in my life or in my spiritual path or whatever you want to call it. . . . That is interesting. So I have worked at the Addiction Foundation. . . . Huge, huge lessons there, which I am just coming to terms with now. But that piece was [a ]huge piece about [my] family origin. And I worked for Child and Family Services as a social worker, a person going out [at] night time with the police picking up babies that were not attached, who were in trauma just as I was—so you say the person is political, I say the person is spiritual. . . . I moved through about 10 different types of social worker.

It was during Deanne's work with Child and Family Services that she had a mental health breakdown that led to the intensive psychotherapy referred to in section 4.4.2.2. Deanne explained that life circumstances and social work practice situations brought back memories of her childhood sexual abuse but that she had come to realize that these incidents were meant to support her healing and transformation into a person who could support healing in others. Through deep reflection she also learned to recognize her life circumstances as persistent transforming inner and outside transcendent life-force and as part of the larger on-going change, which she had to respond to within the context of TLE-UL-TR-WS-SW. I recognized this as part of the inherent interconnected, transformative nature of spirituality as lived experience. Like Rosetta, Deanne talked about leaning to live with integrity as opposed to denying or resisting change. She noted that change is persistent, and learning to embrace and see good in change.

The majority of participants also described incidents where they were seeking physical and emotional healing in their personal lives and through their healing being able to extend that healing to others through their professional practice. Rosetta, a social worker who had 41 years

of work experience, centered her lived experience of spirituality on her recovery from migraines. She had sought medical treatment, psychotherapy, and other solutions for a number of years but failed to recover. When she finally healed through what she described as psychotherapy with a “mind-heart connection,” Rosetta started a private social work practice that she has been running for over 20 years. Through this work she has been able to help many “difficult clients” who have been on different kinds of treatment that don’t resolve their health issues. Through her practice, many were gradually able to regain a sense of wellbeing as already covered in other parts of this thesis.

Michelle was adopted as a young girl and felt a deep need for emotional connection as a child, teenager, and through her career training. In her first social work job, she looked for connection among her clients and decided to leave that job because the bureaucracy disregarded that need. Michelle moved to hospital social work practice and was able to provide support for those in need of safety and those with emotional needs, not unlike her own needs.

In other instances, participants’ search for personal healing and wellbeing was generated by their clients or other associates. This was the case for Drew, as already referred to in chapter 6, and Deanne, in chapters 4 and 5. Amitola’s healing was prompted by both her employer and her clients. Amitola had started on her healing from childhood sexual assault trauma; in the process of applying for a sexual assault counseling position, her employer recommended and arranged for her counseling sessions.

“Have you started your own healing?” I said, “Well, not really.” And then she said, “Well, I’m going to help you.” And she introduced me to a lady where we did a breakthrough session and then in that breakthrough I was able to let go a lot of stuff, my own abuse, where I can stand as a survivor, with them in issues -physical, emotional, the verbal abuse, as a child like growing up with abuse. . . . I went to breakthrough counseling. The pain that came out and the healing that began was life changing. . . . We [Amitola and her counselor] went to [Aboriginal] ceremonies. . . . I would just sit there

and pray . . . would ask for healing and I would ask for strength and guidance, continued guidance on this path that I'm choosing.

Amitola started her job before she was fully recovered. She spoke about what happened to her during counseling sessions with her clients.

Then I got this job as a sexual assault counselor. . . . It was difficult at first because I was still working on my healing and a lot of times [working with clients] it would start triggers . . . it's a lot of trigger. Trigger after trigger and I went home and I would be just crushed.

Initially, I did not understand what Amitola was referring to. I asked her to explain what she meant by the “triggers”; she expounded:

Listening to their stories would trigger something in my mind and I would start to have feelings of anxiety attacks because of that and I realized I was being triggered. Then I started smudging and I would ask for healing, I would ask for courage, I would ask for strength to continue helping as much as I can.

Amitola’s clients’ healing was linked to the completion of her own B-M-E-S-S healing. Amitola spoke about continuing with the practice of smudging and praying for her own and her client’s healing, courage, and releasing that pain to the Creator. Amitola explained the meaning of these rituals (see section 4.4.2.3). At the time of the interview, Amitola was in the process of completing her master’s degree, and she spoke about looking for opportunities to learn about “how to heal” her community, exposing the nature of transformative relationships, and involving ongoing individuation and change towards sustainable wellbeing.

There were many incidents when participants referred to experiencing subjective, objective, and social wellbeing, or a sense of sustainable wellbeing in social work practice. But there were also incidents when study participants did not experience wellbeing even when they indicated being aware of and in relationship with the central concepts category TLE-UL-TR-WS-SW. The following subsections 7.3.1, 7.3.2, and 7.3.3 are devoted to such examples. I will use Mandie’s clients’ case situations in the first one subsection, Michelle in the next subsection, and

Amitola, Deanne, and Eleanor in the last subsection. In some instances I will also build on client case vignettes that I have already discussed while focusing on wellbeing and its qualities.

### **7.3.1 Wellbeing in humanistic-rational social work practice**

Mandie emphasized the unconditional love in her family she experienced as a child. However, her choice to remain a closet atheist was in part motivated by her desire to avoid conflict, particularly because her mother's beliefs differed from hers. She was also uncomfortable discussing her beliefs with her clients. In her practice, Mandie emphasized building relationships with clients to establish deep connections that engendered trust, listening to each other, and engaging personally with each other. Mandie worked mainly with children and youth (5 to 18 years) with anxiety and depression and those who were having difficulty coping with the changes brought on by growth and life challenges; she found satisfaction in her work.

In describing her work, Mandie emphasized the importance of awareness of and belief in human potential and unconditional love if her clients were to engage in counseling and start on the healing process successfully and sustainably. Mandie also spoke about difficult and stagnated cases where she had failed to build a relationship, such as a teenage girl who was depressed and refused to do anything. "I believe she deserves to be well but she does not [believe it]; . . . I think she is important and valuable." Mandie incorporated reflexivity and patience in her practice; she researched relevant aspects about her difficult cases. In comparison to other participants, Mandie described only a few and short-lived incidents of lived experiences of spirituality; one of them was a youth who asked her how she was able to read her mind, during an incident when she asked a question about what the youth was thinking. Mandie referred to that incidence as one of her lived experience of spirituality and referred to other incidents when she sensed intuition.

Mandie also reported having minor lived experiences of spirituality in social work practice in her SSQ (Table 3.4). There are many factors that could contribute to Mandie's limited lived experience of spirituality. They include the observation that Mandie restricted her interpretation and relationship with TLE-UL-TR-WS-SW to rational and logical thinking as revealed in chapters 4 through 7, although she indicated familiarity with spirituality as lived experience and emphasized unconditional love in her practice. She lamented, however, that it was rare to find unconditional love in people. Mandie also revealed no transformative relationships and individuation in her personal life. Instead, she struggled with integrity, remaining a closet atheist not to offend her mother whom she described as having raised her with, and taught her unconditional love. There are other factors that could have contributed to Mandie's restricted experience of spirituality as lived experience in social work practice, such as having to work with complaint clients, specifically, children and youth who accessed her services because of their parents' or guardians' recommendation as opposed to their own desire or decision.

### **7.3.2 Wellbeing in embodied social work practice**

Michelle was the only participant who framed her practice within B-M-E-S-S by emphasizing emotions and safety, respect for human dignity, and reducing vulnerability. She rejected religion, although she was open to supporting clients who chose to use it as a resource. Michelle shared many traumatic experiences in her personal life, and she described how she turned them around to support others as her personal strategy that helped her heal and gain wellbeing. She spoke about gaining an awareness of human potential and resilience and about supporting others who were in a vulnerable state. She provided unconditional love for her clients

and encouraging them to cultivate it for themselves and others, although she stated that it was hard to find it in people.

Michelle described herself as very intuitive and emotional but having had very logical guardians. This made her sensitive to her own and other's emotional needs. She described her initial social work practice as follows:

I worked for Children's Aid and tried very hard to offer humanity that way, tried to honor and respect my client in regards to their spiritual abilities and how they want to do things especially with working with different cultures, and how they approach parenting. . . . I don't think I completely appreciated the emotional trauma that working there put me through . . . when I looked at a foster parent or a potential adopted family, I didn't look at the materialistic things. I looked at the emotional side of things. I looked at would they be able to love and accept this child even though their parents were crack addicts? Would they be able to love and accept this child and let them flourish for who they are instead of who they want them to be?

Michelle spoke about her social work practice in relation to her cancer diagnosis, losing her job, and the insensitivity she experienced from fellow social workers. She emphasized positive thinking and honoring one's emotions as critical strategies that supported her lived experiences of spirituality in the midst of cultural hegemony. She described the kind of clients she saw in her practice and the strategies she used:

I hate the world. I have no ability to enjoy anything. And so they go to their family doctor and get a medication for depression and anxiety and they still are struggling . . . sometimes . . . they don't have any emotional support; their workplace, it's everything they do is wrong . . . they are such negative self-talk.

So often when I start with connecting with people they start realizing how self-destructive their self-talk language, their life style, [coupled with] all sorts of things that had gone. . . . And most of the time they come up with the solutions themselves . . . process many people open up their spirituality beliefs that gives them peace, whether religion [or not] where they feel safe in a sense of treating that they've never felt. I've had other people who have found yoga or mindfulness or even I do it as a spiritual thing for people to even having sports too where they have connections with people [and in themselves] that bring them happiness.

Michelle saw her practice as a place where clients "can sit down and create, reflect, and really start recognizing how wonderful they are instead of everything wrong." Michelle shared

many incidents of lived experiences of spirituality with clients who had survived cancer like her and were able to do great things in their lives. She treasured life and indicated living it to the full, one day at a time. She described spiritual freedom as “just honoring oneself emotionally . . . enjoying the work that they do; . . . it’s not just about religion, it is about a way of life, it is about having faith for each person to emotionally enjoy life.” Michelle shared incidents of subjective and objective wellbeing, and her spirituality as lived experience in her social work practice made it possible for her to inspire resilience among some of her clients. This required unconditional love although, according to Michelle, some people find it hard to give it because they have not learned to receive it.

### **7.3.3 Wellbeing in social work practice framed within posthumanism**

The majority of study participants in this category spoke about embodied practice, which also included awareness of TLE-UL-TSW. As already indicated, Amitola’s, Deanne’s, and Eleanor’s client case vignettes illustrate the different qualities of wellbeing and the factors that were at play in respective outcomes, in comparison to practices that excluded that awareness.

Amitola, an Aboriginal social worker practicing as a sexual assault counselor for children and adults, referred to spirituality as lived experience in relation to inherent transforming relationships that are part of life and change. She framed this understanding within a broad spectrum of cultural spiritual practices and background, her own and her clients’. Amitola’s social work practice was based on her personal experience of healing from sexual abuse and racism. She used CBT, narrative therapy, and family systems theory for her practice models. Amitola spoke about her clients in ways that implied confidence in their recovery through the

innate wisdom they shared and gained through Transcendent Life Energy. She made reference to the power to heal and grow that was within and surrounding her clients.

With my clients I try to take them on the same track [referring to her experience]. I sit and listen if they want to tell their story, if they do not want to tell their story, then I educate them on the effects of sexual abuses [and] . . . self-doubt. . . . We have to learn to forgive ourselves . . . not be abuser . . . we have to show our selves. And the spiritual part—I listen to my clients . . . [whether] they go to church or if they believe in Buddhism [or] Aboriginal spirituality.

Amitola spoke about a mother and her five-year-old daughter who had fled from another province escaping from a sexual abuse situation. They had settled in her neighborhood. Both the mother and the young girl had been sexually abused by their father-in-law/grandfather, and they were looking for healing. Amitola included the five-year-old in the healing sessions; she remarked that she was actively engaged in the sessions:

She used to talk at the end of the each session, she's like, "talk to me, to tell mom and me to sit on the floor", she would cross her legs, because she always wanted to make sure her chakras were alive before she left. She used to sit there to have a little guided meditation. . . . She wanted to make sure her energy is realized and mental chakra was clear.

Like other participants, Amitola used her own healing as an ongoing transformative platform on which to support healing in others, and to protect others from experiencing the abuse she experienced as a young girl. In the above client case vignette, all three experienced a sense of wellbeing (S-O-S-W); they experienced growth and support from each other. Amitola indicated her excitement in learning about the chakras, another culture, and participating in meditation as requested by the young girl. She talked about praying for her clients, including these clients, and the sense of knowing that they had the wisdom, courage, and protection for ongoing transformation and sustained wellbeing in the midst of what was a very strange and devastating mother-daughter family situation (sociocultural hegemony).

I have already covered the breadth and quality of wellbeing that Deanne attained within her personal life and in her social work practice. She also shared two client case vignettes that demonstrate the importance of the practitioners' awareness of the clients' disposition in respect to relationships with the central concepts TLE-UL-TR-WS-SW. This can make a substantial difference in the quality of wellbeing in the client's situation. In the client case vignette described in Chapter 4, Deanne illustrated a perfect example of subjective, objective, and social wellbeing (S-O-S-W): Marlene, her hospital client—a patient who had cancer and passed on after a long illness. Through her practice, Marlene's transformed relationships left a legacy for her daughter and family and in some limited sense to the future patients on the hospital ward through a gift Marlene left for the ward. However, Deanne also described incidents in which she failed to establish transformative relationships with clients.

Deanne worked on a palliative care ward that had 30 beds, and staff was always faced with the challenge of deciding which patients to keep in the hospital and which ones to transfer to a long-term care facility. Patients had to pay for long-term care, and this often caused problems, especially in incidents where patients or their relatives did not want to pay or if patients did not want to leave the hospital. Deanne described a patient who was used to being in control and who dismissed her services even before she gave her a chance to offer it.

On the unit . . . we have a very controlling woman. . . . She has end stage cardiac disease, so you know that it is a chronic illness. She doesn't need to be on the ICU palliative care unit, she needs to be in a placement where they can take care of the chronic disease.

Deanne followed procedure by advising the family about the need to arrange out-of-hospital long-term care, and the woman's son proposed that he talked to his mother before completing the paperwork.

Coming into the patient's room, she looks at me and she said, so, I am not going to the hospice center and if you make me to do that I am going to commit suicide. I just looked

at her—and all that suicide assessment stuff is at the tip of my tongue where I would say “oh, do you have a method in mind, and you know what to do?” But I just bit my tongue and barely got a word out. She controlled that whole situation . . . and I was there for about five minutes and the son didn’t say anything. I stood up and said, “You know what, I think this is not a good time for us to talk, you are not in a good mood so I can come back another time.” She said, “Do not come back.”

At the time of the interview, this patient was still on Deanne’s ward but she had a sense that the patient had always been in control of her life and was likely going to control her own death—not needing her assistance in the process. Deanne felt that her ability to offer support was limited to patients who were open to some form of shared transformative relationships, which necessitated deep connection or some level of relationship. Deanne expounded on the awkward situation she was faced with in the case of the patient who told her not to come back:

[She] had another very sick episode and so I have stayed away. . . . Sometimes I have seen the son and he says hello and I said hello. She is in control of all her life so you know she is going to control the dying process as well. . . . Others are special because you know whether you are connected and there is something you can offer.

Attaining subjective, objective, and sustainable wellbeing within the context of spirituality as lived experience in social work practice was only possible through participants’ self-determination. In the event that the client was not open to a relationship, the social worker practitioner could still attain subjective and sustainable wellbeing as was the case for Deanne and in the client case vignette that Eleanor shared.

Eleanor’s lived experience of spirituality demonstrated for me the most consistent pattern of transformative relationships that supported subjective, objective, and broader wellbeing. Eleanor spoke about it in relation to her transformative relationships and individuation as part of her intentional effort to understand and respect her clients’ decisions. For Eleanor, her social work practice included using painful experiences to transform relationships and to develop healthy beliefs and values and to grow personally, as covered in Chapter 5. In this section, I use a client vignette in which a client rejected Eleanor’s support for nearly a year, during Eleanor’s

early years in social work practice. This case demonstrates Eleanor's maturity and growth in social work skills and values.

I was asked to see a man who was dying with AIDS; he had migrated from [city] he had been captured as a political prisoner, I am not sure of the full context. . . . During the time he was in prison, he had become part of homosexual activity at the prison camp. When he came to Canada with his wife and his 14-year-old child . . . he contracted HIV/AIDS . . . he was ostracized by his family. He was dying and his child and wife who never came to see him tried to hide the sickness from her neighbors and the community.

Eleanor was assigned to work with this man, and she spoke about trying to support him to find hope so that he could cope with his illness and find healing in other aspects of his life, (i.e., B-M-E-S-S). During the whole year she worked with him, this man never opened up, and she was not able to establish a relationship.

The man's self-contempt was so profound. . . . He loved classical music so I found some classical music. . . . I went and played this music for him, just explore some connection and tenderness, self-compassion that he might have. . . . I had never experienced this before; he had such profound self-contempt. He said to me over and over. I am [expletive], I am nothing. . . . I felt so helpless, I recognized there is nothing that I could do to change this man's notions of himself because it was so firmly entrenched; he cringed to them as if he was trying to punish himself. I was just trying to shift his perception of himself. I hoped that my intervention, . . . the quality of my presence, my calmness, my own being and a deep sense of acceptance of this man, my care for him, and I decided to trust with my being and not my doing. . . . That was the most important intervention at that time. So I was there for a year. But I was not there when he died.

Eleanor explained what her time with this client meant to her: "In my opinion it was a form of surrender of will or ego . . . surrender to the application of a treatment plan and treatment goals and just letting go. And surrendering to what is to allow something to emerge, that which is beyond me and maybe him." Eleanor was able to sustain her wellbeing by surrendering to what was beyond her and the client in the midst of what seemed like self-abuse and disconnection on the part of the client.

Study participants frequently expressed an awareness of their personal and clients' wellbeing and a confidence in the potential for continued growth as part of transcendence. They

based this on their personal lived experiences that were framed in the awareness of TLE-UL-TR-WS-SW. Adeelah's personal experience and Mervin's description of client vignettes as shared above also testify to wellbeing as subjective, objective, and sustainable in the midst of the temporal nature of life and life-long challenges.

Study participants also shared many incidents within social work practice that undermined their well-being; situations from which they decided to remove themselves. Some incidents involved other social workers and the profession as an institution, as shared by Drew.

#### **7.4 Findings and Conclusion**

This chapter focused on subjective, objective, and social wellbeing (S-O-S-W) as the outcome of the contingent concepts TLE-UL-TR-WS-O-SW in social work practice. S-O-S-W was a process and a feasible reality of TLE-UL-TR-WS-O-SW in some study participants' social work practice. I introduce the findings with a definition of sustainable wellbeing in spirituality as lived experience in social work practice and provide three related findings: 1) the content and nature of wellbeing; 2) social work values and social justice as inherently interconnected to wellbeing as outcomes; and 3) the process of developing social work values and social justice as part of sustained wellbeing. I conclude with an illustration of the emergence of the outcome concepts in social work practice framed within TLE-UL-TR-WS-SW.

##### **7.4.1 The definition of sustainable wellbeing**

All participants spoke about lived experiences of spirituality in social work practice in terms of S-O-S-W, that is, wellbeing for themselves, their clients, and others. This included Mandie when she shared about a spiritual experience in her practice when a client asked if she could read his mind, and she referred to that as intuition. The majority of participants also referred to significant experiences of positive wellbeing (as illustrated in Tables 3.3 and 3.4 in

chapter 3) with the exception of Mandie, who indicated only minor experiences of lived experience of spirituality; and Drew, who indicated significant negative experiences, as covered in chapter 5 (and in Tables 3.3 and 3.4) which was recognized as social and embodied hegemony.

From a basic understanding, wellbeing in spirituality as lived experience was described as incidents when participants had a sense of accomplishment and satisfaction in their social work practice drawing on their personal lived experiences. However, within the context of TLE-UL-TR-WS-O-SW and shared understandings of spirituality as lived experience in social work practice, wellbeing had a more profound meaning, as illustrated in Chapter 5. It included understanding and gaining a deeper meaning of the central concepts and what was drawn from lived experience. It involved gaining understanding of what Adeelah described as clients having personal wisdom, understanding, and courage within themselves and around them, in the context of the central concepts (TLE-UL-TR-WS-SW). This allowed them to cope and continue growing on their own through the ordinary and extraordinary resources available to them. It relates to the multiple layers of inherent, interconnected, interdependent, transformative relationships.

Wellbeing is part of the inherent, interconnected, interdependent, transformative relationships that are related to individuation as an ongoing process. It is related to healing, feelings of safety, gaining understanding and hope, developing personal beliefs and values, growth, and maintaining physical, emotional, and mental health. Participant data exposed the diverse ways that wellbeing is inherently interconnected and interdependent in that it supported subjective (the social worker's), objective (the clients'), and inherently social (others who are not directly involved) wellbeing. It is also related to physical, emotional, and mental health and growth for everyone in ways that are not fully understood. It involves transformative

relationships stemming from multiple sources and forms an inexhaustible resource, referred to as transcendent life-energy from within and without. Spirituality as lived experience relates to individual experience in the broadest sense of being as B-M-E-S-S; it includes the social dimension of human being and related resources. Participants spoke about satisfaction, healing, developing values, and seeking out paths for additional transformation of themselves and their clients. In most cases, participants' lived experience of spirituality incorporated sustainable wellbeing that was beyond Self, the client, and immediate need. This was specifically the case for Adeelah, Amitola, Eleanor, Mervin, Deanne, Rosetta, Jiao, Gabriella in her first job, and Drew in her second interview. All participants also spoke about times when such wellbeing was not a part of their personal lives or their social work practice, nor for their clients.

Participant data also exposed different forms of sociocultural and embodied hegemony that undermined wellbeing. This included a lack of awareness of the full central concepts and resistance to healing and/or disregard of others as B-M-E-S-S being and their healing and wellbeing. Undermined wellbeing for Self was also inherently interconnected to other's lives; participants' data repeatedly revealed this phenomena as well as incidents when they chose to remove themselves to regain wellbeing. Overall, spirituality as lived experience framed within the context of TLE-UL-TR-WS-SW in social work practice exposed personal wellbeing as inherently interconnected to others' wellbeing. This understanding illuminates the role of human rights in social work practice, those rights which are inherent in the human being and are understood as universal, indivisible, interrelated, and interdependent (Ife, 2008).

#### **7.4.2 Key related findings**

Like the other concepts categories that emerged in the conceptual schema, participant data revealed that S-O-S-W is part of inherent, interconnected, interdependent, transformative relationships. The social worker's wellbeing (subjective wellbeing—S) is inherently interconnected with the client's wellbeing (objective wellbeing—O) and social wellbeing (SW) in the wider society. These inherently interconnected relationships make up S-O-S-W.

Participant data also revealed that S-O-S-W is related to the development of social work values as explained in the definition of wellbeing and illustrated in Figure 5 below. Besides a clearer understanding of the attributes of wellbeing related to the conceptual schema of spirituality as lived experience, there are three additional findings.

1. Within the context of TLE-UL-TR-WS-O-SW and S-O-W-S, the full conceptual schema, it was easy to recognize and understand the process through which the study participants acquired personal values that supported wellbeing and the importance of ongoing transformative relationships and individuation as part of healing, growth, and wellbeing. There was no limit to transformative relationships, individuation, and need for growth in the midst of change and life challenges.,,
2. The process through which participants attained healing and developed personal beliefs and values involved personal assessment as B-M-E-S-S being that also involved will and commitment. It was the same process participants used for acquiring social work values growing out of lived experiences of spirituality. Initially, the development of personal beliefs and values was tied to personal wellbeing, and these values were consistent with human rights within the context of social being (as part of B-M-E-S-S). Participants' self-awareness

supported improved awareness and respect of personal and others' wellbeing. These values were also consistent and inherently connected to social work values.

3. Participant data also illuminated the process of developing social work values as personal values that were evidence of lived experiences of spirituality and S-O-S-W. Study participants' data included various social work values. It also illuminated how self-determination was a part of the process of attaining wellbeing for self and others, the complexity of human nature, the complexity of relationships and the human condition, and the limitations and vulnerability of the social work practitioners. Participant data revealed the challenges in the process of developing self-awareness as B-M-E-S-S and unconditional love framed in the awareness of transcendent life forces (TLE-UL-TSW) in their personal lives. This process was also about learning to respect their clients' self-determination in a way that supported the client's and their own wellbeing. Some participants spoke about not being in full control of their own lives and being able only to influence their clients.

Participant data illuminated the process of developing social work values as requiring intentional commitment and ongoing transformation and individuation. For example, Eleanor shared the challenge of respecting clients' *self-determination* in the midst of the clients' rejection of her services. She described her transformative relationships and individuation as involving learning to release control to the client as part of self-determination and also surrendering to process, practice theory, transcendence, and mystery within the context of TLE-UL-TR-WS-O-SW. It was a process that took a year and she acquired self-determination as a personal value that was consistent with social work values, including respect for the client's *human dignity and worth*.

Drew's experience working in institutional settings as covered in chapters 5 and 6 present a good example of a process that involved acquiring the social work value of *social justice* as a

personal lived experience as part of evidence-based practice. Drew learning about social justice as a child from her religious family, church community and schooling; she was drawn into a social work career because of that passion. She recalled a professor who inspired her emulating that value. This value as intellectual knowledge guided her practice but when she applied it to advocating for a client who had been sexually abused as covered in chapter 5, things turned out very differently from what she had imagined. Drew had the opportunity to re-examine and re-apply that value in an equally challenging institutional setting through collaboration. She referred to having attended leadership training and after that providing training about team work and process to senior and middle managers who role modeled those two critical skills to direct staff, who in turn role modeled to the clients. Drew spoke with excitement about this lived experience of spirituality in her social work practice and the deep transforming relationships the ensued from it.

Other participants' practice experiences highlighted different social work values. Deanne spoke about using *dignity* therapy in her hospital practice model; Michelle prioritized emotions and safety, and *respect for human dignity* in order to initiate the clients' healing; Mervin emphasized process and self-determination. He framed them in understandings about resources within the context of TLE-UL-TR-WS-O-SW, human nature as B-M-E-S-S, and change as a process. Mervin also consistently referred to his practice within the context of TLE-UL-TSW, clarifying that as social workers we are not in control, we can only influence. It seemed as if participants were drawn to specific values, and through individuation and attaining their own wellbeing they were able to personally acquire and live specific social work values as their clients' and their own personal circumstances allowed for that.

All study participants described times of challenge and struggle within themselves as part of their transformative relationships and individuation in their social work practice. These related to the variations in meaning and relationships they established with the central concepts and the process of healing and development of beliefs and values and wellbeing.

Figure 5 below serves as a simple illustration of the two key findings in this study. First, TLE-UL-TR-WS-SW, which represents the central concepts of the conceptual schema that support shared understandings of spirituality as lived experience in professional practice in the 14 study participants. Second, the multiple, inherent, interconnected, transformative relationships that involve individuation as a life-long process, which emerged from the conceptual schema. These findings are significant in social work practice because they were directly related to the process of healing, the development of personal beliefs, values, growth, and wellbeing in the midst of social and embodied hegemony. They were also inherently interconnected with the development of human rights and social work values and the establishment of social justice in local settings.

**Figure 5. The conceptual schema of spirituality as lived experience in social work practice and three interrelated themes that support sustained wellbeing, framed within the social context and individual intervening conditions**



## **Chapter Eight – Summary of Findings, Discussion and Conclusion**

### **8.1 Introduction**

This study set out to explore social workers' conceptualizations of spirituality as lived experience within professional practice, with the goal to establish shared understandings of spirituality. It is based on Crisp's (2010a) assertion that in the twenty-first century social workers understand that spirituality is lived experience and that it is a universal human phenomenon. The key questions of this study are: What does spirituality as lived experience mean? What does it entail within professional social work practice? What are the shared understandings, practice theories and applications of it? These questions also sought to address four additional interrelated persisting issues in social work, specifically: a) Payne's theoretical concerns related to spirituality in professional practice, precisely humanism rejection of "supernatural entity" p. 5 and what he described as theoretical and practical difficulties in the use of self and self-actualization (2011) coupled with challenges in the use of religion (2014); b) Beckett's (2006b) alarm about required skills within the use of Self in professional practice; c) Mandell's (2007) concern about the use of Self and the challenges related to counter transference; and d) Blackstock's (2009) concern about the occasional evil in professional social work practice. It was within this context that this study was conducted among social workers. From the commencement of this study, I was attendant to the objectives of social work as set out in the definition adopted by IFSW and IASSW in 2000 and 2001 respectively; this definition was updated in 2014.

In this chapter I summarize the key and related study findings and discuss their significance within the context of contemporary social work literature. I also discuss their implication for social work knowledge and practice. I conclude with recommendations.

## **8.2 Shared Conceptualizations of Spirituality as Lived Experience in Practitioners' Lives and Practice: The Key and Related Findings**

There are two interrelated parts of the findings. First, the conceptual schema interpreted through the central concepts category Transcendent Life-Energy (TLE) as Unconditional Love (UL) in Transformative Relationships (TR) with Self (WS) in Support of Wellbeing (SW) (TLE-UL-TR-WS-SW), supported our understanding about the *contents* and *attributes* of spirituality as lived experience inn participants' lives and social work practice. Participant data also exposed *variations* in participants' interpretations of and relationships with the central concepts. The second part of the findings relate to the *nature* and *function* of spirituality as lived experience in participants' lives and in social work practice, and its *outcomes*.

### **8.2.1 The conceptual schema: Its concepts categories, contents, attributes, functions, and variations**

The first key finding in this study can be summarized as the conceptual schema understood through its central concepts categories—Transcendent Life-Energy (TLE) as Unconditional Love (UL) in Transformative Relationships (TR) with Self (WS) in Support of Wellbeing (SW) (TLE-UL-TR-WS-SW). Its *contents* are identified as the causal concepts categories in the conceptual schema, that is, self as body-mind-emotions-spirit-social (B-M-E-S-S) being in inherent, interconnected, transformative relationships within Self, with Transcendent Life-Energy (TLE) as Unconditional Love (UL) That Supports Wellbeing (TSW) TLE-UL-TSW, and with others. Participant data also exposed shared *attributes*, which supported

spirituality as lived experience in participants' personal lives and in social work practice (see Figure 3).

TLE-UL-TR-WS-SW as the central concepts category merged into TLE-UL-TR-WS-O-SW as the social workers, with the clients and other people represented by "O" and recognized as the contingent concepts category within the conceptual schema. The fourth part of the conceptual schema Subjective-Objective and Social Wellbeing (S-O-S-W) is the *outcome* concepts category. These shared understandings about spirituality as lived experience were framed within the definition and goals of social work. This framework clarified what spirituality as lived experience *entails* and its *function* within social work. Spirituality as lived experience was about inherent, interconnected, interdependent, transformative relationships that support healing, the development of personal values that are consistent with social work values, and wellbeing for self and others.

### **8.2.2 The nature of Self and outcomes (TLE-UL-TR-WS-O-SW and S-O-W-S) within the conceptual schema**

The fundamental and pivotal finding that emerged from this study is that spirituality as lived experience in social work practice is about the innate, inherent, interconnected, interdependent, transformative relationships that support healing, growth, and development of personal beliefs and values in the midst of cultural and personal hegemony. This finding extends the CGT propositions I set out in chapter 1 about spirituality as lived experience as related to three types of relationships: i) human spirit as a universal human dimension, ii) that support wellbeing at individual (intrapersonal), interpersonal and social levels, and iii) as inherent human attributes. These relationships were clarified and extended by the study findings as follows.

1. Self as TLE-UL-TR-WS-O-SW in transformative relationships is inexhaustible, unconditional love that supports wellbeing whether one is aware of this or not.
2. There are times when Self as body-mind-emotions-spirit-and social (B-M-E-S-S) and as a complex system of inherent, interconnected, interdependent, transformative relationships was aware of Transcendent Life Energy as (TLE) as Unconditional Love (UL) That Supports Wellbeing (TSW) within and outside Self at the intrapersonal and the interpersonal levels. Some participants interpreted these transformative relationships through the rational mind; others took on a more holistic approach to include more dimensions of being, such as emotions. Yet others extended them to included ecology and life forces.
3. Self as TLE-UL-TR-WS-O-SW is also about inherent, interconnected, interdependent, transformative relationships within and outside Self and in others. It is a resource that supports wellbeing for Self and others in the midst of cultural and embodied hegemony that undermines wellbeing.
4. Participant data illuminated the social work practitioners' wellbeing as inherently interconnected with their social work practice and also their clients' wellbeing.
5. There were incidents when participants experienced subjective, objective, and social wellbeing (S-O-S-W). It emerged as an inherent, interconnected, interdependent outcome of TLE-UL-TR-WS-O-SW.
6. The inherently interconnected transformative relationships were part of the individuation process that supported healing, the development of personal beliefs and values, and related to the development of human rights and social work values. Participants referred to times when they struggled to cultivate human rights and social work values that in turn would help establish social justice.

In summary, this study has six key findings that are of importance in social work practice.

1. The emergence of the conceptual schema that supports shared understandings about spirituality as lived experience in professional practice that can be understood through Self—the social work practitioner—abbreviated as TLE-UL-TR-WS-SW.
2. This conceptual schema exposed the contents, nature, attributes, and variations of what spirituality as lived experience. Spirituality as lived experience is about multiple, inherent, interconnected, interdependent, transformative relationships that support healing from hegemony, the development of personal beliefs and values that are consistent with human rights and social work values, and sustainable wellbeing towards the vision of social work, that is, social justice.
3. Spirituality as lived experience is about transformative relationships and ongoing individuation that makes possible healing, the development of personal beliefs and values, and growth that supports personal integrity and wellbeing for Self and others. This understanding also relates to the distinction between beliefs and values attained through socialization (intellectual knowledge) and beliefs and values acquired through transformative relationships and individuation. These involve feelings, will, and choices, and are recognized as internalized and transformative knowledge that enhances wellbeing for Self and others. Other related understanding is that transformative relationships and individuation are life-long processes.
4. Social work practitioners' wellbeing is inherently interconnected with their practice and their clients' wellbeing. This relates to a number of important issues in social work: a) It confirms the concerns about the use of Self and countertransference in social work practice; b) it

exposes the connection between Self and practice theory; and c) it illuminates social work practice theory and application related to spirituality as lived experience, resolving Payne's concern about the absence of theory related to spirituality.

5. The outcome of TLE-UL-TR-WS-O-SW as Self and others in social work practice was Subjective (S), Objective (O), and Social (S) Wellbeing (S-O-S-W), which makes possible sustainable wellbeing and social justice.
6. Study participant data exposed a generalist practice model that supports healing, the development of personal values, growth, and subjective, objective, and social wellbeing. It includes: a) TLE-UL-TR-WS-O-SW as the social work practitioner in awareness of Self and others as B-M-E-S-S being; b) social work practice models that incorporate embodied and posthumanistic knowledge; c) strategies such as open mindedness, reflectivity, reflexivity, intentionality about developing human rights and social work values; d) ongoing individuation to resist and dismantle hegemony in Self and others; e) ongoing awareness of not being in control but able only to influence; and f) ongoing accountability.

These are significant findings because the central concepts—Transcendent Life Energy as Unconditional Love in Transformative Relationships With Self in Support of Wellbeing (TLE-UL-TR-WS-SW)—of the conceptual schema are directly related to social work goals and values; it exposes them as inherently interconnected. The study findings also include evidence that through TLE-UL-TR-WS-SW, it is possible to attain subjective, objective, and social wellbeing that leads to social justice. These findings confirm Crisp's (2010) observations that spirituality as lived experience is related to universal human characteristics. Furthermore, these findings expose the interdisciplinary nature of the social work profession as was argued in

Dilthey's holistic philosophical theories in relation to the human spirit and lived experience. The following section will confirm the findings in the literature, starting with Dilthey's work.

### **8.3 Confirmation of Findings in the Literature**

This section is devoted to confirming the study findings in 1) related philosophical work of Dilthey (1833–1911) on human spirit, the distinction between understanding gained from lived experience and intellectual knowledge, and the inherent relationship between human, natural, and social sciences (as discussed by Makkreel, (2012) and 2) social work literature. However, it will also expose the gaps in contemporary social work knowledge and highlight the contributions from this study.

#### **8.3.1 Human spirit, lived experience of spirituality, and Dilthey's theoretical work**

Makkreel's and Dilthey's works are important in this study because they speak directly to historical and persisting issues in social work. Dilthey exposed the interconnectedness of the process of meeting individual human and social needs while promoting social justice within the context of established cultural hegemony, related embodied hegemony, and the human condition. Furthermore, Dilthey's work is a holistic philosophical framework that is consistent with the multidisciplinary perspectives of social work.

I have relied on Makkreel's (2012) scholarly work on Dilthey in which Makkreel explains the interrelated theories of a) historicity (in reference to religion and traditional psychology); b) human science in relation to knowledge gained through lived experience; and c) Dilthey's three philosophical worldviews (objective idealism, idealism of freedom, and naturalism) that address questions related to human spirit, lived experience, overcoming

oppression, and what people perceive as reality with some valuation of what is worth striving for (values).

I have also explored other philosophical frameworks during my studies, specifically Husserl's (1859–1938) as discussed by Crowell (2001) and Welton (1999). Their work included Husserl's critique of religion/culture and naturalizing psychological theories as oppressive. I also used Moustakas' (1994) phenomenological research methodology based on Husserl's phenomenological research method. While both Dilthey and Husserl shared similar goals that are consistent with social work goals, at the end of my research it was easy to recognize that the findings in this study are more in line with Dilthey's theories than with Husserl's.

Dilthey's theory of human spirit relates to lived experience and individuation as a process of developing meaning and purpose through productive and transformative relationships. According to Makkreel (2012), Dilthey described the nature of the human spirit as dynamic and individuation as a continuum. While it was informed by history and culture, he argued that culture/religion, what he referred to as historicity, could not be more important than the people it served. Dilthey wrote about three dimensions of life: a) the conceptual cognition of "thinking-feeling-willing" of lived experience; b) the psychic of life as a continuum; and c) individuation as part of productive and transforming relationships in society.

I summarize Dilthey's theories by relating them to this study's findings and social work goals in three subsections: 1) the human spirit, spirituality as a lived experience, and human science; 2) the distinction between knowledge gained as intellectual understanding and that gained through the process of life which involves action and interaction within the context of lived experience; and 3) individuation and intentionality of consciousness as a part of the process of developing values that support wellbeing, meaning, and purpose in life. This work is

important background for this thesis and future work in the study of spirituality as lived/living experience as will be clarified below.

### ***8.3.1.1 Human spirit, spirituality as lived experience, and human science***

Dilthey's hermeneutical theory established the distinction between the natural sciences, the goal of which is to develop law-based explanations of nature, and human sciences, which seek to understand and analyze from the complex whole.

For Dilthey, human science was an abstract phenomenal world of human interactions at the individual and communal levels. Through human science, we seek to understand human life and historical life. Dilthey extended Kant's critique of cognitive, rational thought and reason and the critique of historical reasoning as incapable of effectively addressing the complex, dynamic, and transformative human lived experience. Dilthey also uniquely explained philosophy as understanding the "overall structures that define the human spirit in general . . . establishing the integral relations to all the theoretical disciplines and historical practices that attempt to make sense of the world" (Makkreel, 2012, p. 2).

Dilthey explained "spiritual phenomena" as having four phases: 1) an understanding of the inner explanations of human history and creativity, 2) the reality of lived experience and the understanding that makes it real, as part of a descriptive and analytical psychology that brings meaning and purpose in life, 3) interpretation, specifically the development of the theory of hermeneutics, and 4) inner intelligibility of lived experience. Although Dilthey wrote from a Christian perspective, he critiqued religion for promoting mysticism but failing to affirm life. Dilthey also critiqued the human science of psychology that examined human beings apart from their social interactions in society. Dilthey promoted a multidisciplinary approach to human

history such as religion and/or culture and argued that the concept of spirit in history was not more important than the “concepts of life-force in physiology” (Makkreel, 2012) p. 6).

Dilthey’s distinction between natural and human science is also important in this study and is part of social work’s shared effort to improve the human condition. It establishes our understanding of social work as a human, natural, and social science, and as a field that is inherently interconnected. Referencing Dilthey’s work *Introduction to the human sciences*, Makkreel (2012) expounded that “the reason that the natural sciences have been so successful in discovering causal laws of nature . . . [is because] they abstract from the full scope of the external world . . . [and focus on the] mechanistic explanation of nature to explain only a part of the contents of the external reality.” On the other hand, in human science we should seek to “apprehend the majority of the facts that make up the factors of the complex whole” (p. 7). Dilthey’s point about lived experience and human science was that because human science considers conditions of people, such as available opportunities and levels of consciousness, and because it goes beyond what is and also establishes goals and ethics, it must prioritize reflection. According to Dilthey, in the world of human science, “human interactions [are analyzed] at a level that can mediate between individual initiative and communal tradition” (Makkreel, 2012, p. 6). Human science then comprises “the historical social reality in which human beings participate” and it must include the “feeling” and “willing” (Makkreel, 2012, p. 8). This refers to what Dilthey called *innewerden*, translated as “reflexive awareness . . . [and] that involve knowing the present reality” (p. 8). Human science is related to natural science, but it is also beyond conceptual cognition. Dilthey’s concerns are addressed in this study through the development of a loose conceptual schema with concepts categories that incorporate awareness of change in people over time and variations in people. The conceptual schema also prioritizes transcendence

and unconditional love plus the awareness of Self and others as B-M-E-S-S beings at the basic minimum understanding. The social is one of the key and inherently interconnected dimensions that support wellbeing in human beings.

### ***8.3.1.2 Distinction between understanding from lived experience (Verstehen) and intellectual understanding (Verstand)***

Dilthey's work distinguished between "understanding" (*Verstehen*), a process that employs all human capacities, and the limited "pure intellectual understanding" (*Verstand*). Dilthey argued that transforming human understanding had to be rooted in the fullness of lived experience. Dilthey recognized intellectual knowledge, but he prioritized lived experience, recognizing it as transforming knowledge. This distinction is important within this study of spirituality as lived experience.

For Dilthey, lived knowledge includes *will*, indicated by concepts like reflexive awareness (*Wissen*), which further includes thinking-feeling-willing, intentionality, and the subconscious of lived experience which is beyond conceptual cognition (*Erkenntnis*). Dilthey also expanded on the *breadth* and *depth* of knowledge gained from lived experience. Makkreel (2012) quotes him as follow:

An expression of lived experience can contain more of the nexus of psychic life than any introspection can catch sight of. It draws from the depth not illuminated by consciousness. . . . Its relation to the spiritual or human content expressed in it can only be made available to understanding within limits. (p. 17)

Dilthey distinguished three classes of life manifestations: 1) words that are large thought formations or concepts, 2) actions, as a form of communication that reveals more than words, including intentions, and 3) expressions of lived experience that may include a broad range of things that disclose much more than the first two levels of manifestation, such as a simple

gesture, a personal story, self-description, or a work of art. Dilthey advocated for human science to be rooted in the fullness and the richness of people's lived experience if human sciences were ever going to expand the scope of our understanding beyond what is available to each of us in a given circumstance.

### ***8.3.1.3 Descriptive and analytical psychology: Ethics, transformation, and individuation***

Dilthey distinguished between descriptive and analytical psychology that included a "psychic nexus" or continuity representing the ongoing life process as different from the traditional explanatory psychologies (positivism). He related descriptive and analytical psychology to lived experience and individuation as part of transformation, intentionality of consciousness, and ethics. This understanding highlights the findings in this study that spirituality as lived experience is directly related to transformative relationships that support and require individuation as part of healing, growth, and attaining sustained wellbeing. It clarifies these important concepts and key components in achieving social work's goal to enhance people's wellbeing.

Descriptive analytical psychology includes momentary states of consciousness and perceptual processes with representations of "feeling" and "willing." These are feelings that express either satisfaction or reject suffering, what Dilthey referred to as the central purpose based on the value an individual attaches to a specific action, adjustment, or change of circumstance. For Dilthey, psychic life was a continuum of Self constantly differentiating itself from within: "the purposiveness of life and its structural systems is immanent and adaptive rather than external and predetermined. Each stage of life can be understood as an epoch with its distinctive value" (Makkreel, 2012, p. 11). Makkreel identified the following five key

components that distinguish descriptive and analytical psychology from traditional explanatory psychology, all of which are critical in understanding the lived experience of spirituality in social work: 1) individuation of human life; 2) transformation; 3) intentionality of consciousness; 4) ethics; and 5) a holistic philosophical approach.

Dilthey's descriptive and analytic psychology aimed at developing psychological structures that would support individuation as a process of acquiring and articulating individual unique life experiences in the establishment of a productive life. The process of individuation involves the development of values, meaning, and purpose in life and is part of the human spirit and human science. It also entails the development of productive human relationships in a way that supports self-agency in social groupings. These understandings are consistent with the findings in this study and may have significant meaning for marginalized groups and communities.

Dilthey's law of imaginative metamorphosis highlighted individuation and transformation as critical in human life. Dilthey argued that it is not possible to have the same understandings about human nature just as the same leaf cannot return to the tree. Individual differences relate to apperception, which builds on the acquired nexus of psychic life, and what we choose to filter out as not worth perceiving is part of inner psychological explanations. Transformation and individuation are part of the central concepts of spirituality as lived experience as found in this study and also relate to personal growth and wellbeing as implied in Dilthey's analysis.

Dilthey's philosophy of human spirit as lived experience and human science also incorporated *intentionality of consciousness* at the level of psychic nexus. This intentionality was interwoven in the actor's cognition, feeling, and willing and disposition (attitudinal stances),

which Dilthey described as indefinite. According to Makkreel (2012), attitudes include asking, presuming, believing, hoping, claiming, taking pleasure, linking to opposites, wishing, approving, etc. All of these influence a person's conceptual cognition of reality, in other words, they contribute to the values, meaning, and the purpose we establish in life. Within the context of the findings from this study, these understandings would support social workers in the process of transforming intellectual knowledge about social work values into values as personal lived experience.

Makkreel (2012) asserted that Dilthey was able to establish an ethical system in which individuals make unconditional self-binding commitments in life that support meaningful and purposeful productive relationships, both inner and outer.

In summary, Dilthey's work on human spirit and spirituality as lived experience provides a comprehensive conceptual framework that supports the findings in this study. This framework is critical in social work because it incorporates the non-oppressive stance that includes feelings and the will to support individuation, healing, personal growth, and wellbeing. This work also establishes social work's multidisciplinary perspectives as related to human science, social science, and natural science (descriptive and explanatory psychology). It also clarifies the meaning of individuation and its position in social work; Dilthey confirms that individuation is needed for healing and growth and countering oppression without disregarding the importance of the social. It also highlights the importance of transformation as related to change; it is linked to transformative relationships as the function of social work framed in the conceptual schema in this study findings. Furthermore, Dilthey's work confirms the position of human spirit and human life in relation to religion/culture, which he describes as a form of human science. It also clarifies how religion/culture can be included to promote individual and social wellbeing.

### **8.3.2 Confirmation of the study findings in social work literature**

This section highlights professional social work practice and literature. Although social workers have for a long time recognized that spirituality as lived experience is a resource for themselves at a personal and professional level and for their clients, there is also a persisting trend to treat spirituality as a void or as synonymous with religion/culture. The findings in this study make a clear distinction between spirituality as lived experience and religion/culture, while maintaining the position that they are related; both are relevant but occupy different positions in human life and in social work practice. There are social work scholars who have maintained that spirituality in social work is about people, human nature, and conditions; the conceptual schema and related findings confirm and extend their work in diverse ways. This section is set up in two parts.

1. An overview of contemporary literature exposing the limitations of academic approaches to understandings about spirituality, in the absence of shared understandings about *what* spirituality relates to in social work; *what* spirituality as lived experience is; and *what it entails* in professional practice.
2. Confirmations of study findings in social work literature and practice.

#### ***8.3.2.1 Limitations of academic approaches to understandings about spirituality***

Through the review of social work literature on spirituality, there is evidence that some scholars practice from the awareness and understandings of spirituality as lived experience. The work of Coates et al. (2007), Butot (2007), Payne (2005), and Lee et al. (2009) testify to this awareness. Aboriginal social work scholars (Baskin, 2007; Blackstock, 2009; Hart, 2002) among other Canadian and non-Canadian scholars have made a tremendous contribution to the diverse

identifications of spirituality as lived experience. They are also established findings about spirituality as a resource for practitioners and their clients. However, these perceptions are framed within what Payne (2005, 2014) referred to as politics in social work that have been established as cultural and embodied hegemony within the profession due to the absence of shared understandings about the meaning and role of spirituality within professional social work practice. For example, *Unfaithful angels* (Specht & Courtney, 1994), a social work book written from one perspective, gives a view that one perspective of social work is more legitimate than another, even though the differences in perspective also related to differences in needs and related social workers serve areas.

My intention in the first part of this section is to illustrate some of the different ways current literature on spirituality can be looked at in the midst of a lack of clarity on this subject. This section includes my personal struggles in the study of spirituality in social work prior to developing the understandings drawn from the conceptual schema. I include many scholars for the purpose of providing examples of contemporary scholarly work and practice. However, this is not meant to fix their scholarship in one position but to illustrate the limitations imposed by restricted understandings and interpretations of spirituality.

I have organized the literature in five different ways: a) studying the diverse discourse of spirituality in social work; b) studying the phenomena of spirituality in social work; c) literature framed within Carroll's two-dimensional approach; d) studying spirituality as a void, and e) studying spirituality as lived experience. Since a lot of this literature has been covered in Chapter 2, in the following paragraphs I provide only some examples to illustrate the state of confusion and the gaps that persist in academic study.

A critical review and analysis of articles on spirituality to gain an understanding of the meaning of spirituality as lived experience in social work practice in North America revealed six interrelated discourses of spirituality:

1. Aboriginal spirituality (Alfred & Corntassel, 2005; Bastien, 2003; Bruyere, 2007; Hazel & Mohatt, 2001),
2. culture/religion (Al-Krenawi & Graham, 2007; Este, 2007; Snyder & Bowman, 2007),
3. kinship and interpersonal relationships (Bradley, 2011; Freedberg, 2009; Walsh, 2014),
4. body-mind-emotions-spirit social work ( Beres, 2009; Birnbaum, 2009; Chung, 2000; Lee, Ng & Chan, 2009; Todd, 2009),
5. critical social work (Baskin, 2007; Butot, 2007; Metheny & Coholic, 2009),
6. spirituality treated as a void (i.e., ignored) or as a form of abuse (Bradley, 2011; Kvarfordt, 2010).

This descriptive analysis offered only limited shared comprehensions about spirituality in social work. In some instances it contributed to the continued fragmentation of the profession and social work theory.

In Bradley's (2011) study, participants who initially interpreted lived experiences of spirituality as negative, later, through retrospective data, reinterpreted it as a positive learning opportunity and resource that contributed to their wellbeing. My analysis revealed that social work scholars refer to diverse discourses of spirituality although they are also interrelated and complement each other, but in practice they are viewed by some scholars as different and some are excluded from mainstream social work practice.

In this analysis I felt the need to gain some understanding of the cause of the confusion related to spirituality in social work. There are a number of factors that have contributed to the

difficulty in developing shared understandings of spirituality within social work. They include philosophical, political, religious, and cultural reasons. These are coupled with scholars' approaches that treat spirituality as synonymous with religion/culture and historical factors such as assigning custodianship of spirituality to religion/culture. It was from this setting that Carroll (1998) developed her standpoint of "social work's conceptualization" of spirituality as having two meanings: spirituality-as-essence of human nature and spirituality-as-one-dimension of human experience; she referred to the latter to religious and institutional beliefs. Although Carroll indicated that the difference between these two meanings had important theoretical and practical implications; however, they were not explained. Her academic analysis was mechanical and difficult to comprehend. Although Carroll's work provided some insight on the importance of spirituality in social work and the interrelationship between religion and human essence, its contribution has been limited in light of the historical underpinning of religion and in the absence of a shared understanding of how spirituality contributes to human life within the context of the social work profession. In my view, Carroll's work has helped to establish current research and increase publications in this area, but it did not set a path to advanced social work knowledge and practice in respect to what spirituality entails and its role and importance in human life and professional practice.

Through intimate familiarity with the literature, I came to realize the subtle differences in language used by different scholars that may support or not support a shared understanding. For example, as an additional point about Carroll's (1998) conceptualization of spirituality, I observed that she wrote a book chapter titled *Social work's conceptualization of spirituality* which is a misnomer, because the social work profession as an institution cannot conceptualize. Carroll's work provides a good start in this task and the two interrelated conceptualizations

provided have advanced some level of shared understandings within professional practice, its benefits have been exhausted. . Other differences include literature that refers to spirituality *and* social work, implying that something needs to be added to social work. On the other hand, some scholars clarify that spirituality already exists in social work by its very nature. These scholars are referring to the need to recognize spirituality as an integral part of people and society and not to treat it as a void.

Other challenges in the literature relate to the diversity in research methods that are not easily reconciled without adequately understanding the underlying philosophical differences in research. For example, Canda (Canda & Furman, 2010) has researched and written extensively about the phenomena of spirituality using a phenomenological research method. He has identified attributes like connectedness, finding identity, meaning and purpose in life and has provided an invaluable contribution about how spirituality contributes to people's quality of life. However, the phenomenological research method and findings that relate to essence—such as connectedness—do not offer the full understanding of the phenomena that is needed to advance social work knowledge that can support practice. Canda (2008) has also carried out research and written extensively about spirituality transpersonal perspectives plus other aspects of life; however, in my view this work is not reconciled enough to offer a comprehensive understanding that can address the persisting human challenges and gaps in social work practice. Another related challenge is that some of his work incorporates spirituality framed in religious traditions as resource without incorporating a critical stance of their historical and persisting conflicts in relation to social work values. These considerations served as the rationale for this GT research with the goal to support shared understandings about spirituality as lived experience from holistic and diverse perspectives.

There are many reasons why developing a shared understanding of spirituality is difficult. The additional challenge that I have identified is the persisting dualistic thinking among scholars who prioritize religion as the source of spirituality and imply that secular practice is nonspiritual, in total disregard of human spirituality. Such scholarly work, even when framed as promoting spirituality as lived experience within social work practice, fails to effectively contribute to a shared understanding in professional practice. Inadvertently, it also fails to contribute to sustainable wellbeing (S-O-S-W), which is a practical and feasible goal within spirituality as lived experience. This also relates to the persisting artificial dichotomy/tension between individual needs and social needs in the profession (Burford & Adams, 2004; Specht & Courtney, 1994), based on a lack of understanding of their inherent, interconnected interdependence as understood within spirituality as lived experience in social work practice.

Spirituality as lived experience relates to dynamic and diverse human needs and capacities; it is not an entity and it has to be understood from multiple perspectives in people's lives over time. It needs to be framed within the social context and individual intervening conditions. Scholars such as Coholic (2007) have studied spirituality as lived experience with an emphasis on human attributes such as self-identity, self-image, and self-awareness. McMargolin et al. (2011) have explored concepts of mindfulness, human consciousness, and visualization. Such studies broaden and deepen our understanding of spirituality in relation to how it supports health, human development, and wellbeing. This work is also more consistent with spirituality as lived experience, and it can be extended from the broad and complex understandings gained through the conceptual schema and related findings.

### ***8.3.2.2 Confirmation of spirituality as lived experience in social work literature and practice***

Over the years, social work research has established the relationship between spirituality and people's wellbeing. Scholars make reference to spirituality in relation to body-mind-spirit, while this study extends that understanding to body-mind-emotions-spirit-social being in relation to human health and practice theories that support healing. Recent research includes the work of Coholic (2011), Benavides (2014), Boynton (2014), McMargolin et al. (2011), and McGarrigle and Walsh (2011). Furthermore, some schools of social work now include or work closely with health institutions, for example, there is collaborative scholarship between students in faculties of social work, health, and behavioral sciences at Lakehead University in Thunder Bay. There are other scholars that fall into this category and the second part of the following section will focus on their work. The first part of the following section will expose social work practice theories used by the participants in this study. It will also expose the variations in their perspectives within the context of diverse human needs with the goal to illuminate the diverse perspectives of social work practice theories and how they are inherently interconnected. I also include examples of recent evidence-based practice and practice theories and models that promote spirituality as lived experience.

### ***8.3.2.2.1 Glimpse of the conceptual schema in contemporary literature***

There are social work scholars whose practice contains components of my conceptualization of spirituality as lived experience. The scholars in this group tend to practice from an awareness of transcendence, life forces/energies, and ecology. In addition, they have an awareness of themselves as interconnected systems comprising body-mind-emotions-spirit-social being or part of it. Some of these practices are framed within evidence-based practice, and they

expose the challenge of balancing positive growth in all these dimensions; some are framed within the context of life-energy using Asian or western philosophical understandings. They incorporate variations in interpretations at the individual level and between individuals.

Lee et al.'s (2009) book *Integrative body-mind-spirit social work* is a good example. Lee et al. wrote extensively about "Dao as a force that gives life to all things and brings them into harmony" (p. 18). These scholars related this construct to unity in diversity and interconnectedness. They also established the connection between the Dao and human beings, though they mainly used body-mind-spirit for this. They expounded on Eastern philosophy and its conceptualization of the mind beyond rational function and problem solving. They related the heart to "cognitive mind, emotive mind and spiritual mind" (p. 98) to explain the dispositions, senses, and hopes as important forms of being that support wellbeing. Their book includes various research and evidence-based practice models such as instilling hope to support wellbeing.

Chung (2000) is another scholar who has combined the use of mind-emotions and life-energy to promote physical and other aspects of healing and growth. He relates systems theory to the yin yang theory and how to operationalize these understandings and knowledge gained through lived experience experiences to support wellbeing on a daily basis.

Derezotes' (2006) text book on spiritually oriented social work practice emphasizes mindfulness and consciousness. He identified multiple interrelated views of spirituality and provided strategies on how to take care of Self and support clients. There is also psychology scholarship that advocates human vulnerability and Self- and client-care to overcome trauma (Saakvitne, 2002; Sexton, 1999).

There is a growing amount of literature and practice in descriptive and analytical psychology as referred to by Dilthey (Makkreel, 2012) that is consistent with social work values. Some emphasize client emotions and affirmative messages, for example, the work of O'Hanlon ("Integrating Spirituality and Psychotherapy," 2011) associated with the international psychotherapist establishment. I have found the work of Duncan and Miller (2010; Duncan, 2012, 2014), whose therapeutic theory and model of practice that puts emphasis on the ongoing partnership and accountability between the therapist and the client, consistent with what is proposed in this study. Their practice model, referred to as "partners for change outcome" (PCOM) work, incorporates the awareness of the inherent interconnection and interdependent transformative life-energy that is imbued in all relationships as referred to by the study participants and confirmed by Lilla Watson's widely recognized quotation: "if you are here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together." Duncan's(2014) book about how to become a better therapist and the earlier Duncan and Miller's (2010) book titled *The heart soul of change* address earlier concerns expressed by Saleebey (1992, 1996) about biology's challenge to social work, referring to the complexity of human nature; and Ife's (2008) and Dominelli's ( 1996, 2009) concerns about social work practice that excludes those with whom we work within the context of postmodernism and understandings of social work as social construction.

Other work includes Deci and Ryan's (2000, 2008) work on self-determination theory in relation to individuation and the importance of praxis as related to human needs, development, therapy, and maintenance of health. Costanza et al.'s (2007) work also incorporates an understanding of the inherent interconnection between human needs, subjective wellbeing, and social justice in social work. These new approaches to social work are consistent with spirituality

as lived experience as conceived in this study, and they offer some explanation on the *what*, *how*, and *why* of practice. For example, some scholars have highlighted spirituality as lived experience as a resource in resisting colonization and oppression while others address both cultural and embodied hegemony (Alfred & Corntassel, 2005; Baskin, 2007; Bishop, 2002a; Bruyere, 2007; Carniol, 2005; Wong & Vinsky, 2008). Others have focused on the vulnerability of the social work practitioner in the midst of cultural and embodied hegemony and the inherent nature of spirituality as lived experience. Other scholars have highlighted embodied hegemony and how it is related to basic human needs and also rooted in social context (Staub, 1999).

Generally, social work scholars focus on issues and concerns of health and healing of the individuals while others incorporate the social perspective of healing (Clay, Talley, & Young, 2010; Coholic, 2007; Coholic, 2011; Hazel & Mohatt, 2001; Metheny & Coholic, 2009). Some literature has emphasized mindfulness meditation and reflexivity practices as a way to promote wellbeing, and there is evidence-based practice literature to support this work. Some of these scholars incorporated an understanding and awareness of Transcendent Life-Energy as Unconditional Love (TLE-UL) with or without Self (Graham & Graham, 2009; Hick, 2009b; McGarrigle & Walsh, 2011). Other variations include spirituality as lived experience in community development work, although there are differences in interpretations and practice depending on the needs of the community (Baskin, 2007; Este, 2007; Snyder & Bowman, 2007; Todd, 2009; Tolliver & Wilkerson, 2011). Some social workers have focused on the neglect of spirituality among children and youth and its effect on their health and wellbeing (Kvarfordt, 2010; Prior & Quinn, 2010). Deci and Ryan's (2000, 2008) work relates to the role of self-determination in supporting health, wellbeing, and self-motivation.

Weinberg (2013), in his article on posthumanism, referred to the missing core in the science of dealing with addictions. People fail to find discipline within themselves, access resources within and around them, and find other people to support their healing. This corresponds to the absence of an awareness of TLE-UL-TSW as referred to by study participants in this study. There are a good number of Aboriginal scholars, including those whom I have already mentioned, who have made important contributions to this field. They include Gord (2007), Hart (2002), Margot and Lauretta (2006), and Verniest (2006).

There is an increasing understanding that it is not possible to achieve sustainable social change without individual human change. This is an important finding in this study which highlights the importance of transformative relationships that involve individuation and expose sustainable social wellbeing as preceded by and inherently interconnected to individual healing, growth, and wellbeing. It also relates to beliefs and values as social instruments which are found to be distinct from personal belief and values that have been acquired through lived experience related to healing, growth and sustainable wellbeing, in this study. The findings of this study are also consistent with what has been established psychology that beliefs, behavior, and values are associated with wellbeing. Hofmann, Asnaani, Vonk, Sawyer, and Fang (2012), in their meta-analysis paper on the efficacy of CBT, argued that the premise of CBT is that “maladaptive cognitions contribute to the maintenance of emotional distress and behavioral problems” (p. 427). This study also illuminated that personal and social wellbeing are inherently interconnected, endorsing Wakefield’s (1988) work on the interconnection between psychotherapy and the pursuit of justice (psychosocial justice).

### *8.3.2.2 Study participants' practice theories in social work literature*

Although the conceptual schema of spirituality as lived experience in social work practice highlights two causal concepts categories, TLE-UL-TSW and Self as B-M-E-S-S being, and one key attribute, unconditional love (UL), that merged them together, in a broad sense the study participants' practice theories were recognized as embodied social work practice and systems theory. Some study participants referred to this practice approach in order to highlight the immediacy of individual human needs in spirituality as lived experience. However, all study participants (with the exception of two) prioritized TLE-UL-TSW as UL framed within an awareness of the breadth and depth of life forces or energy that support one's own and other's wellbeing as related to B-M-E-S-S being. This understanding is distinct and addresses Payne's (2011, 2014) concerns and critiques in respect to the use of Self and religion in social work practice. The other key factor is the attitude and persistent disposition of unconditional love (UL). It is critical in supporting ongoing transformative relationships, individuation, healing, and the development of personal beliefs and values in the midst of change and social and embodied hegemony.

The practice theories participants used address a broad range of diverse human needs and interpretations of Transcendent Life-Energy as Unconditional Love that Supports Wellbeing, TLE-UL-TSW. Their practice theories include Carl Rogers' (2012) theory on unconditional love; Williams and Kabat-Zinn's (2011) on mindfulness practice; numerous cognitive behavioral therapies (Hofmann et al., 2012); narrative therapy (Saleebey, 1996); Wilber's (2001) book *No Boundary* about human potential, unconditional love, transcendence, and supportive life energy; emotional focused therapy (EFT) (Moser & Johnson, 2008) the people-focused practice models

which combine attachment, bonding, and systems therapies; EMDR (Shapiro, 2014); somatic therapy (Specht, 1990); NLP (Chan & Palley, 2005).

Participants used diverse practice models to address a broad range of personal and clients' life needs within the context of B-M-E-S-S being. Some participants used spirituality to refer to deeper connections within Self in relation to the nervous system and aspects of life that are deeper than we are conscious of, that is, human functions that keep us alive yet we are not aware of. Lee et. al.'s (2009) book relates to some of these human attributes. Participants incorporated massage therapy, breath therapy, bio-energetic analysis, and other interconnections within Self and their clients into their practices. They made reference to anger management, dialectical behavior therapy (Robins & Chapman, 2004), emotional intelligence, counseling during life transitions, and serving as life coaches for those seeking growth through a holistic perspective.

Study participants also used social work values to guide their practice and as a resource in developing personal beliefs and values. They also used them to guide their provision of services. Some used dignity therapy practice (Montross, Winters, & Irwin, 2011), some struggled to acquire self-determination as a personal lived experience, while others described learning to respect their emotions while respecting boundaries and thereby experiencing improved health. As an overarching practice, participants learned to release control within the context of an awareness of Transcendent Life-Energy that supports healing; they taught their clients the skills they had learned through this awareness; reflexivity, open mindedness, awareness of abundance, and options.

Overall, participants used a broad range of theories that seemed like a spectrum ranging from humanism and the rationale mind to some aspects of B-M-E-S-S to a full embodiment of

social work practice (BMESS) such as the work of Tangenberg and Kemp (2002). Others have included ecology (Coates, 2003; Hanrahan, 2011; Lysack, 2009); and others also incorporated a broad range of life-energies, also referred to as life-forces and Transcendent Life Energy.

Another approach to understanding the diverse practice approaches among the study participants is through understanding their underlying values and how they informed their interpretation of and relationships with the central concepts TLE-UL-TR-WS-SW. These values relate to what Dilthey (Makkreel, 2012) referred to as three philosophical underlying values in relation to human spirit and what is worth striving for in life. The majority of participants in this study prioritized B-M-E-S-S being, specifically, therapeutic practice, although they were also aware of TLE-UL-TSW. However, Gabriella, for the most part, prioritized human science in the form of religious understandings, and Mandie's practice emphasized critical rational thinking, in a way related to critical social work.

#### **8.4 Conclusion: Significance of Study Findings and Recommendations**

There are seven extensions of knowledge/new knowledge contributions of significance in social work practice that can be credited to findings from this study. They relate to: a) the conceptual schema of spirituality as lived experience that supports shared understandings in professional practice; and b) the themes that emerged from shared understandings. There are three recommendations that surface from this work.

##### **8.4.1 Extensions and new knowledge contributions arising from this study**

1. The shared understanding of spirituality as lived experience in professional practice that emerged from the 14 social work practitioners in direct practice is the basis of the new

knowledge from this study. The conceptual schema, interpreted through Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self in Support of Wellbeing (TLE-UL-TR-WS-SW) in social work practice, and Subjective-Objective-Social Wellbeing (S-O-S-W) as the outcome concepts of spirituality as lived experience is part of the new knowledge of significant relevance in social work practice. The conceptual schema also clarifies that the causal concepts of spirituality as lived in social work practice are Transcendent Life Energy as Unconditional Love That Supports Wellbeing (TLE-UL-TSW) understood as Unconditional Love (UL) in transformative relationships with Self, the social work practitioner; and that Self has to be understood, as body-mind-emotions-spirit-social (B-M-E-S-S) being, as the basic minimum.

This conceptual schema has also proven effective through the interrelated study findings as illustrated in this study and outlined below. Here I identify two key knowledge extensions related to the conceptual schema itself. It extends Payne's (2005, 2011, 2014) restricted humanistic social work theory and spirituality which is framed within the dualism of Self and religion; both of which are identified as problematic, contributing to his theoretical concerns. My conceptual schema extends that understanding in two ways: a) by clarifying that self relates to B-M-E-S-S and that b) TLE-UL-TSW is part of the causal concepts of spirituality as lived experience. And this conceptualization is framed within an inclusive stance, unconditional and anti-oppressive stance. Within this conceptual schema, participant data revealed that Payne's (2011, 2014) theoretical concerns about the use of Self and about the use of religion in social work practice could be resolved through the development of social work values as personal values acquired through transformative relationships and individuation. The conceptual schema and participant data also exposed the

content, nature, attributes, variations, and outcomes of spirituality as lived experience (see Figure 3).

The second related knowledge extension is in the clarification of the meaning, nature and the process of wellbeing as the outcome concepts category of spirituality as lived experience in social work practice. Study participant data illuminated that a) wellbeing was related to healing from childhood abuses and wrong beliefs and values, the development of personal beliefs and values, and other aspects of growth and wellbeing within the context of body-mind-emotions-spirit-social being as inherently interconnected human dimensions; b) the practitioners' wellbeing was inherently interconnected with their clients' wellbeing; and c) wellbeing in social work is an inherently interconnected phenomena, that is: subjective-objective-social wellbeing (S-O-S-W). This finding clarifies current perceptions about wellbeing framed within spirituality in social work that refer to subjective wellbeing as if it is distinct from objective and social wellbeing (Hare, 2004; Jordan, 2007; Graham et al., 2011; Graham & Shier, 2011). These interpretations seem to be borrowed from conceptualizations developed in psychology and economics, disciplines that are removed from the inherent human nature and human life.

2. This study confirmed that spirituality as lived experience is about inherent, interconnected, and interdependent transformative relationships at multiple levels including these three: i) self as body-mind-emotions-spirit-and social (B-M-E-S-S), that is: i) the intrapersonal level; ii) self and TLE-UL-TSW level, whether one is aware of it or not; and iii) the interpersonal, social that can also extend to ecological level. Study participants revealed that these inherent interconnections and transformative relationships were also inherently interconnected with their physical and mental wellbeing and social work goals, specifically, the development of

human rights, social work values, and sustainable wellbeing (i.e., subjective, objective, and social wellbeing [S-O-S-W] and social justice). Although there are some scholars who have associated spirituality with universal inherent human attributes among children and adolescents (Benavides, 2014, who referenced Hart, 2006; Hay & Nye, 2006); this study may be one of the few empirical studies in social work that has explored these features among adults and this level of depth. These understandings about the inherent nature of spirituality as lived experience framed within the conceptual schema are foundational because they connect spirituality as lived experience directly to the objectives and goals of social work.

3. This study finding exposes the distinction between beliefs and values acquired through socialization as part of intellectual knowledge and those acquired through transformative relationships and ongoing individuation. Understanding these distinctions is important and it is critical new knowledge in the social work profession. This discernment coupled with the findings related to the conceptual schema clarify the importance of spirituality as lived experience in human life, in human conditions, and hence, in social work practice. It also resolves a historical concern for those who confuse religion/culture with spirituality in social work. Furthermore, it clarifies the position of religion/culture as relevant to but not synonymous with spirituality as lived experience; the latter relates to existing human life.
4. This study revealed that the wellbeing of Self—the social work practitioner—represented as TLE-UL-TR-WS-O-SW in the conceptual schema, was inherently interconnected with their clients' wellbeing and their social work practice. Hence, the social workers inadvertently either supported or undermined their clients' wellbeing. This finding confirms Beckett's (2006), Mandell's (2007), Blackstock's (2009), and Dominelli's (1996, 2009) concerns of the use of self in social work practice, countertransference, and establishing anti-oppressive

professional practice. However, while this finding heightens these concerns, this study finding also exposed the process through which social workers and clients can cultivate personal beliefs and values that are consistent with human rights and social work values to support subjective, objective, and sustainable wellbeing. I consider understanding the process of developing social work values as personal values a pivotal finding of this study.

Furthermore this study illuminated on the importance and role of personal beliefs and values in social work practice; confirming Sheridan's (2009) Kvarfordt and Sheridan's (2009) advocacy for related training for social workers.

5. Another important contribution of this study is the expanded understanding of hegemony in social work framed within the conceptual schema: a) hegemony is established in society and undermines people's wellbeing; and b) hegemony is established within Self and undermines the Self's and other's wellbeing. Drew's lived experience of spirituality and her social justice case vignette presented in chapter 5 is a unique example of the complexity of social work practice framed within the conceptual schema. Related findings that are also significant have to do with the importance and role of individuation within social work as related to healing, wellbeing, and the development of social work values. This study also articulated the function of social work as transformative relationships that support individuation, development of human rights and social work values, extending Towle's work on the function of social work as cited in Perlman (1969); beyond merely "solving problems in human relationships" as indicated in the 2000/2001 social work definition (Hare, 2004). These clarifications, framed within the conceptual schema and the increased awareness of the extent and complexity of cultural and embodied hegemony as exposed in this study, are critical knowledge extensions in social work practice. Contemporary social work literature

makes reference to cultural hegemony (Carniol, 2005) in relation to the “other”; interpretation which tends to promote the “we” and “they” stance within social work profession, undermining the inherent human and social nature of relationships and their hidden values; and they are yet to be explored. Participants in this study prioritized individuation in overcoming cultural and embodied hegemony and to support subjective, objective, and social wellbeing. Participant data also revealed that there were occasions when they rejected or ignored aspects of the central concepts (TLE-UL-TR-WS-SW) that were understood to undermine theirs and others’ wellbeing in relation to personal choices as forms of cultural and embodied hegemony such as peer pressure, personal beliefs, and values.

6. This work prioritized the goal to develop a shared understanding of spirituality as lived experience in professional practice from an inclusive and anti-oppressive stance. Through deeper analysis of participants’ data, it was possible to recognize the three dominant perspectives of social work practice theory that relate to spirituality as lived experience and their variation in respect to the relationships participants established with the central concepts and what they considered as worth striving for in human life; that is, their values. Framed within the conceptual schema that supported shared understandings of spirituality as lived experience, the study participants’ practice theories were also found to be inherently interconnected. The different practice perspectives as expounded in sections 4.2.2, 5.3, 6.3 and 7.3 of the findings chapters also complemented each other in the process of meeting the diverse human needs and in the pursuit of social work objectives.

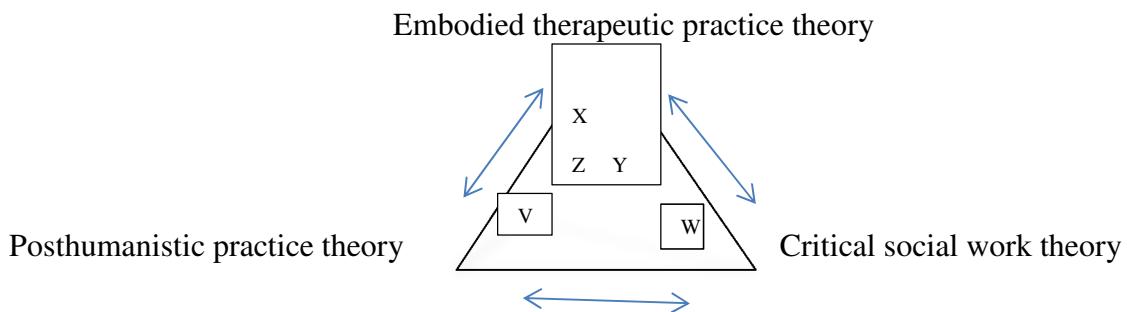
The differences in the study participants’ practice theories and in their application are illustrated in Figure 6, which illustrates the three dominant perspectives of social work practice and the different possible positions study participants occupied in their social work

practice. 1) Some emphasize embodied therapeutic practice; these prioritize lived knowledge about the diverse individual human needs, human nature and conditions, including the need to heal, grow and attain wellbeing. The majority of the study participants operated from this perspective and extended to other perspectives. For example, Mandie emphasized the individual therapeutic perspective in her children and adolescents mental health practice, she indicated using CBT and emphasized unconditional love and critical rational thought in her application. Generally Mandie rejected reference to understandings that implied Transcendent Life-Force or resources while emphasizing human potential. Her practice would be close to the position Y as figure 6 illustrates. 2) On the other hand, Mervin also worked in mental health with adults and emphasized resources beyond self and others and believed in Transcendent Life. He used practice theories such as EFT and EMDR, in ways that encouraged awareness of transcendence of Self for himself as the social worker and for the client to be aware of that (see sections 4.5.3 and 6.3.3); Mervin's social work practice would be close to position V but this would also depend on client's unique needs and position.. 3) Among the study participants, Drew's practice model and application with the institution as covered in section 6.3 was the closest to position W in figure 6. It illustrates critical social work practice perspective; in a form of community development project that engaged all individuals in an institution setting. It involved new knowledge, one on one engagement in a team-work effort, process and accountability on the part of all involved to bring about transformative relationships and individuation process for all participants that resulted in S-O-S-W and social justice. . I include examples of additional possible positions of participants' practice and application perspective of spirituality as lived experience. The different positions, that is, U, V, X, Y, and Z expose the inherent interconnectedness in three

dominant human values and innate (in-born) human needs as part of B-M-E-S-S being, that inform spirituality as lived experience in social work practice.

Through the conceptual schema and shared understandings about spirituality as lived experience the three inherently interconnected and interdependent perspectives are revealed, represented by the arrows in Figure 6. As already indicated in section 8.3 some social work scholars already understand these interconnections such as Costanza et. al. (2007), while others including ones demonstrate a lack of that understanding (Campbell & Baikie, 2012; Specht & Courtney, 1994). These three perspectives of social work practice can also be interpreted as dominant discourses which do not necessarily mean disregard for other discourses; the practice and application are informed by the clients' needs and knowledge. The central concepts TLE-UL-TR-WS-SW, team-work framed in transformative relationships and individuation process are critical in spirituality as lived experience for S-O-S-W to be the outcome. These perspectives of social work practice are consistent with Dilthey's (Makkreel, 2012) three philosophical perspectives and correspond and explicate Payne's (2005) three perspectives of social work (p.10).

**Figure 6. Perspectives of practice theory associated with spirituality as lived experience**



In conclusion, and as the seventh knowledge contribution, this study illuminated the diverse meanings and roles of spirituality as lived experience in social work's multidisciplinary

human service sectors. It also exposed the *what*, *why*, and *how* of social work practice from a holistic philosophical framework and demonstrated the importance of spirituality as lived experience in the practitioner's, the client's, and social life. Spirituality as lived experience is related to all aspects of human life, nature, conditions, and development that relate to wellbeing; the study exposed how it related to healing, growth in knowledge and character, relationships and health.

#### **8.4.2 Recommendations**

Recommendations based on findings from this study are made in three areas: further research, practice, and philosophical/policy. These recommendations are based on the confirmations of the study findings in the literature and the fact that the conceptual schema and the key related finding about the inherent interconnected nature between Self, wellbeing, and social work practice were confirmed as valid (in the range of strong to very strong) among the study participants as part of the member check, as reported in chapter 3. These study findings have also unraveled a number of social work issues.

As the first, and a priority, recommendation, there is a need for research to test and refine the study finding among social work clients, including the proposed related soft theory. This recommendation is critical in view of the key study finding about the inherent interconnection between subjective-objective-social wellbeing (S-O-S-W), the outcome of the conceptual schema. It is also based on the key principles of social work as identified by Ife (2008) in chapter 2; plus the innate (inherent) nature of spirituality as lived experience, the subject of this study. In chapter 3, I included this point as one of the study limitations, framed within the context of this academic project.

The second set of recommendations relate to practice. Based on the conceptual schema and the study participants' practice theory, I propose a soft practice theory that would be a tool for practitioners and their clients who are interested in spirituality as lived experience to develop social work values as personal values in their lives, social work practice, families, and communities. It comprises the conceptual schema and the strategies participants used as they cultivated inherent, intertwined wellbeing for themselves and their clients that turned out to be consistent with human rights and social work values. The soft practice theory is summarized in Table 5. Self-awareness is the basic first step in this process; study participants espoused knowledge about self as B-M-E-S-S combined with the awareness of TLE-UL-TSW and UL as foundational concepts in their lives, which informed their social work practice. This soft theory is also proposed in honor of the participants in this study in two ways. Eleanor, a clinical social worker for 29 years practicing in a hospital/community setting recommended that knowledge about human spirit and related study findings should be mandatory education for social work students as future practitioners. She noted that most of what she had learned about this subject area she learned outside social work training in her self-designed MSW program. Other participants were concerned about what they recognized as increasing hegemony in society and people's lives and stagnation within the profession. This is inconsistent to what was found in the literature review (Allan, Pease, & Briskman, 2003a; Ife, 2005).

This soft practice theory can also be tested by social work practitioners and teachers of social work students to assess its effectiveness so that it can be further refined. I have referred to it as Drew's and Adeelah's (in honor of all the study participants) practice theory that supports the development of social work values as personal values from a generalist practice.



**Table 5. Drew's and Adeelah's generalist soft practice theory that supports the development of social work values as personal values**

<b>What :Concepts Categories</b>	<b>How: Ongoing life-long process</b>	<b>Why : Rationale</b>	<b>Outcome</b>
<b>Causal concepts:</b> TLE-UL-TSW and Self as B-M-E-S-S being	•Both causal concepts categories merged through UL	•Human nature •Social context including beliefs/values and actions/inactions some support, some undermine wellbeing	•TLE-UL-TR-WS-SW inherently interconnected and interdependent
<b>Central concepts:</b> TLE-UL-TR-WS-SW	•Transformative relationships •Life conditions •Individuation involves self-reflection and action (as resource) and/or lack of self-awareness and reflection and inaction (as embodied hegemony)	• Transcendent Life Energy • Cultural hegemony • Embodied hegemony •Ongoing change and natural and other aspects of growth in all areas of Self as B-M-E-S-S	•Healing •Development of and acquiring of personal beliefs and values •Personal growth/control of ego •Wellbeing of Self and others and/or lack of
<b>Contingent concepts:</b> TLE-UL-TR-WS-O-SW  Ongoing accountability and exposure to “schizophrenic splits” at micro, mezzo, and macro levels through clients, life situations, and training	•Transformative relationships within Self and with clients •Emphasis on team-work and process towards wellbeing •Critical reflection, reflexivity and open mindedness •Training and extra training •Individuation •Counseling and holistic (B-M-E-S-S) therapy as needed – as part of individual intervening conditions •Access training and evidence-based social work therapeutic models to address change and new needs •Identify a mentor to hold one accountable •Hold Self accountable •Role modeling for those one is responsible for	•Ongoing awareness of transcendent life energy as inexhaustible resource/supportive intelligence accessible for all •Ongoing awareness of Self and others as B-M-E-S-S and human potential through UL •Increased awareness of structural and new forms of cultural and embodied hegemony •Deeper awareness of human vulnerability and also as resource/options in life/ openness to change and willingness to rely on others •Can influence but not in control •Do no harm •Ongoing learning and individuation	•Facilitate transformative relationships and change through individuation (requiring self-determination, and respect of human worth and dignity/foundations of human rights). •Ongoing support for healing, development of personal values that are consistent with human rights and social work values, etc.; for Self and others in multiple intertwined ways personal growth
<b>Outcome concepts:</b> S-O-S-W (Subjective, Objective, and Social Wellbeing)	Sustained transformative relationships and individuation for practitioners, clients, and others  •Adjust to/overcome		•Sustainable wellbeing •Social justice at family and other institutional levels that can support change and dismantle cultural and embodied hegemony.

	<p>persisting and new cultural and embodied hegemony</p> <ul style="list-style-type: none"> <li>• To adjust to change as part of changes in life and ongoing changes</li> </ul>		<p>Social work values as personal values:</p> <ul style="list-style-type: none"> <li>•respect for human worth and dignity (includes diversity)</li> <li>•self-determination</li> <li>•promotion of equality of opportunity and equity</li> </ul>
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Third, the philosophical/policy considerations that flow from this study finding affect two areas. First, the findings from this study, coupled with the literature, clarify the context of social work's multidisciplinary responsibilities as encompassing human nature, human conditions, and social conditions, which are inherently interconnected. I have interpreted this as consistent with Dilthey's theoretical work on the relationship between the human spirit and lived experience and his holistic philosophical theories about the interrelationships of human science, natural science, and social science. I recognize the three areas of science as valid within social work in which social work practice is framed, as illustrated in Figure 6. This level of perception is important within the profession and specifically in respect to the subject of spirituality as lived experience so that the nature of spirituality can be clarified, tension and suspicion can be overcome, and a shared understanding can be established.

Another connected policy issue flows from how the findings from this study align with the 2014 international social work definition:

Social work is a practice based profession and academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Principles [values] of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social science, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing; IFSW & IASSW, 2014. ("Global Definition of Social Work," 2014)

This definition centers human rights, respect for diversity, and collective responsibility, and highlights indigenous values that are consistent with the findings of this study. However, when

reviewing this definition and the accompanying notes, I found it to be weak, specifically in respect to what Beckett (2006) referred to as the profession's need to consistently and clearly identify the *what, how* and *why* of any form of intervention and work to avoid giving out a "blue pill" and possibly doing more harm (pp. 171–197). I am of the opinion that this definition was developed from intellectual knowledge and hence the absence of clarity on the content, rationale, and the process of professional knowledge. I agree with Schön's (1987) critique that the profession is dysfunctional and that reflective practitioners need to be trained. Schön's critique has been affirmed in other professions such as education and nursing (Smith, 2001). Social work has done a tremendous amount of work in the social domain and increasingly the natural domain; a lot more needs to be done in respect to the human domain. This study, like Beckett's (2006) and many others who address this area, proposes that the important part of the answers for the social work practitioners and their clients lie within the domain of spirituality as lived experience.

## Appendix A: Research Ethics Approval Certificate



UNIVERSITY  
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Research Ethics  
and Compliance

Office of the Vice-President (Research and International)

Human Ethics  
208-194 Dafoe Road  
Winnipeg, MB  
Canada R3T 2N2  
Phone +204-474-7122  
Fax +204-269-7173

### APPROVAL CERTIFICATE

May 11, 2015

TO: Christine S. K. Lwanga (Advisor M. Cheung)  
Principal Investigator

FROM: Jacquie Vorauer, Chair [REDACTED]  
Psychology/Sociology Research Ethics Board (PSREB)

Re: Protocol #P2015:045  
"An Exploratory Study of Canadian Social Workers' Conceptualization of  
"Spirituality as Lived Experience" within Professional Practice"

Please be advised that your above-referenced protocol has received human ethics approval by the Psychology/Sociology Research Ethics Board, which is organized and operates according to the Tri-Council Policy Statement (2). It is the researcher's responsibility to comply with any copyright requirements. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

**Please note:**

- If you have funds pending human ethics approval, please mail/e-mail/fax (261-0325) a copy of this Approval (identifying the related UM Project Number) to the Research Grants Officer in ORS in order to initiate fund setup. (How to find your UM Project Number: <http://umanitoba.ca/research/ors/mrf-faq.html#pr0>)
- If you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

The Research Ethics Board requests a final report for your study (available at: [http://umanitoba.ca/research/orc/ethics/human\\_ethics\\_REB\\_forms\\_guidelines.html](http://umanitoba.ca/research/orc/ethics/human_ethics_REB_forms_guidelines.html)) in order to be in compliance with Tri-Council Guidelines.

[umanitoba.ca/research](http://umanitoba.ca/research)

## **Appendix B: Participant Recruitment Material**

- Information letter to social work practitioners' associations
- Summary of research project
- Publicity flyer
- Information letter to prospective study participants and referrals



UNIVERSITY  
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Faculty of Social Work

521 Tier Building  
Winnipeg, Manitoba  
Canada R3T 2N2  
Telephone (204) 474-7050  
Fax (204) 474-7594  
Socialwk@umanitoba.ca

Appendix B1\_Sample Introduction Letter  
INFORMATION LETTER TO SOCIAL WORK PRACTITIONERS' ASSOCIATIONS

**Project Title:** An Exploratory Study of Canadian Social Workers' Conceptualizations of "Spirituality as Lived Experience" in Professional Practice

**Researcher:** Christine Lwanga, PhD. Candidate, University of Manitoba

May 20, 2015

Dear

I am a doctoral student in the Faculty of Social Work at the University of Manitoba and a registered member of the Saskatchewan Association of Social Workers. The purpose of this research project is to explore Canadian social workers' conceptualizations of *spirituality as lived experience* within professional practice and to generate its' theoretical schema towards some shared understanding about this phenomena. In the process, this research work may extend current theorization in relation to this new concept.

Since the beginning of the 21<sup>st</sup> century social workers are increasingly addressing *spirituality* within the professional practice as *lived experience*. In this study, I am connecting this new concept with human spirit, a universal human dimension. As a provisional definition *spirituality as lived experiences* is recognized as self in relationships that support clients, personal, interpersonal and social well-being as well as social justice. This is a national study and I am using a combination of a publicity flyer and a self-screening questionnaire, and referrals, snowball and theoretical sampling to recruit and interview 8-10 social worker practitioners with rich *lived experience* of *spirituality*. As key selection criteria, I am looking for social work practitioners: a) in direct practice working in the diverse fields of social work, b) with 10 or more years in practice, c) representing two or more provinces and d) and representing diverse discourses of *spirituality as lived experience*.

I am requesting your assistance in publicizing this study among members of the Canadian Association of Social Work (CASW) and through the provincial associations. I am attaching herewith two research documents: a project summary and the publicity flyer which you should use to publicize this study. You can also include these documents on your website. In addition, if specific social worker practitioners or institutions come to your mind as possible strong candidates for this study please share with them the information about this study and encourage them to contact me. I am conducting this study during May through July of 2015.

Please feel free to contact me or my advisor, Dr. Maria Cheung with any questions or clarifications or more information pertaining to this study. Our contact information is provided below.  
Sincerely,

Christine Lwanga  
Christine S. K. Lwanga Ph.D. Candidate

Maria Cheung  
Maria Cheung, Ph.D Associate Professor

## Appendix B2: SHORT SUMMARY OF RESEARCH PROJECT

**Project Title:** An Exploratory Study of Canadian Social Workers' Conceptualizations of "Spirituality as Lived Experience" within Professional Practice

**Researcher:** Christine Lwanga, PhD. Candidate, University of Manitoba

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**Background & Purpose:** Since the 1990's professional social work has seen a resurgence of interest in *spirituality*. Some scholars have identified *spirituality* as resource that supports clients, social work practitioners and social development. However, others have identified the concern about the diverse approaches and ideas related to *spirituality*. Leading scholars have pointed to the absence of shared understanding and clarity on what *spirituality* entails, naming it as a theoretical issue within professional practice. Crisp (2010) proposed that from the beginning of the 21<sup>st</sup> century social workers have developed the understanding that "*spirituality is lived experience*", recognizing it as a universal human dimension that may or may not be supported by religion and/ or culture. The purpose of this research project is to explore Canadian social workers' conceptualizations of *spirituality as lived experience* within professional practice and to generate its' theoretical schema towards some shared understanding about this phenomena. In the process, this research work may extend current theorization in relation to this new concept.

**Research Question & Method:** What are the stated and underlying actions, beliefs, theory and values found in Canadian social work practitioners' personal accounts of *spirituality as lived experience* within professional practice? This study will involve a self-screening and planning questionnaire that will take approximately 10 to 15 minutes. It will be followed with 8 to 10 interviews with Canadian social workers in direct practice to collect data through face to face and skype interviews, using a semi-structured interview guide. Each interview will range between 1.5 to 2 hours. Participants will be asked to share about their lived experience of *spirituality* during their: a) childhood, youth and adult years; b) social work education and c) professional practice. The first two parts: a) and b) will serve as part of the context while part c) will be the focus of the study. *Spirituality as lived experience* is defined as self-in relationships that support the clients, personal and social well-being as well as social justice. I will use Charmaz's constructivist grounded theory to identify codes, themes and sub-themes, relationships and interrelationships between key concepts and structures that will be identified in the data.

**Recruitment & Selection of Participants:** Designed as a national study and from a generalist approach, I will recruit social worker practitioners in direct practice working in diverse social work fields based on the following four selection criteria: a) self-identification as having lived experiences of *spirituality*, b) having 10 or more years in practice, c) representation of two or more provinces in Canada, and d) representation of diverse discourses of *spirituality as lived experience*. I will recruit interviewees using a combination of a publicity poster, a self-screening questionnaire, snow-ball and theoretical sampling. I will seek participants with the richest lived experience of *spirituality* through the Canadian Society for Spirituality and Social Workers (CSSSW) and Canadian Social Workers' Associations (CASW).

**Data security (re: confidentiality and anonymity):** Immediately after each interview, participants' names and other identifying information will be replaced with pseudonyms as part of the transcription, data

analysis and the reporting of results. Actual study participants' names will be coded and kept securely, separate from the audio recording in strictest confidence. This personal data will be discarded and audio-tapes erased at the end of my studies, by December 2016. Transcribed data will not include any identifying information and will be kept for possible future academic use.

**Potential Risks, Benefits & Dissemination Plan:** There is no foreseeable physical harm to participants; however, participants in the interview part of the study may experience emotional distress from recollection of past experiences. Study participants will receive a letter of informed consent (Appendix E) a couple of weeks prior to the interview which includes information on counselling services in the event of distressed interviewees. All participating social workers will be given the option to receive a preliminary 10 to 15 pages summary report of findings for review and feedback. Interviewed participants will also have the advantage of reflecting, have a listening ear and to contribute to the development of body knowledge on the practice of *spirituality as lived experience* within the profession. In addition, they will also have the opportunity to contribute to the dissemination plan of the study findings as part of the consent form process, in addition to this PhD. research study.

# Social Work Practitioners

May- August, 2015



ARE YOU A SOCIAL WORKER IN DIRECT PRACTICE,  
WITH 10 OR MORE YEARS IN PRACTICE &  
INTERESTED IN TALKING ABOUT

**“SPIRITUALITY AS A LIVED  
EXPERIENCE”?**

This PhD. Research Study is being conducted across Canada during **May through August, 2015**. It offers **YOU** the opportunity to contribute towards the development of a theoretical schema of social workers' conceptualizations of *spirituality as lived experience* within professional practice.

Data collection will involve face to face and skype interviews and documents on evidence based practice. Interviews will range between 1.5 to 2 hours. The **full study will include all who will express interest although interviews will be limited to between 8 - 10 participants targeting the rich and diverse experiences.**

**To register your interest and /or learn more please contact:** Christine Lwanga

Appendix B4  
INFORMATION LETTER TO PROSPECTIVE STUDY PAPRTICIPANTS & REFFERALS  
(on University of Manitoba letterhead)

**Project Title:** An Exploratory Study of Canadian Social Workers' Conceptualizations of "Spirituality as Lived Experience" within Professional Practice  
**Researcher:** Christine Lwanga, PhD. Candidate, University of Manitoba

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Dear Prospective Study Participants

Thank you for expressing interest in this study. I am a doctoral student in the Faculty of Social Work at the University of Manitoba and a registered member of the Saskatchewan Association of Social Workers. The purpose of this research project is to explore Canadian social workers' conceptualizations of *spirituality as lived experience* within professional practice and to generate its' theoretical schema towards some shared understanding about this phenomena. In the process, this research work may extend current theorization in relation to this new concept.

Since the beginning of the 21<sup>st</sup> century social workers are increasingly addressing ***spirituality*** within professional practice ***as lived experience***. In this study, I am connecting this new concept with human spirit, a universal human dimension. As a provisional definition, *spirituality as lived experience* is recognized as self in relationships that support clients, personal, interpersonal and social well-being as well as social justice.

In this national study, I plan to interview 8-10 social work practitioners with rich lived experiences of *spirituality* within professional practice. As key selection criteria, I am looking for social work practitioners: a) in direct practice working in the diverse fields of social work, b) with 10 or more years in practice, c) representing two or more provinces and d) and representing diverse discourses of *spirituality as lived experience*.

Please carefully read through the attached Informed Letter of Consent (Appendix E) which provides more information about this project and complete the Voluntary Consent Form. Then read and complete the attached Self-screening Questionnaire (Appendix F) to support both of us in the preliminary assessment and planning that will lead to either face to face or skype interview part of the study. Please return the both the completed Consent Form and Self-Screening Questionnaire to the researcher through the e-mail address provided below as soon as possible.

I plan to start conducting interviews during May through July of 2015. Selection of participants in the interview part of this study will be based on the above selection criteria, the feedback from the screening questionnaire and the number of responses received. Social workers practitioners who respond to this preliminary screening questionnaire and those who will participate in the interview part of the study are considered as valuable participants in this study and they are given the opportunity to receive the preliminary aggregated data and study findings report for feedback. Please indicate if you would like to receive a copy of this report as part of the voluntary consent form ( Appendix E).

Do feel free to contact me with any questions or clarifications pertaining to this study using the contacts below.  
Sincerely,

*Christine Lwanga*  
Christine S. K. Lwanga Ph.D. Candidate  
Faculty of Social Work, University of Manitoba

## **Appendix C: Participant Information Letter and Study Volunteer Consent**

### **Form**



UNIVERSITY  
OF MANITOBA

### **Faculty of Social Work**

521 Tier Building  
Winnipeg, Manitoba  
Canada. R3T 2N2

**Project Title:** An Exploratory Study of Canadian Social Workers' Conceptualizations of  
*"Spirituality as Lived Experience"* within Professional Practice

**Researcher:** Christine Lwanga, PhD. Candidate, University of Manitoba Faculty of Social

**Research Advisor:** Dr. Maria Cheung, Associate Professor, Faculty of Social Work

This letter and consent form a copy of which will be left with you for your records and reference is only part of the process of informed and voluntary consent to participate in this study. It is provided to you in advance to give you the basic idea of what this research is about and what your participation will involve. If you would like more detail about something mentioned here or information not included, you should feel free to ask. Please take the time to read this carefully and understand any accompanying information.

Since the beginning of the 21<sup>st</sup> century social workers are increasingly addressing *spirituality* within professional practice as lived experience. The purpose of this research project is to explore Canadian social workers' conceptualizations of *spirituality as lived experience* within professional practice and to generate its' theoretical schema towards some shared understanding about this phenomena. In the process, this research work may extend current theorization in relation to this new concept. In this study, I

am connecting this new concept with human spirit, a universal human dimension. As a provisional definition, *spirituality as lived experience* is recognized as self in relationships that support clients, personal, interpersonal and other interrelated relationships towards well-being and social justice.

As the preliminary procedure in this study you are invited to complete a self-screening questionnaire that will take you 10- 15 minutes. For the main data collection procedure you will be invited to participate in either a face to face or skype interview that will be conducted during the day or early evening at a date and time convenient to you and in a location that provides reasonable privacy. The interview is expected to take between 1 to 1.5 hours in length.

During the interview, you will be asked to share about your lived experience of spirituality during a) your childhood, youth and early adult life, b) during your social work education and c) most specifically during your professional social work practice. You will be encouraged to share your experiences in whatever manner or order you find most comfortable. Throughout the interview, you will also be encouraged to direct the discussion and information you feel is important to best understand your experiences of *spirituality as a lived experience*. This may include information relating to clients or work situations within the context of evidence based practice without including identifying information. In the event that identifying information is inadvertently included, please note that your name, place of work and any identifying information including information about your province will be replaced with pseudonyms, as part of transcribing the interview, during data analysis and as part of the reports of the study findings, with the goal to ensure anonymity.

Although I do not anticipate any risk for you that may arise from taking part in this research, there are a number of possible risks I will address here. Please remember that, as social workers, we are required to report any incidents of abuse or situations where we sense harm. For example, abuse of children or people in care facilities, if such information is shared during the interview. In the event that this happens, within the context of your and my professional social work training and practice, I will discuss my interpretation of the situation with you at the end of the interview for clarification and as part of our reflection and reflexivity for us to agree on the best follow-up action. I also do not foresee any physical and psycho-social and economic safety concerns that may arise from participating in this interview. However, sharing personal stories may carry the risk of experiencing emotional discomfort or distress after the interview due to recalls of emotional moments or experiences. In the event that this may occur, you should seek professional counseling services of your choice and in the event that you have to personally pay for this

service feel free to e-mail me (the researcher) the receipt of payment for the counseling service (up to a maximum of \$100) for a refund. Furthermore, if you do not feel comfortable about any part of the interview or the information you share, you should feel free to advise me to keep it off the record and/ or to hold off the interview. Also note that, some recent research (Sullivan, 2012) has shown that the risk associate with a well-planned skype and face to face interviews is not significantly different.

To help me to listen effectively and concentrate on the interview, the interview will be audio recorded. The initial transcription of the recorded interview will be undertaken by a trained assistant with training and experience in handling confidential information; who will also sign an oath of confidentiality. I will personally complete the transcription, editing it side by side with the audio recording for accuracy and to remove all identifying information, replacing it with pseudonyms as explained above. I will also remove any portions of the interview that you may identify.

In order to protect your privacy in this research, any identifying information such as your name and e-mail address, audio recording and any other related hard copy documents including hand written notes with identifying names will be kept separate from recorded data and in a secure and locked file cabinet. In addition, I will open a special research file for this research project on my computer that will be accessible only through a pass code known by only me, for the safe keeping of the electronic personal information, including the digital interview recording, phone numbers and e-mails. All research documents with identifying information will be shredded and deleted after the completion of my Ph.D. studies, approximately by December 2016. Anonymous data including the transcribed interviews will be kept for a longer time for possible academic use in the future.

There may be some direct benefits to you from participating in this interview, in terms of having the opportunity to share with a concerned listener your experiences of *spirituality*, what you may have found resourceful and those that were distressing. In the long-term, you will be contributing to a more informed understanding of *spirituality as lived experience* within professional social work practice. Your stories, and the stories of other study participant will be analyzed and reported as themes and shared constructed and interrelated meanings about *spirituality as lived experience*. The final study report(s) will include the participants' "voice" as shared during the interview but pseudonyms will be used. Further, effort will be made to differentiate my voice as a researcher from the voices of the study participants. In the event that you are not comfortable with certain portions of your lived experiences please feel free to advise me to leave those portions out of my report. You can also indicate so during the interview or at the end of the

interview and /or after the interview through a phone call or an e-mail; this option will be available to you for two weeks from the date of your interview.

At the end of the data collection and analysis stage I will prepare a 5-10 pages report of aggregated findings that will be shared with all interviewed study participants based on expressed interest as part of the consent form. The report will be ready around the end of September 2015 and it will give participants the opportunity to learn about how their experiences relate to others' working within the profession and to provide the researcher some feedback. The final study findings will be used for the partial completion of my studies and depending on the quality and significance of the final outcome, study findings may also be shared at the annual conferences of the Canadian Society for Spirituality and Social Work (CSSSW), the Canadian Association of Social Workers (CASW) and other related professional organizations.

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#### **FORM OF INFORMED & VOLUNTARY CONSENT**

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in this research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researcher, or involved institutions from our legal and professional responsibilities. You are also free to withdraw from this study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the University of Manitoba Psychology/Sociology Research Ethics Board (REB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC) at 1-204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.

**Please check appropriate box in response to each of the following statements.                  Yes or No**

I have read or had read to me the details of this consent form.                  [ ]                  [ ]

My questions have been addressed.                  N/A\_\_\_\_\_ or                  [ ]                  [ ]

I, \_\_\_\_\_ (print name), agree to participate in this study. [ ]                  [ ]

I wish to receive a (10-15 pgs.) preliminary report of the aggregated study findings [ ] [ ]

**Blue section relates to the interview stage of the study:**

I agree to have the interview audio-recorded. [ ] [ ]

Is there any part of the information you have shared that you'd like to be excluded [ ] [ ]

If Yes, which? \_\_\_\_\_

I agree to the proposed study findings dissemination plan? [ ] [ ]

Are there other specific places where this study finding should be shared? [ ] [ ]

If Yes, indicate where \_\_\_\_\_

**Participant's Signature (or print name)** \_\_\_\_\_ Date \_\_\_\_\_

**Researcher's Signature:** \_\_\_\_\_ Date \_\_June 16, 2015

## **Appendix D: Prospective Participants' Self-Screening and Planning Questionnaire**

**Project Title:** An Exploratory Study of Canadian Social Workers' Conceptualizations of “*Spirituality as Lived Experience*” within Professional Practice

**Researcher:** Christine Lwanga, PhD Candidate, University of Manitoba

BEFORE COMPLETING THIS QUESTIONNAIRE PLEASE READ THE ATTACHED  
INFORMED LETTER OF CONSENT & COMPLETE AND SIGN THE CONSENT FORM

## **PART A: Participants' Self-Screening (and Interview Planning) Questionnaire**

A study of *lived experience* requires that study participants have had the experience of the phenomenon being studied- in the case of this study “*spirituality*”.

**Please check appropriate box in response to the following questions.**

a) During your childhood, youth and later years, did you have some personal experience(s)/practices (es) and /or an event(s) that relate or led to your *spiritual* awareness?

Yes [...] No [...]

b) During your education (training) to become a social worker, did you have experience(s), practice(s), activities, program(s), event(s) and /or training that relate to your awareness of spirituality within the context of social work practice? Yes [...] No [...]

Yes [...] No [...]

c) Do you have *spiritual* experience(s), practices or programs within the context of your social work practice? Yes [...] No [...]

Yes [...] No [...]

If you answer **Yes** to any of the above and most specifically 1c) would you be interested in participating in this study? Yes [...] No [...]

Yes [...] No [...]

If your answer is **No** to Q2 – you do not need to complete the rest of this questionnaire.

Please return this questionnaire together with the completed consent form to the researcher by return e-mail (i.e. through the following e-mail address: umlwanga@myunmanitoba.ca

If your answer is “**Yes**” please complete **Part B** of this questionnaire\*.

**Part B:**

3. Would you rate your *spiritual* experience(s) as significant (can be either or both positive and negative) Minor \_\_\_\_\_, moderate \_\_\_\_\_ significant \_\_\_\_\_

4. Briefly describe the prominent experience(s) (discourse(s)) of what you refer to as *spirituality as lived experience* within social work practice?

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5. How long have you worked as a social worker in direct practice? \_\_\_\_\_

6. What is your main current field/ area of direct social work practice?

---

a) From which year to what year have you practiced in this area? \_\_\_\_\_

b) Approximately how many hours a month are you involved in this direct practice?

---

7. What are your other fields/areas of direct practice:

---

---

---

8. What is your current province of direct practice: \_\_\_\_\_

**Demographic Data:**

Please complete the generic personal questions below by marking x in the appropriate category and complete c) and d):

9. a) Gender: M [ ] or F [ ]

b) Age range: < 40 [ ], between 40 to 50 [ ] or > 50

c) Education background: BSW. [ ], MSW. [ ], PhD. [ ]

and/other \_\_\_\_\_

d) Practice setting: Private practice [ ], Public institutional [ ]

\_\_\_\_\_ or Non-Profit Corp.

[ ] \_\_\_\_\_ Other: \_\_\_\_\_

**Study Interview Plan:**

10 a) Would you be willing to participate in a face to face or skype interview that would range between 1 to 1.5 hours long, conducted by the researcher (Christine Lwanga) Yes [...] No [...]

b) Do you have a preference in respect to whether we hold a face to face or skype interview?

Yes [...] No [...]

c) In the event that the researcher is able to travel for a face to face interview (i.e. Saskatchewan & Manitoba) where would you like to hold your interview? Please provide City and physical address: \_\_\_\_\_

d) for skype interview, what is your skype address: \_\_\_\_\_

e) Please indicate the best two days during June through August, 2015 (i.e. a) and b). and time a.m./p.m. or early evening that would be most convenient for you to participate in this interview.

**June Dates: 29 and 30 – a) \_\_\_\_\_ b) \_\_\_\_\_ & Time: \_\_\_\_\_ (i.e. your provincial time)**

**July Dates by week: 1 thru 4; 6 thru 10; 28 thru 30** a) \_\_\_\_\_ b) \_\_\_\_\_ & Time: \_\_\_\_\_

**August Dates by week: 10 thru 15; 17-22-** a). \_\_\_\_\_ b). \_\_\_\_\_ & Time: \_\_\_\_\_

f) How can you be reached for the interview? Skype Address:

\_\_\_\_\_ Tel. # as last option: \_\_\_\_\_

Please print your name or how you would to be addressed: \_\_\_\_\_

**\*Please Note:** This preliminary information does not constitute an obligation to participate in the interview part of this study. All respondents will be contacted prior to the end of August and notified about their participation in the interview part of the study. *Thank you for participating in this part of the study.*

## Appendix E: Semi-Structured Interview Guide

**Project Title:** An Exploratory Study of Canadian Social Workers' Conceptualizations of "Spirituality as Lived Experience" within Professional Practice

**Researcher:** Christine Lwanga, PhD. Candidate, University of Manitoba

Topic	Sample Questions	Probing Questions
1. How did the participants (social workers) perceive and experience spirituality during their life prior to their social work training, including their childhood?	<p><b>Q1.</b> As far as you're comfortable, please share about your personal lived experience of spirituality and what spirituality meant to you during your childhood, as a youth and later years? You can include information on how you first become aware of your spirituality and how you lived it and practiced it.</p>	<p>a).Are there particular incidents that stand out for you which make this experience spiritual?      b).What does this incidence/ event mean to you?      c).What makes it spiritual?      d).What did you do in the given incidence(s) and why?      e) From this experience can you describe your feelings, emotions, sensations and mood?      f).Which spiritual experiences have/ had the greatest positive influence on you?- (experienced as resource)      g) Which spiritual experiences have / had the greatest negative influence on you? (experienced as abuse/ ignored or violence)      h) How did you cope or overcome? What does it look like?      i) Did you have daily or routine practices in relation to your spirituality?      j)- What makes these practices spiritual?      k) Did notice change in your spiritual experiences over time? What? How?</p> <p>Observations-such as expressed emotions.</p>
2. What are social workers' lived experiences of spirituality during and as part of their social work (formal) education?	<p><b>Q2.</b> Can you share about your lived experience of spirituality within the context of your social work training? This can include lessons taught/ learnt or not taught/ school policy /incidents that were important to you and why and how?</p>	<p>a)-What happened in the incident and how did you engage your spirituality? Or What did you do in the given incidences and why?      b)-What role did spirituality played in your life during your professional social work training?      c) Can you describe particular incident(s) in which spirituality played a significant part in your life during your training?      d).Did you take a course relating to spirituality in social work or another course that you consider as involved with spirituality? - What was your experience?      Was this an elective course or a mandatory course?      What was the content &amp; how was the course?</p>

		<p>e) How has this impacted your practice? What makes it spiritual?</p> <p>f).Did you notice changes in your spiritual experience over time during your training? What and How?</p>
3. What are social workers' conceptualizations, applications and experiences of <i>spirituality as lived experience</i> within professional practice? ( allocated a minimum of 1 hour interview time; goal- three client case vignettes)	<p><b>Q3.</b> Please share about your lived experiences of <i>spirituality</i> within the context of your professional social work practice? ). This can be your personal experience or in relation to a client, co-workers or any other work situation. You can include specific practices or programs that have been significant in your opinion and how and why are/ were they important, and what makes them spiritual?</p>	<p>a).-What happened in the situation/ program and why was it a <i>spiritual experience</i>? What did you do in the given incidences and why?</p> <p>b) Was lived experience of spirituality recognized as a resource or a basis of abuse/ ignoring of spirituality? How did you respond/ cope?</p> <p>c) What is your personal lived experience of spirituality and how does it interplay in your professional social work practice? Can you describe particular incidences in which <i>spirituality</i> played a significant part in your practice? –</p> <p>d) From your evaluation-how did this spiritual practice impact you, the client, your colleagues? Positive and negative</p> <ul style="list-style-type: none"> <li>i) <b>you personally</b> ? What did you experience? What made it spiritual for you?</li> <li>ii) <b>for your client?</b> What did you experience? What made it spiritual for you?</li> <li>iii) <b>for your colleagues?</b> What did you experience? What made it spiritual for you?</li> <li>iv) <b>for other(s)?</b> What did you experience? What made it spiritual for you?</li> </ul> <p>e) How have these spiritual experiences influenced your social work practice?</p> <p>f) Have you noticed changes in your spiritual experience or activities over time? What are the related emotional, mental, physical, consciousness, relational, personality character, practices, etc.</p> <p>g). How did these spiritual incidences impact your broader life? Positively or negatively?</p> <p>h) In light of all of this, how would you describe and / or define <i>spirituality as lived experience</i> within professional social work practice?</p>

## **Appendix F: Interview Transcriber's Oath of Confidentiality Form**



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### **TRANSCRIBER'S OATH OF CONFIDENTIALITY**

**Project Title:** An Exploratory Study of Canadian Social Workers' Conceptualizations of "Spirituality as *Lived Experience*" within Professional Practice

**Researcher:** Christine Lwanga, PhD Candidate, University of Manitoba

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Date: May 20, 2015

#### **Oath of Confidentiality**

I respect the privacy of the people I serve. I use information gained in professional relationships in a responsible manner.

Confidential information has been defined as those personal facts or conditions pertaining to the client's life and /or my employer's life in relation to my work which has been communicated to me /or gained through work for definite purpose related to my service in this employment. It is the clients' and the employer's right to expect that such information will be respected and safeguarded by all professional employees, associates and or volunteers.

Any information regarding the operation and or relating to work undertaken – in this case work related to transcribing research interviews is considered confidential.

I \_\_\_\_\_ (print names of transcriber),  
[ ] employee [ ], irregular assignment [ ], volunteer [ ] do swear that I will faithfully and honestly uphold the above –stated policy and oath of confidentiality. I will not disclose any information which comes into my possession through this research project.

---

Name and signature of Transcriber

Date

---

Name and signature of Researcher

Date

## **Appendix G: Sample E-mail Communication with SSQ Participants about Completion of Interview Portion of the Study**

**Project Title:** An Exploratory Study of Canadian Social Workers' Conceptualizations of "Spirituality as Lived Experience" within Professional Practice

**Researcher:** Christine Lwanga, PhD Candidate, University of Manitoba

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Dear XXXX (Interview non-participant)

Thank you for participating in the self-screening questionnaire part of this study conducted earlier this year and for expressing interest in participating in this research study.

Please note that, the process of selecting interview participants and collecting data for this study has been completed. If you expressed interest in receiving a copy of the report of aggregated study findings as part of your voluntary consent form please watch out for a copy to be e-mailed to you around the end of September, 2015.

Yours sincerely,

*Christine Lwanga*

Christine S. K. Lwanga Ph.D. Candidate –  
Faculty of Social Work, University of Manitoba,

## **Appendix H: Social Workers' Conceptualizations of Spirituality as Lived Experience**

Preliminary Report of Study Findings

### **Canadian Social Workers' Conceptualizations of *Spirituality as Lived Experience in Professional Practice***

by

Christine S. K. Lwanga  
PhD. Candidate – University of Manitoba  
Faculty of Social Work

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#### **Please Note:**

- Objective of this study was to develop a conceptual schema that can supports shared understandings among social workers about spirituality as lived experience in professional practice.
- This preliminary report on study findings is restricted to the study participants for the purpose of member check and assessing the study findings (the conceptual schema focusing on the central concepts) among study participants only.
- The process: study participants:1) receive an e-mail with two attachments- a) this study findings report and b) SFVQ; 2) read the report and e-mail researcher if they need clarification; 3) complete and return completed SFVQ.

#### **Demographics**

A total of 67 Canadian social workers practicing in six provinces and having a client reach of eight provinces expressed interest in this study. Out of these 24 completed and returned the self-screening and this qualified them to become full study participants. Fourteen of the 24 were interviewed using a constructivist grounded theory (CGT) theoretical sampling process.

The 14 interviewed are the core study participants whose data supported the development of the central conceptual schema of spirituality as lived experience in professional social work practice. Their pseudonyms are: Charita, Deanne, Eleanor, Michelle, Rhona, Olivia, Mervin, Jiao, Mandie, Gabriella, Amitola, Rosetta, Drew and Adeelah.

**Descriptive interpretive data of study participants:** Based on the self-screening questionnaire (SSQ) as shown in Table X1, all study participants indicated positive experience of spirituality during their childhood youth years; however, these experiences varied during their social work training and social work practice. Interview data clarified SSQ data in many ways, I provide some examples. Five out of the 14 interview participants indicated reduced or no experiences of spirituality during social work training in table X1; this number was greater during the actual interviews, as Jiao, Charita, Deanne, Michelle, Rhona, Olivia, Gabriella, Rosetta and Adeelah also referred to the absence of experiences of spirituality and/ or reference to it during their training. Participants attributed their negative experiences during training to the restrictions of rationale thinking and over-emphasis on scientific theories that discounted cultural/ and or knowledge and the full human (BMESS) experience and related complexities, and failure to create an environment that allowed for diversity in beliefs. They also referred to the treatment of human spirit as a void and denial or suspicion of spiritual experiences, hostile relationships, etc.

**Table X1. Study participants' recollections of lived experience of spirituality during different life stages**

	Childhood/Youth		During Social Work Training		As part of Social Work Practice	
	Yes	No	Yes	No	Yes	No
Returned SSQ only (10)	10	0	7	3	9	1
Core Study Participants (Returned SSQ & Interviewed (14)	14	0	9	5	12	2*
Total	24	0	16	8	21	3

Key: Among core study participants, Mandie and Drew indicated having no experience of lived experience of spirituality in social work practice.

Four participants indicated significant negative experiences of spirituality in their social work practices (Drew, Jiao, Michelle and Mandie,), although there were more who referred to a general negative work environment ( i.e. Deanne and Olivia and Eleanor); some made decisions to either look for work or just remove themselves regardless of financial implications as part of coping strategies. Participant mentioned poor work relationships between social workers and clients, high-conflict social work practice areas (specifically family and child protection), and the many incidents where social workers failed to establish work relationship with clients. One participant explained in detail how social work was not better than any other social institution in respect to having cultural and embodied hegemony that reproduces oppression and failing to resolve issues in high conflict social work areas; she compared the national and provincial social work associations to religious institutions in respect to reproducing oppression. She noted that any institution that failed to establish mechanisms of systematic accountability at personal and institutional levels was bound to oppress and dehumanize people.

Spirituality as lived experience seemed to be generally associated with positive experiences except at times when participants felt overwhelmed with experiences that

undermined their wellbeing and who they perceived themselves to be within the context of body-mind-emotions-spirit-social (BMESS) being (more on this framed in the section of shared conceptualizations of spirituality in social work practice).

**Table X2. Self-reported aptitude of spirituality as lived experience in social work practice**

<b>Level of experience</b>	Minor	Moderate	Significant
<b>SSQ (10)</b>		2	8
<b>SSQ &amp; interviewed (14)</b>	1		12 (+) 1(-)

In table X2: Interpretation of the SSQ data is consistently strengthened by interviewee data- 1(-) represents significant negative experience of spirituality in social work practice experienced by Drew and (+) represents the twelve interview study participants who indicated experiencing significant positive lived experience of spirituality in their social work practice; one (Mandie) indicated minor experience of spirituality in her social work practice. (Interview data for the two outliers- Mandie and Drew were centered within CGT methodology to support an inclusive conceptualization of spirituality in professional practice- more on this ahead.)

In table X3, I provide an overview on social workers who were interviewed in comparison to those who completed the SSQ and those who expressed interest in the study; the study context. The three groups are similar in a number of ways. They work in all social work fields /areas. Focusing on the interview participants- all 14 indicated paying attention to mental health and related issues of their clients although with varying emphasis- the work of 11 out of 14 emphasized mental health; 4 out of the 14 emphasized physical health- including cancer care, palliative care and arthritis management among seniors; the work of 4 combined mental health with social justice issues; 2 emphasized individual, family and child welfare; and three put

emphasis on human development. This description is only meant to indicate areas of emphasis in practice that is interconnected and interrelated.

**Table X3. Study participants and social work practice areas**

<b>Area of Social Work Practice</b>	<b>Practice issues and focus of service</b>	<b>Expressed an interest 67*</b>	<b>SSQ 24*</b>	<b>Interviewed 14*</b>
•Hospital-based	Emphasis on physical health •Cancer care and palliative care	9	3	3
	Mental health •psychotherapy •dealing with what was described as spiritual distress •psychosocial counseling	12	3	3
•Mental Health •Psychological Distress at community level	•Mental ailments: addiction, depression •Family and social dysfunction leading to mental health issue - individual/family •Crisis intervention •Adjusting to life transitions •Management of stress/PTSD •Disabilities	41	19	11
Combination of •Mental health •Social justice •Community development	•Counseling •Community education •Affecting individual, social, institutional/structural change through exposure, resistance, and challenge of abuse (including sexual abuse) •Systemic inequality, oppression, injustice	7	6	4
•Family and Social Services •Income Security and Welfare	•Family and Child Welfare Services and family relationships •Child adoption •Employee Assistance Programs (EAP) •Counseling •Housing •Vocational rehabilitation •Employment and income security	13	8	2

Human (Resource) Development	Social work in elementary schools and Higher education institutions including the work of emotional behavior specialist, critical thinking, mindfulness meditations and therapies on change/life adjustments	18	7	3
	Mental health development in children/adults with special needs such as autism, Huntington disease	1		
Not indicated		10		

\* Cumulative totals exceeds actual number as most practices covered more than one area of interconnected interdependent human- body-mind-emotions-spirit-social (BMESS) being needs.

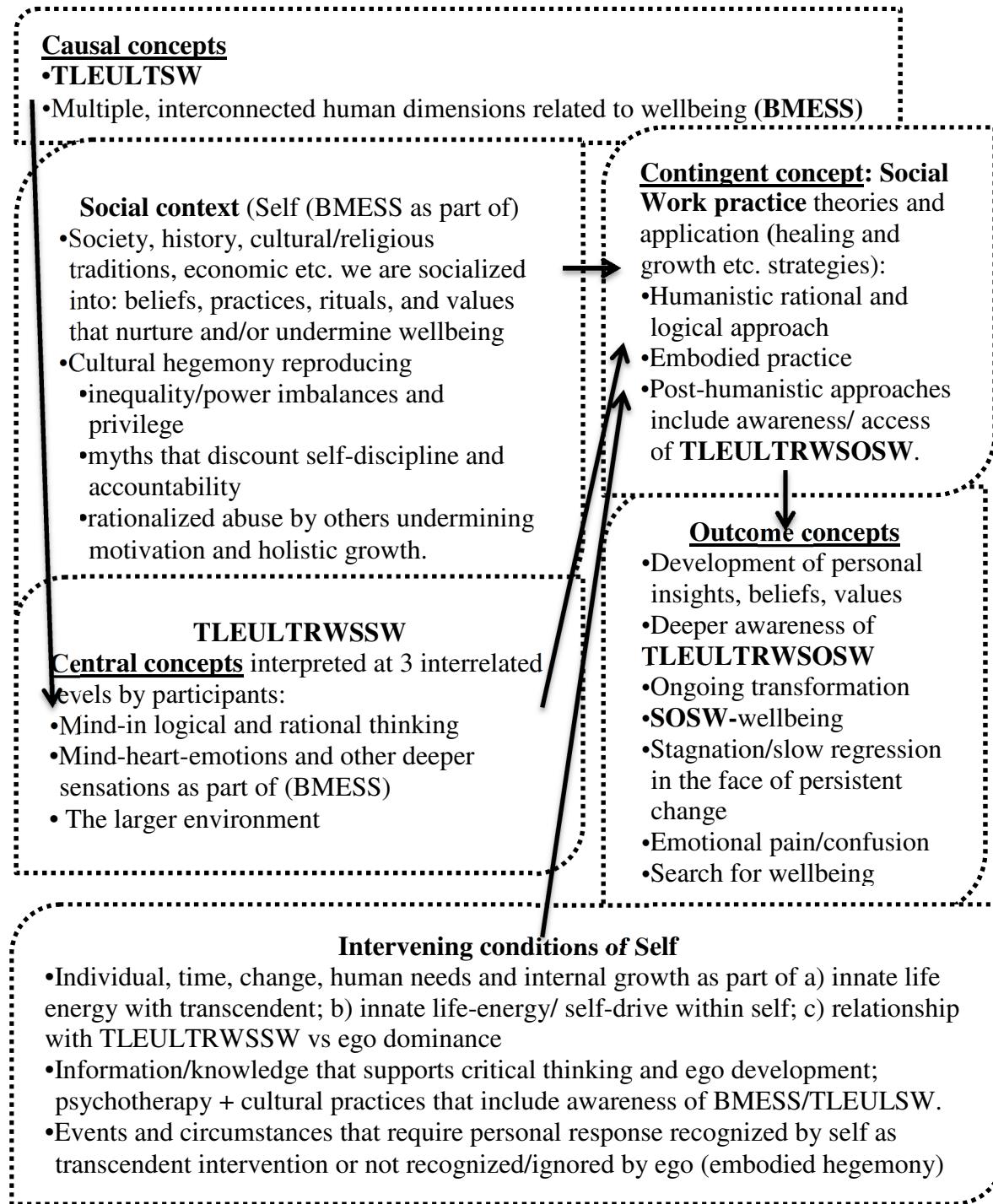
### **The Conceptual Schema of Social Workers' Conceptualizations of Spirituality as Lived Experience in Professional Practice**

The central concepts that support shared understandings of spirituality as lived experience within professional social work practice among the study participants are **Transcendent Life-Energy as Unconditional Love in Transformative Relationships With Self in Support of Wellbeing (TLEULTRWSSW)**. It is a string of concepts that I have joined together to support a broad and inclusive understanding. These concepts are dynamic and abstract but they are lived reality among all interviewed study participants. These concepts emerged through multiple CGT coding of study participants' data of lived experiences of spirituality framed within the story line of "self"—the social workers. Three additional structural relationships that are important and two that are less important emerged as provided in the conceptual schema of Figure X0. Continued CGT multiple coding, comparing and contrasting within and between participants' data, revealed variations in the names participants used in reference to the central concept- TLEULTRWSSW. It also revealed variations in interpretations and transformative relationships participants established with the central concepts in their

personal lives as well as differences in transformative relationships they established in their social work practice, coupled with differences in practice theories in their professional practice.

**The Key Study findings:** This preliminary report highlights the conceptual schema – specifically the central concepts and related concepts that supports shared understandings of spirituality as lived experience among the 14 study participants. The full conceptual schema is summarized in Figure X1. This figure represents GT causal relationships between concepts in respect to social processes illustrating the sequence of events, hence the causal, central, contingent and outcome concepts- coupled with social and intervening conditions or concepts.

**Figure X1. The conceptual schema: Social workers' conceptualizations of spirituality as lived experience in professional practice**



\*The dotted lines denote the abstract, dynamic and dialectical nature—and interconnectedness—of spirituality as lived experience

In summary, the central concepts of spirituality as lived experience among study participants in social work practice is— Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self in Support of Wellbeing (TLEULTRWSSW). Study participants' data revealed variations in participants' interpretation of Transcendent Life Energy (TLE) as Unconditional Love (UL) and this in turn influenced the type of relationships (TR) participants established between Self (as body-mind-emotions-spirit-social (BMESS) and Transcendent Life Energy as Unconditional Love That Supports Wellbeing (TLEULTSW) in Support of their Wellbeing (SW)- the two causal conditions or concepts of spirituality as lived experience. The variations in interpretation of TLEULTSW in study participants' data is represented by the three bullets representing three dominant perspectives, as shown along with the central concepts in figure X0. In addition to the central and causal concepts, there are two key additional inter-related structural relationships of concepts: Transcendent Life Energy as Unconditional Love in Transformative Relationships with Self and Others in Support of Wellbeing (TLEULTRWSOSW)—as the contingent concepts; here differences in participants' lived experience of spirituality were revealed through social work practice theory and applications; and Subjective, Objective and Sustainable wellbeing (SOSW)—was the outcome concepts, with variations in participants expression of variations in personal, clients' and sustainability of wellbeing. The conceptual schema as provided in Figure X0 provides the full view of social workers' conceptualizations of spirituality as lived experience, including the social context and individual circumstances and /or intervening conditions. These concepts categories need to be understood as interconnected concepts that are plural not singular to support diversity in individuals and changes through life-span, diversity in lived experiences,

social contexts etc., inclusive approach and shared understandings of spirituality as lived experience within professional practice.

Correspondingly, study data also revealed variations in the names that participants used to refer to the central concepts- TLEULTRWSSW; these variations related to beliefs and values that participants had established in their personal lives and related to variations in transformative relationships participants' established in their personal lives and in their professional social work practice.

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## **Study Findings Verification Questionnaire (SFVQ)**

PLEASE READ THE SHORT PRELIMINARY REPORT ON STUDY FINDINGS BEFORE COMPLETING THIS QUESTIONNAIRE; THIS EXERCISE IS RESTRICTED TO THE PARTICIPANTS IN THIS STUDY.

Please Note:

1. Study participants (both those who were interviewed and those who took part in the self-screening questionnaire) are requested to provide feedback in respect to the study findings by completing this questionnaire as truthfully as possible after reflecting on the conceptual schema that emerged from this CGT study.
2. The conceptual schema emerged through repeated coding of the data and hence pretty removed from the raw data; in the event that you need clarification on findings you can send an e-mail to researcher.
3. Please limit feedback to 2 pages maximum.

### **Questionnaire:**

1. Do you understand the purpose and content of the conceptual schema?  
Yes\_\_\_\_/No\_\_\_\_

Using a scale of 1- 5 (with 5 implying very effective) how would you rate:

2. The effectiveness of - the central concepts – Transcendent Life Energy as Unconditional Love in Transformative Relationships With Self in Support of Wellbeing **TLEULTRWSSW** in respect to being able to support shared understandings about spirituality as lived experience within your personal life?

**Scale:** Very poor (1)\_\_\_\_(2)\_\_\_\_(3)\_\_\_\_4\_\_\_\_(5)\_\_\_\_(very strong): Briefly explain your choice on the scale:

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3. The effectiveness of - the central concepts in social work practice – Transcendent Life Energy as Unconditional Love in Transformative Relationships With Self and Others in Support of Wellbeing **TLEULTRWSOSW** in respect to being able to support shared understandings about spirituality as lived experience within professional practice?

**Scale:** Very poor (1) \_\_\_\_ (2) \_\_\_\_ (3) \_\_\_\_ 4 \_\_\_\_ (5) \_\_\_\_ (very strong): Briefly explain your choice on the scale:

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4. Do you sense any relationships between your personal lived experience of spirituality and your social work practice?

**Scale:** Very poor (1) \_\_\_\_ (2) \_\_\_\_ (3) \_\_\_\_ 4 \_\_\_\_ (5) \_\_\_\_ (strong relationship): Brief explanation your choice on the scale:

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5. Within the context of spirituality as lived experience- what would you say is the function of social work practice?

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