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*THERAPEUTIC RELATIONSHIP
AS A SPIRITUAL RESOURCE*

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Learning Objectives

- ▣ After this presentation, you will be able to:
 1. identify evidence-based therapeutic qualities in therapeutic relationships;
 2. explain how intra-, inter-, and transpersonal relationships can inform spirituality; and
 3. understand how spiritually sensitive social work informs relational spirituality.

Presentation Topics

- ▣ Therapeutic Relationships
- ▣ Spiritual Importance
- ▣ Relational Spirituality
- ▣ Implications for Practice
- ▣ Conclusion and Questions

It is Monday morning and the first face I see is Sue looking back at me. There she sits in a wheelchair covered with a blanket and a huge smile. As I enter the nursing home, Sue welcomes me. We talk for a moment to usher in my day as a clinical social worker. Sue greets everyone who enters from her station in the lobby. If you want to find someone, staff or client, Sue will gladly help. Today Sue is wearing a pink cowboy hat decorated with metal studs that form a cross on the front. Each day, Sue carefully selects which hat to wear based on her outfit.

Different people have given Sue hats over the years which she proudly displays on the walls in her room. Sue is also an artist and has numerous sketch pads and art supplies she uses when she is not enjoying activities like bingo with the other clients. Later in the afternoon, when I search for Sue, she is in her bed watching television. Sue gracefully allows for my intrusion to have a psychotherapy session. Based on previous sessions, Sue will focus on significant relationships.

Callahan, A. M. (2017, February). Relational spirituality. *Social Work Today Web Exclusive*. Available at http://www.socialworktoday.com/archive/exc_0217.shtml

Therapeutic Relationships

- ▣ Relational processes create the core of an encounter (Saunders, 2001; Skovholt, 2005).

THOUGHTS



EMOTIONS

BEHAVIORS

Therapeutic Relationships

Measureable Influence

- ▣ Researchers have found that particular aspects of the relational process can have a significant influence over therapeutic outcomes regardless of treatment approach (Skovholt, 2005; Skovholt & Jennings, 2004; Feller & Cottone, 2003; Norcross, 2012; Priebe & McCabe, 2008).

Therapeutic Relationships

Measurable Influence

- ▣ Based on a meta-analysis, Norcross (2012) found direct positive effects of:

Collaboration	Positive Regard
Cohesion	Affirmation
Empathy	Congruence
Goal Consensus	Genuineness

Therapeutic Relationships

Measurable Influence

- ▣ Priebe and McCabe (2008) concurred that evidenced suggested the quality of therapeutic engagement is a consistent and strong predictor of outcomes across various forms of psychotherapy. They noted:

A therapists style of engagement

“may be seen as therapy in itself”

(p. 521).

Therapeutic Relationships

Therapeutic Domains

- ▣ Skovholt and Jennings (2004) identified three therapeutic domains:

Cognitive flexibility to embrace ambiguity, understanding of the human condition, and appreciation of life-long learning

Emotional humility, self-awareness, and self-acceptance

 Relational keen interpersonal perception, capacity for intense engagement with others, and ability to express compassion

Therapeutic Relationships

Relational Depth

- ▣ Relational depth is one way a relationship becomes therapeutic that appears distinctly spiritual. Relational depth is “a state of profound contact and engagement between two people, in which each person is fully real with the Other, and able to understand and value the Other’s experiences” (Mearns and Cooper, 2005, p. xii).

The “inner spirit seems to reach out and touch the inner spirit of the other” (Cooper, 2005, p. 88).

Therapeutic Relationships

Professional Boundaries

- ▣ One essential issue is that therapeutic relationships require a balance between connection and detachment for healthy relationship maintenance.



This sustains one's capacity to care
over and over
again.

Spiritual Importance

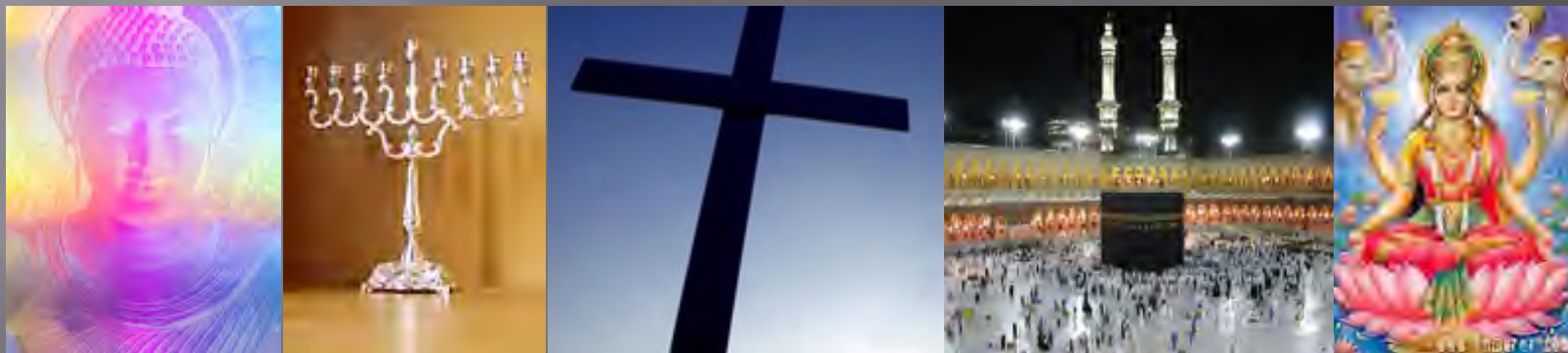
- ▣ Nevertheless, it is this process of relating that can facilitate the experience of spirituality (MacConville, 2006; Weatherby, 2002).

According to Heyse-Moore (1996):

“we exist to relate to each other and if we do not our spirit dries up within us like a desert” (p. 307).

Spiritual Importance

- ▣ We have an “innate human yearning for meaning through intra-, inter-, and transpersonal connectedness” (Belcher and Griffiths, 2005, p. 272; Staude, 2005; Wright, 2002; Bullis, 1996; Hermann, 2001; Canda, 1999; Sandage & Shults, 2007).



Spiritual Importance

- ▣ The spiritual importance of relationships has been observed by others:
 - “All spirituality can be viewed as relational” (Sandage & Shults, 2007, p. 263).
 - People are “beings-in- relationship” (Sulmasy, 2002, p. 24).
 - Relationships must be entered for spirituality to be understood (Stanworth, 2006).

Let's Take a Closer Look at Each Level

Spiritual Importance

- ▣ Micro Level: Relationship with Self
- ▣ Mezzo Level: Relationship with Others
- ▣ Macro Level: Relationship with Environment

Spiritual Importance

Relationship with Self

▣ Hospice Patients

Spiritual
Coping

Meditate, read inspirational material, focus on affirmations, sing/listen to music, and write/reflect

Religious
Coping

Prayer, read religious text, practice religious rituals, seek religious reconciliation, and experience divine forgiveness

Positive
Outlook

Think happy thoughts, maintain an open mind, laugh, appreciate the moment, and take one day at a time

Spiritual Importance

Relationship with Others

▣ Hospice Patients and Caregivers

Family and
Friends

Outlet for spiritual expression, retain a sense of life meaning, keep from feeling abandoned, facilitate a sense of normalcy

Professionals

Compassionate, empathic, gentleness, trustworthiness, affirming, sense of humor, hopefulness, desire to listen, and empowering

Therapy
Group

Reduce depressive symptoms, reduce death-related feelings of meaningless, and increase spiritual well-being

Spiritual Importance

Relationship with Environment

▣ Hospice Patients and Treatment Setting

Design Features	Light, gardens, indoor plants, water, paint, windows, furniture, music, space for a gathering area, kitchen to cook, etc.
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Access to Support	Rules are flexible for visitors, access to spiritual care providers, ability to remain a part of the larger community, and programming for group work/support
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Sp/Religious Expression	Places for worship in facility, ability to participate in religious/spiritual rituals/traditions, and access to outside religious/spiritual community,
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Relational Spirituality

- ▣ Clients may be considered beings-in-relationship (Sulmasy, 2002).
- ▣ Relationships across every systemic level are likely to be important to clients.
- ▣ Meaning, acceptance, and coping can be experienced through relationships.
- ▣ These relationships have deep spiritual dimensions that are often not named (McGrath and Newell, 2004).

Relational Spirituality

=

Spirituality as Meaning

+

Meaning through Relationships

+

Evolves over Time

Relational Spirituality

The importance of each relationship is relative,
but relationships can inform life meaning.

Significant life events can lead to a greater need
for relationships, particularly when questions
about life meaning emerge.

Relational Spirituality

Relationships can “complement, challenge, and expand” one’s own perspective (Faver, 2004, p. 242) (Krieglstein, 2006; Seyfried, 2007). Love is manifested by fully appreciating the reality of the other.

This requires receptivity to being open and authentic, a subject, rather than projection of a false self, an object. Relational spirituality thus requires a receptivity to be in relationships with others that push one to grow.

Relational Spirituality

- ▣ Based on interviews with fifty social service providers and advocates, Faver (2004) found care provision not only strengthened relationships, but also enhanced one's spiritual capacity to sustain care.

*This is the experience of
relational spirituality.*

Relational Spirituality

- ▣ Callahan (2015) described relational spirituality “as the experience of enhanced life meaning through a morally fulfilling relationship with the self, someone/something else, or higher power” (p. 49).

It is the *client's* perception of enhanced life meaning that defines relational spirituality, although the caregiver may also experience a meaningful therapeutic relationship.

Relational Spirituality

- ▣ Taken together, relational spirituality can be defined by the experience of relationships that inform and transform a person's spirituality. These relationships support a person's capacity to care, and thus enhance life meaning.
- ▣ A conjecture to explore:
 - A therapeutic relationship may be one of those relationships that enhances life meaning for clients. The awareness of enhanced life meaning is part of the process of being in and in growing through a therapeutic relationship, considered to be the experience of relational spirituality.

Implications for Practice

- ▣ Callahan (2013, 2015) suggested that hospice social workers could cultivate the experience of relational spirituality through a spiritually sensitive style of caregiving.
 - What is spiritual sensitivity?
- ▣ Spiritual sensitivity validates a client's inherent dignity and worth. A client's perception of relational spirituality, or experience of enhanced life meaning through relating, is said to confirm a therapeutic relationship as being spiritually sensitive.

Let's Take a Closer Look at Interventions

Implications for Practice

- ▣ Callahan (2009) applied Buber's (1970) Theory of Dialogue to explain how the spiritual quality of a therapeutic relationship may unfold.
 - "I-It" and "I-Thou" communication are both likely to be a part of standard care.
- ▣ "I-Thou" communication is considered a "spiritually sensitive" style of engagement that can be integrated into all aspects of care (Callahan, 2009, 2012, 2013).

Implications for Practice

▣ Generalist Interventions

Compassionate

Good Rapport

Empathic

Desire to Understand

Trustworthiness

Being Fully Present

Affirming

Active Listening

Focusing on Ordinariness

Self-Awareness

Modes of delivery: therapeutic relationship, psychoeducation, and supportive counseling (individual, family, and group)

(Callahan, 2017) ²⁹

Implications for Practice

▣ Advanced Generalist/Clinical Interventions

Facilitating Sp Expression

Bereavement Counseling

Flexible Boundaries

Life Review

Providing Guidance

Inspiring Hope

Spiritual Assessment

Reframing

Enabling Sp Self-Care

Using Humor

Modes of delivery: therapeutic relationship, psychoeducation, and psychotherapy (individual, family, and group)

(Callahan, 2017) ³⁰

Practice Limitations

- ▣ Fragile health of clients
- ▣ Unsupportive work environment
- ▣ Time restraints
- ▣ Unprepared staff
- ▣ Limited research

Practice Limitations

- ▣ Fragile Health of Clients
 - Clients may pass away before spiritual needs can be addressed
 - Difficulty in managing client symptoms limit time or energy investment into spiritual care
- ▣ Unsupportive Work Environment
 - Physical environment is not nurturing of client spirituality – sterile, impersonal, and cold decor
 - Supervisors are not willing to support front-line workers in addressing client spiritual needs

Practice Limitations

- ▣ Time Restraints
 - Insufficient time to address client spiritual needs
- ▣ Being Unprepared
 - Personal discomfort due to lack of expertise or unresolved personal issues related to spirituality
- ▣ Limited Research
 - Less knowledge available about evidenced-based practices that promote client spiritual care.
 - Information disseminated through educational opportunities is not tested but promoted anyway.

Practice Evaluation

- ▣ One way to address threats to spiritual sensitivity is to evaluate your level of spiritual competence.
 - In seeking to understand your level of spiritual competence, you are being spiritually sensitive.
- ▣ This awareness may require you to advance your level of spiritual competence to order to be more spiritually supportive of your clients.

Spiritual Competence

- ▣ Based on the work of Hodge (2011) and Associates (Hodge, Baughman, Cummings, 2006; Hodge & Bushfield, 2006) spiritual competence is:
 - (1) a growing awareness of one's own value-informed, spiritual worldview and its associated assumptions, limitations, and biases,
 - (2) a developing empathic understanding of the client's spiritual worldview that is devoid of negative judgment, and
 - (3) an increasing ability to design and implement intervention strategies that are appropriate, relevant, and sensitive to the client's spiritual worldview.

Practice Evaluation

Spiritual Competence

- ▣ Spiritual competence falls on a continuum.
 - Spiritual competence ranges from spiritually destructive practice at one end of the continuum to spiritually competent practice at the other end.



- ▣ Developing spiritual competence is a process.
 - This means spiritual competence is not a static quality, but a set of attitudes, knowledge, and skills that can be developed over time with intention.

Reflexive Practice

- ▣ Knight and von Gunten (2004) offered questions to evaluate level of competence:
 - Am I comfortable talking with this family about their religious beliefs and practices?
 - Am I likely to impose my own set of values or beliefs upon them in the process of assessing their needs?
 - Will I have the time and skills to provide comfort if my questions evoke great sadness or distress?
 - Who could best meet the needs of this patient and family at this time? (n.p.)

Quantitative Measures

- ▣ Rates of completing spiritual assessments
- ▣ Numbers of chaplain referrals
- ▣ Inclusion of spiritual resources in treatment plans
- ▣ Scores on spiritual measures
 - Social Work Assessment Tool (SWAT) by Reese, Raymer, Orloff, Gerbino, Valade, Dawson, Butler, Wise-Wright, & Huber (2006) could be used to evaluate how well a patient is doing spiritually on a scale from 1 to 5, along with 11 other dimensions, after each session.

(Puchalski, Ferrel, Virani, Otis-Green, Baird, Bull, Chochinov, Handzo, Nelson-Becker, PrincePaul, Pugliese, & Sulmasy, 2009)

Practice Evaluation

Spiritual Well-Being

- ▣ One measure is of a client's spiritual well-being as reflected by:
 - Inner peace and harmony
 - Having hope, goals, and ambitions
 - Social life and place in community retained
 - Feeling of uniqueness and individuality, dignity
 - Feeling valued
 - Coping with and sharing emotions
 - Ability to communicate with truth and honesty
 - Being able to practice religion
 - Finding meaning

(Murray, Kendall, Boyd, Worth and Benton, 2004)

Conclusion

- ▣ As described by Allamani (2007), “if the interaction is oriented more toward listening than just to find out solutions, disclosure about suffering may be allowed, and the persons may perceive that they are accepted as a whole, together with their disease. This lets an individual feel that that he/she is a human being and is part of a larger world: a positive cure is reached (p. 234).”

Summary

- ▣ Research suggests cognitive, emotional, and relational qualities are associated with a therapeutic relationship.
- ▣ Relationships with self, others, and environment are central to the experience of spirituality more or less for all people.
- ▣ Social workers can strive to be spiritually sensitive to cultivate relational spirituality, but this requires spiritual competence.

Thank you!

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