A study of some social workers' contact with and response to religion as an aspect of the client's total experience.

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A STUDY OF SOME SOCIAL WORKERS' CONTACT WITH AND RESPONSE TO
RELIGION AS AN ASPECT OF THE CLIENT'S TOTAL EXPERIENCE

A thesis

Submitted by
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(A.B., Kalamazoo College, 1957)
In Partial Fulfillment of Requirements for
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CHAPTER I

INTRODUCTION

Purpose of the Study

Basic to social work practice are the belief in the
worth of every individual and the concern for the individual
as a whole person. In order to help the client most effec-
tively a comprehensive understanding of the client is needed.
Religion is relevant in the lives of many people and as a
factor of the client's total experience, it at times may be
a factor in the worker-client relationship.

It is the purpose of this thesis to describe in-
stances in which a number of social workers have been aware
of religion as a factor of the client's total experience and
to describe the individual social worker's response to the
element of religion. This description will attempt to
answer the following questions:

1) In what medical and personal circumstances has
religion as a factor of the client's total ex-
perience become apparent in the worker-client
relationship?

2) What was the nature of the religious element
involved?

3) What did the worker do in response to the re-
ligious element?

4) What are the worker's attitudes toward religion
as a factor in the worker-client relationship?

Scope of the Study

This study is based on material obtained in eighteen
interviews with social workers employed in the New England Medical Center. In these interviews the worker was asked to discuss cases in which he or she had been aware of religion as a factor in the client's total experience. A total of thirty-three such cases were discussed, most of them cases which had been carried or were being carried by the worker in the Medical Center. However, a number of the cases were drawn from experiences workers had had in other settings.

The only criterion for the cases presented was that the worker was aware of religion as a factor in the client's total experience. The cases were discussed in terms of what the worker considered to be the religious factor, its role in the client's present circumstance and the worker's response to the religious factor.

The worker's attitude toward religion as a factor in the worker-client relationship was also considered.

Method of Procedure

The proposed plan of interviewing the social workers in the New England Medical Center was first discussed with both Miss Wheeler, Director of the Social Service Department in the New England Center Hospital and Miss Wein, Director of Social Service in the New England Medical Center. Both of them expressed an interest in the project and endorsed it as a means of encouraging the workers to participate.

A letter, in which the thesis topic was explained
and an interview requested, was then sent to each of the workers. The letter was followed by a phone call to arrange for an interview. A copy of this letter may be found in the appendix.

An interview guide was developed for use in the interviews. The eighteen workers in the New England Medical Center were interviewed, the interviews varying in length from forty-five minutes to an hour. The general areas discussed were the client and his problem of adjustment, focusing on the element of religion and the worker's attitude regarding religion in the client-worker relationship. The material obtained in these interviews is presented in the following chapters as descriptive answers to the questions for study. A copy of the interview guide may be found in the appendix.

Setting

The New England Medical Center is composed of four units, the Boston Dispensary, the Boston Floating Hospital, Tufts University Schools of Medicine and Dental Medicine, and the New England Center Hospital. It began as an affiliation of the Boston Dispensary, the Boston Floating Hospital, and Tufts Medical College and Dental Schools in 1930. The purpose of this affiliation "was to provide the best medical care to patients and the finest training to family doctors".\(^1\)

In 1946 the New England Center Hospital, which included the

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\(^1\) Pamphlet, "Go Thou and Do Likewise", 1956. p. 9.
former Pratt Diagnostic Hospital, the Farnsworth Surgical Unit, and the Ziskind Research Laboratories, became the fourth unit of the New England Medical Center. As each of these units contribute through their specialized function, the Medical Center is able to offer the best medical care to adults and children and to provide an educational program for both medical and paramedical professions.

An integral part of the total medical care plan of the Boston Dispensary, the Boston Floating Hospital and the New England Center Hospital is provided by the social service departments. In some of the Boston Dispensary clinics each patient is seen by the social worker, in others the patients are referred, usually by the doctor. In the Center Hospital patients are seen following referral, usually by the doctor.

The variety of services offered in these settings can be illustrated by table one which is a listing of the settings and the number of workers interviewed from each setting. In some instances a worker will cover more than one clinic.
TABLE 1

NUMBER OF WORKERS BY SETTING

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number of Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Dispensary</td>
<td>13</td>
</tr>
<tr>
<td>Adult Psychiatric Clinic</td>
<td>2</td>
</tr>
<tr>
<td>Cardiac Clinic</td>
<td>1</td>
</tr>
<tr>
<td>Child Guidance Clinic</td>
<td>5</td>
</tr>
<tr>
<td>Home Medical</td>
<td>2</td>
</tr>
<tr>
<td>Multiple Sclerosis Clinic</td>
<td>1</td>
</tr>
<tr>
<td>Neurology Clinic</td>
<td>1</td>
</tr>
<tr>
<td>Rehabilitation Institute</td>
<td>1</td>
</tr>
<tr>
<td>Skin Clinic</td>
<td>1</td>
</tr>
<tr>
<td>Boston Floating Hospital</td>
<td>1</td>
</tr>
<tr>
<td>Cleft Palate Institute</td>
<td>2</td>
</tr>
<tr>
<td>(A unit of Tufts Medical School)</td>
<td></td>
</tr>
<tr>
<td>New England Center Hospital</td>
<td>3</td>
</tr>
</tbody>
</table>

As illustrated by the table, this setting involves workers in both a psychiatric and a medical orientation and the giving of services to adults and children on both an in-patient and an out-patient basis.
CHAPTER II

SURVEY OF THE LITERATURE

There has been comparatively little written by the representatives of social work about religion and particularly about religion as an aspect of the client-worker relationship. Those who have written about religion and social work have approached it from various directions. However, a review of what has been written about religion and social work may give perspective to material obtained as data for this thesis. Much of what has been written has been concerned with the historical development of the field of social work, its heritage from this history and the subsequent problems and development of social work in relation to religion. As this provides some organization the material will be presented within this chronological framework.

Synagogue and Church are the progenitors of Charity. ....Historically the whole shape and operation of organized welfare is inexplicable apart from the religious conviction and commitment at the vital heart of our sacred Scriptures.¹

Ancient Israel's religious development reveals a growing social conscience; as the needs of the poor were a special concern of God, their care was a peculiar charge upon his

people.² Within this tradition Christianity began. There was a strong emphasis upon a sharing of worldly goods and the giving of gifts to the needy in the early church. The development of these functions of the church continued through the middle ages. The social situation was taken for granted and the "Curse of poverty and misery was accepted as natural and inevitable". ³ However, within the limitations of the static conception of society prevalent during the Middle Ages the church, particularly within the monastic movement, made tremendous efforts to relieve human suffering.

The sense of social solidarity and mutual responsibility of the Middle Ages was lost following the Protestant Reformation with its emphasis upon individualism.

Though sincere effort was made to care for the poor of Protestant parishes following the Reformation, it is fair to say that with the coming of Protestantism the secularization of social welfare began.⁴ The disunity of the church following the Reformation resulted in the fragmentation of the administration of charity and thus necessitated the participation of representatives of the community who then became practitioners. Arthur L. Swift, Jr. points out that

It is significant that, although social work had its beginnings in the church, the professional social worker

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³Swift, op. cit. p. 4.
⁴Ibid., p. 5.
was called into effective being by and for the secular welfare agencies.\(^5\)

As the field of secular social work developed, the distance between it and the church widened as social work chose to model itself after the profession of medicine\(^6\) and as it came under the influences of dynamic psychology and an idealistic social humanism.

Despite the distance between them, now, there remains much evidence within social work of its heritage from religion. Stanley P. Davies, General Director, Community Service Society of New York, writes:

From religion came the primary motivation for the social agencies we have today. From religion, too, have come those great beliefs we have in common: respect for the dignity and rights of the individual, awareness that man does not live by bread alone, the urge to develop man's inner resources and capacities toward a better and fuller life.\(^7\)

It has also been proposed that the motivation not only for social agencies but also in many instances the vocational choice to enter the field of social work comes from religion.\(^8\)

In addition to the motivation and beliefs religion has contributed to social work, religion contributed special


\(^8\) Neibuhir, op. cit., pp. 61 - 62.
concerns which have influenced the development of social welfare programs. Both Judaism and Christianity have, from their earliest origins expressed a concern for and a recognition of the importance of the care and protection of children and of the aged. Thus, we find the religious influence prevalent in many present day secular programs devised to meet the needs of children and of the aged, and we also find that it is in the areas of child care and services for the aged that social services under specific Protestant auspices have flourished.

It has frequently happened that the social services which were once the province of the church have been taken over by society. From this Reinhold Neibuhr developed the principle that it was the function of the church to serve as a pioneering institution and discover obligations society had not yet recognized, yielding these responsibilities to society when the responsibility was generally recognized by the society.

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9 Katherine F. Lenroot, "Religion and Child Care," in Religion and Social Work, pp. 97f. and

Catherine Lee Wahlstrom, "Religion and the Aged," in Religion and Social Work, pp. 113f.


11 Neibuhr, op. cit., pp. 16-17.
Cooperation between ministers and social workers is so eminently desirable, so very reasonable, and not impracticable, that it might seem almost unnecessary for us to do more than note the fact. It seems that ministers and social caseworkers would form a natural partnership in helping with personal problems, for both intend to help individuals and families achieve the inner strength which makes them at once individually self-reliant persons and socially responsible members of the community.

Moreover, social work has a religious background in our culture.

Cooperation between ministers and social workers seems both necessary and important.

The sad fact of the matter, however, is that this cooperation at the present time leaves much to be desired.

The above are excerpts from an article entitled "Cooperation between Ministers and Social Workers" by Thomas James Bigham, Instructor in Christian Ethics, the General Theological Seminary. The need for such an article, or thought along these lines is necessitated by what F. Ernest Johnson and William J. Villaume have termed a "sense of strangeness that has developed from the divergence of the philosophical concepts of man which have been developing in the two professions". Bigham goes on to say that the problem is twofold; it is a matter first of the inter-relations of the two groups, there is not enough meeting between clergy

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12 Thomas James Bigham, "Cooperation Between Ministers and Social Workers," in Religion and Social Work, pp. 141-142

13 Johnson and Villaume, op. cit., p. 423.
and social worker, and secondly it is a matter of the relationship of the two bodies of professional knowledge. Mr. Bigham concludes that the task of cooperation is one for which ministers and social workers are ill prepared; however, he does see some cooperation possible on two levels. The first level is a working together in which either casework or pastoral work may be at the center of the work and the other a valuable factor. The second level:

is a working together in which the work of each is internally related to the other's in which attention to the social and psychological dimension of a life process can be related to the moral and spiritual dimensions of that same process.\(^\text{14}\)

This second level of cooperation is possible when the caseworker and minister "know each other's methods of work and basic concepts of thought."

Another approach to the problem of the cooperation of social worker and minister is taken by Mr. Davies, who suggests that the concept of division of labor and the concept of the whole man can guide the church and social work in their relationships. Division of labor, as developed by Mr. Davies, consists of the co-existence of both the social worker and the clergyman based "on respect and recognition of each profession of the special knowledge and skills of the other.\(^\text{15}\)

\(^{14}\) Bigham, *op. cit.*, p. 149.

\(^{15}\) Davies, *op. cit.*, p. 39.
As each profession is concerned with the whole man, this concern can serve as a guide in bringing together the specialities of each profession into a working unity to serve the whole man.

Mr. Davies' use of the concept of division of labor is similar to Jane Hoey's discussion in which she states that there is need for greater clarity concerning the service of each and the division of responsibility between them. Again emphasis is placed upon the need for the recognition of and respect for the knowledge and skills of each profession.16

Aside from the issue of cooperation between clergymen and social workers, there are other areas in which religion is a concern in the field of social work. In writing on "The Nature and Definition of Social Casework" Swithin Bowers states that the distinguishing factor of casework is the intrinsic end it achieves, a mobilization of potentialities. This intrinsic end is then related to an extrinsic purpose, the immediate extrinsic end being a "better adjustment of the individual to all parts of his environment". He continues by saying that this is meaningless without an understanding of what is "better". This he maintains ultimately must be answered in terms of what is the meaning or purpose of human

life. He concluded that this is essentially a religious question and that social work must find the answer within the religious sphere as, "we cannot divorce the ultimate objectives of society from the question which is basic to all religion: What is man? Where lies his destiny?"[17]

The place of religion in the field of social work is approached from a slightly different perspective by Jane Hoey who begins with the basic belief in the essential worth of the individual which implies or is necessarily accompanied by the need for a comprehensive understanding of the individual in order to make social services more effective and more generally available. Included within the comprehensive understanding of the individual is an understanding of "the spiritual factors in his surroundings". She proposes that the clergy can contribute to the social worker's essential knowledge in this area. She sees this knowledge as including the following:

1) Knowledge of the varying spiritual needs of individuals

2) Knowledge of results for failure to comply with religious law

3) Knowledge of doctrines with which members of religious groups are expected to comply

4) Knowledge of the values that an individual receives

from fulfilling his special requirements

5) knowledge of religion as a resource and source of motivation.

She further states that such cooperation with the clergy will help the worker to accept and respect the beliefs of others and to recognize the values religious practices have for the client.18

As one outside the field of social work writing for social workers, Reinhold Neibuhr presents religion as having the potentiality to be a "force of order and unity", preventing and resolving chaos, as being a resource which provides a sense of security in times of inner conflict and in the face of the perils of an uncertain and insecure existence. He states that social workers cannot supply religious resources where they do not exist, but they can use what religious resources are present in strengthening the individual or family.19

In discussing the "Spiritual Factors in Social Work" Leonard W. Mayo, Director, Association for the Aid of Crippled Children, New York City, states that the spiritual factor is implicit in the worker-client relationship; he contends that as the spiritual factor is in the very structure of the relations between human beings it cannot be isolated. "One

18 Hoey, op. cit., p. 404.
19 Neibuhr, op. cit., p. 48.
may deal with spiritual matters without a full sense of spiritual values, but that does not negate the fact that the subject matter itself is spiritual.”

Accompanying the "Sense of Strangeness" of which Johnson and Villaume speak, there occasionally has been, perhaps because of the misunderstanding of the function, skills and knowledge of the social worker, the accusation on the part of the clergy that social workers are "a cold, heartless, irreligious, if not frankly anti-religious, group". In answer to this challenge Sue Spencer, Director of School of Social Work, University of Tennessee, in an article entitled "Religion and Social Work" maintains that there is nothing anti-religious in the professional literature, and the lack of a direct referral to religion does not deny the individual's right to a religious affirmation.

She deals much more adequately with the place of religion in social work in a later article entitled "Religious and Spiritual Values in Social Casework". Here immediate recognition is given to the client's right to solve his own problems in the way that seems right to him, implicit here.

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21 Johnson and Villaume, op. cit., p. 423.

is the understanding that "any consideration of the social worker's role would set in this context". 23

As people meet their needs in a variety of ways, what prompts one religious belief for one person may prompt its opposite in another; however certain needs are expressed in and through religious faiths. Likewise, there are certain situations in the practice of casework which require the support of religious faith. Miss Spencer sees these as being those situations that are highly traumatic and the daily problems, deprivations, and frustrations which constitute the "bleakness and futility of life". She proposes that the social worker's function in such instances is to be acutely sensitive to the client's use of religion and to encourage him to use it when he is ready for such encouragement. Or, the social worker may assist the client to a more positive attitude toward religion; it is equally necessary that the worker recognize when the clergy is needed.

She poses the question as to why social workers are hesitant to meet the need in this area and answers it in the following manner:

The social worker...is properly concerned lest persons who turn to social agencies for help be subjected to exploitation in the area of religious beliefs and practices at a time when they are not really free to

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express difference from the social worker's or the social agency's own point of view. The legal prohibition against infringement of religious freedom, in respect to services rendered by tax-supported agencies, and the fear of discriminatory practices based on the client's religious beliefs or affirmations, have placed almost insurmountable barriers against the social worker's inclusion of the client's religious life and problems in his service to the client.24

Miss Spencer also presented a series of questions which she felt would finally have to be dealt with by the profession. Some of these questions were as follows:

Is the religious welfare of a client or family any concern of the social worker?
If not, why not?
If so, how can the worker approach the problem in such a way as to avoid any threat to the client's sense of freedom?
What are the potentialities for usefulness?

An entirely different approach to this area is taken by Alan Keith-Lucas, Professor at the School of Social Work, University of North Carolina, who proposes the question: "How does a social worker who professes through his religion a particular view of man reconcile this view with his professional practice, in which he also believes?"25 Mr. Keith-Lucas asserts that much of what social work teaches has developed in opposition to many theological concepts. He continues, however, by saying that despite differences in emphasis and formulation there is a common core between

24 Ibid., p. 522.
between theology and social work. He indicates the necessity of a synthesis of the two systems that will serve to enrich both social work and theology. In illustration of this he discusses several theological concepts and a similar or corresponding element in social work. He presents such thinking as both relevant and important in terms of what it tells us about man and his relationships.

Marion Kahn in her article "Some Observations on the Role of Religion in Illness" approaches religion from the point of view that, as religion is relevant in the lives of many clients, it is an item of social data which should be incorporated into the worker's total assessment of the client. She focuses her discussion on this problem as seen in the medical setting. She illustrates with case material the facts that illness heightens religious feelings, it may play a part in adjustment to physical disability, and it may influence the patient's interpretation of the etiology of the illness.26 Because of the part religion may play in determining the attitudes and behavior of the patient, it is an area of exploration by the worker; the worker to whom religious content is presented "must evaluate its significance and understand that it may be a clue to inner or external

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resources". As in all aspects of practice the worker must "meet the client where he is".

In considering the role in which the social worker may serve in respect to religion, Kahn sees the social worker serving as a liaison with the clergyman, determining the need to refer a patient to a minister, coordinating her service with that of the minister, and interpreting the emotional and social aspects to the minister, sharing responsibility with him as with other members of the helping team.

She concludes by saying:

If religion brings peace to people, it cannot be destroyed, belittled, or even ignored, regardless of the belief of the worker. ...Religion is something about which we often feel strongly, and inadvertently we may let our estimate of the importance of religion to the patient be influenced by its importance to ourselves. To be a caseworker and to be religious is neither necessary nor contradictory, but it is necessary that the caseworker respect religion and recognize its possible importance in the lives of the individuals with whom she deals.

This brief review of the literature reveals the growth of the concern for the welfare of the individual within a religious framework. However, following the Protestant Reformation the disunity of the church necessitated the secularization of social welfare programs. Within the "secularized agencies" there developed a philosophy of man which served

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27 Ibid. p. 83.

28 Ibid. p. 84.
to estrange these agencies and the church. However, certain social work values which the field of social work derived from its religious heritage continue to be not only basic to the practice of social work, but also contribute to the need for social workers to be aware of the potential importance of religion as a factor in helping the client make a satisfactory social adjustment.
CHAPTER III

THE CLIENT AND THE FUNCTION OF RELIGION

The content of this chapter will be a discussion of the cases in which the social worker saw religion as an aspect of the client's total situation and the task or specific function of religion for the individual within these specific circumstances. The purpose of such an examination is to discover the common elements of the cases as well as those not so common in order to answer the first two research questions which are (1) in what medical and personal circumstances has religion as a factor of the client's total experience become apparent in the worker-client relationship? and (2) What was the nature of the religious element involved?

A Definition of Religion

In order to discuss religion or the religious element in a case with the social workers it was necessary to define the term religion. Therefore, each interview began with a discussion of the worker's definition of religion in an attempt to identify that element which the worker would consider within the realm of religion. As might be expected each worker's response was somewhat different in terms of what was included in the definition and what was emphasized. It was possible, with two exceptions, to fit the responses within five major categories. Religion was defined as follows:

1) Affiliation with an institution of organized religion.
This was mentioned seven times, only once was it the complete response.

2) A person's beliefs, which may or may not stem from one's affiliation. This was mentioned six times.

3) A philosophy which provided a framework for orientation and a pattern for behavior. This was mentioned five times.

4) A faith or understanding of one's relationship to God and one's fellow men. This was mentioned twice.

5) The performance of religious ritual or specific duties. This was mentioned once, and although it was not directly stated, the fact of affiliation with an institution of organized religion was presupposed.

An individual's response consisted either of any single theme or of a combination of themes. For example the most frequent response was that religion was a matter of affiliation with an institution of organized religion and the person's belief.

As previously mentioned two responses could not be included in the arrangement above. In one of these responses religion was defined as the matter of "hope" which the worker projected onto the situation to serve as a "prop" for the client. In the other instance the individual being interviewed refused to define or identify that which falls in the realm of religion.

For the purposes of this paper, then, religion in the specific case being discussed may be defined in the terms of one or the combination of one or more of these predominant
themes.

For purposes of analysis the basic circumstances of the case and the function of religion within these specific circumstances have been separated. The material presented is based on the thirty-three case illustrations presented by those social workers who were interviewed.

Age, Sex, Marital Status, Religious Affiliation

A brief picture of the clients within these case illustrations can be presented by examining the identifying information on age, sex, marital status, and religious affiliation. In respect to this data in those cases from the Child Guidance Clinic the parent is the one considered as it is the parent who was seen by the social worker.

The religious faiths represented among the clients were Roman Catholic, Greek Orthodox, Protestant, and Jewish. Of the thirty-three clients, twenty-two were Roman Catholic, one was Greek Orthodox, six were Protestant, and four were Jewish. However, five of the cases involved inter-faith marriages. Three of the inter-faith marriages involved marriages between a Protestant and Roman Catholic. One of them was the marriage of persons of the Jewish and Roman Catholic faiths. (In each instance the first named faith was that of the client.) This material is presented in table two.
TABLE 2

RELIGIOUS AFFILIATION OF THE CLIENTS

<table>
<thead>
<tr>
<th>Religious Faith</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roman Catholic</td>
<td>22</td>
</tr>
<tr>
<td>Greek Orthodox</td>
<td>1</td>
</tr>
<tr>
<td>Protestant</td>
<td>6</td>
</tr>
<tr>
<td>Jewish</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
</tr>
</tbody>
</table>

Of the clients in the thirty-three case illustrations ten were males and twenty-three females. Seventeen were married, twelve were single, two were widows, one was widowed, and one was divorced. Of those who were married four were male and thirteen were female. Of those who were single five were male and seven were female. Table three is a presentation of this material.

TABLE 3

SEX AND MARITAL STATUS

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Number of Males</th>
<th>Number of Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>4</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>Single</td>
<td>5</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Widow</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>25</td>
<td>35</td>
</tr>
</tbody>
</table>
The age range of the clients was from sixteen to seventy-four. The average age was forty-eight years, the median was thirty-five and the mode thirty.

In a study of the social psychology of religion Michael Argyle draws upon statistical material such as church records, social surveys, and psychometric studies for data to show how "religious behavior and belief vary with personality factors, age, sex, environmental experiences, social class, and other variables."¹ His discussions of age, sex, and marital status as a factor in religious behavior is interesting to compare with the material presented above; however, the differences in method of data collection and source of data prevent more than a superficial comparison.

Argyle has three criteria for religious activity - church attendance, beliefs, and private prayers and Bible reading. On the basis of participation in these activities he concludes that the differences in religious behavior and beliefs between men and women are considerable, women participating more in all activities used as criteria. Argyle cites evidence which indicates that single people are "slightly" more religious than married people, the greater difference in activity being church attendance. In reference to age as a factor in religious behavior Argyle presents a

¹Michael Argyle, Religious Behavior, chapters 6, 7, and 10.
fluctuation in the extent of activity according to age. The most interesting of his points in connection with the material presented earlier are his conclusions that from age eighteen to thirty there is a sharp decline in all religious activity; between age thirty and thirty-five there is less activity than at any point in the life cycle. From age thirty-five on there is a marked increase in all religious activity. As previously stated any comparison of data is only superficial; however it is interesting to note that over half of the clients included in this study were female, Argyle indicated that women participated more than men in religious activity. Argyle's data indicated that single people were "slightly" more religious than married, whereas there were more married than single people in this study. The type of setting for the study undoubtedly was a contributing factor at this point. The most striking comparison is that the most frequent age of the clients in this study was thirty, the age at which Argyle states there is less religious activity than at any other point in the life cycle.

The Medical and Personal Circumstances of the Client

The thirty-three cases presented can be described in terms of the client's predominant problem. This may consist either of his adjustment to physical illness or of his adjustment in inter-personal relationships. The first category, Adjustment to Physical Illness, has two sub-divisions. The first of these sub-divisions is adjustment to acute illness.
For the purposes of this study acute illness may be defined as an illness of rapid onset, severe symptoms and a relatively short course. Seven cases come under this category, two were cases in which there was complete recovery and five were cases in which death was imminent. The second sub-division is adjustment to chronic illness, defined as an illness which is long and drawn out, and in five of these instances a gradual increase of symptoms is involved. The total number of clients whose major problem fell in this sub-division was ten.

The second category, Adjustment in Inter-personal Relationships, also has two sub-divisions. The first sub-division is adjustment influenced by physical illness. Under this sub-division there were twelve cases. Four of them involved the family's, particularly the mother's and the child's, adjustment to the child's cleft palate. Five of them involved clients who had a chronic illness which contributed to their difficulty in inter-personal relationships. In one instance the client's difficulty in inter-personal relationships was heightened by acute physical illness. In one instance the client's physical illness prevented her from adjusting satisfactorily in inter-personal relationships. The last case included in this sub-division involved a father's adjustment and pending physical breakdown following the illness of his son. Five of these cases were also included in the first category, one under the first sub-division and
four under the second. The second sub-division under Adjustment in Inter-personal Relationships is adjustment which is not influenced by a physical illness. There are ten cases in this category. In six of the cases the interweaving of the problems of adjustment in inter-personal relationships and to physical illness was such that the cases were included, as indicated, in both categories. The type of adjustment problem faced by the client and the number of clients included in each division is illustrated by table four.

### TABLE 4

**TYPE OF ADJUSTMENT PROBLEM FACED BY THE CLIENT**

<table>
<thead>
<tr>
<th>Type of Adjustment Problem</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment to Physical Illness</td>
<td>17</td>
</tr>
<tr>
<td>a) Acute Illness</td>
<td>7</td>
</tr>
<tr>
<td>b) Chronic Illness</td>
<td>10</td>
</tr>
<tr>
<td>Adjustment in Inter-personal Relationships</td>
<td>22</td>
</tr>
<tr>
<td>a) Adjustment influenced by physical illness</td>
<td>12</td>
</tr>
<tr>
<td>b) Adjustment not influenced by physical illness</td>
<td>10</td>
</tr>
</tbody>
</table>

The following will be a presentation of cases to serve as examples of the above categories. The purpose of the example is not to define or limit the category, but to amplify the definitions presented above. (The names are fictitious.)
Adjustment to Physical Illness: Acute Illness

Mrs. Green was a sixty year old Catholic woman who requested to see a social worker just prior to surgery. Because of an infection in an old incision, this woman had, during her hospitalization, been isolated on the infectious disease service and now felt cast out and unwanted, although this in fact was not so, as her family was devoted to her. As she was facing her operation Mrs. Green became very fearful that she would not recover following her operation.

Mr. Brown was hospitalized with a diagnosis of fibrosarcoma. A school teacher, Mr. Brown was well thought of by his students and within the larger unit of his home community. During his hospitalization Mr. Brown was uncomplaining and exhibited concern for the patients around him. Hospitalization for Mr. Brown involved a loss of salary, resulting financial difficulties for the family and also separation from his family, as the family lived some distance from Boston. Although Mr. Brown knew he was going to die, his aim throughout his hospitalization was to go home. Mr. Brown was able to realize this goal; however after a short period at home, he died.

Adjustment to Physical Illness: Chronic Illness

Mrs. Bay was a fifty year old woman suffering from severe congestive heart failure and excessive weight. Because of her excessive weight, Mrs. Bay was also homebound;
she was unable to engage in activity of any kind and as a result spent her time sitting and thinking. She was quite lonely and her thoughts tended to be depressive. In order to contend with her inactivity Mrs. Bay was encouraged through occupational therapy activities to use her hands in an attempt to engage her in activity which required full concentration.

Mrs. Reed was suffering from Parkinson's disease and gradually became more disabled. However, many of her symptoms were psychosomatic and, although she verbalized a desire to get well, her actions indicated that she did not believe that she would. She was lonely, unresponsive to rehabilitation and her ability to feel comfortable depended on her relationship to the doctor. Mrs. Reed was very dependent and found independence frightening. For a number of years she was able to live alone, however, recently a younger brother moved to live with her. She used her illness as a way of holding onto the various members of the family.

Adjustment in Inter-personal Relationships in Which the Client's Adjustment is Influenced by Physical Illness.

Mr. Smith was a sixteen year old boy who had been hospitalized for second and third degree burns. He had received these burns when a can of powder had exploded as the result of his carelessness while he, his mother, and a small niece were working in a barn. His mother, age 52, received severe burns at the same time and was also in the hospital. In his
contact with the social worker Mr. Smith expressed a great deal of anxiety concerning his own condition as well as his mother's condition, and he felt extremely guilty about what had happened. When his mother died, his father was unable to tell Mr. Smith of this for some time. After a long period of hospitalization Mr. Smith went to the home of a sister rather than return to his father's house.

Mrs. Jones was the mother of a cleft palate child. She was described as a warm, friendly person who was quite calm and well organized in her daily life. Mrs. Jones denied any unpleasantness in the fact of her oldest daughter's cleft palate and so did the child. Mrs. Jones was able to give her child strength and confidence in her own personal worth which helped the child to attend and get satisfaction out of achievement in school. This same confidence and strength conveyed by the mother to the child also helped the child through her numerous operations.

Adjustment in Inter-personal Relationships in Which the Client's Adjustment is Not Influenced by Physical Illness.

Mrs. Acres was the mother of a seven year old autistic child. Mrs. Acres was psychotic and both she and her husband were quite upset by the fact that their child did not talk. Before she was known to this worker, Mrs. Acres had gone to many agencies for help with her child and in every instance it had been recommended that the child be institutionalized
for a period of time. However, Mrs. Acres could not accept the fact that her child was experiencing emotional difficulty. She projected her own difficulty in relating to the child onto the fact that it was necessary for him to wear glasses, giving this as the reason for his difficulty.

Mrs. Gray was the twenty-five year old mother of two children. She and her husband had some marital difficulty as Mrs. Gray had been promiscuous. However, they were able to work out their problems and some time ago moved to a nice home in a suburban area. Things went well for a time, but shortly after they moved, certain accusations regarding Mrs. Gray were made by the neighboring women. At this point contact with the social worker was discontinued.

THE FUNCTIONS OF RELIGION IN THE CLIENT'S PROBLEM OF ADJUSTMENT

It was found that religion served various functions in the lives of the clients who were discussed. In considering the functions of religion it became apparent that for some the religious aspect of the client's life was evident in his activities as a strong influence on his behavior and beliefs. For others religion was manifest as it fulfilled an emotional or spiritual need. In view of this the cases can be described in terms of two categories which designate the function of religion. In those instances where religion influenced the behavior and belief of an individual certain
aspects of the individual's life, if not all of it, seemed to be organized or centered around the teachings of the individual's faith. When this occurs, religion serves as the force of order and unity in the individual's life.2

Thus, the first category is **Religion as a Force of Order and Unity** in which religion served the clients as a regulator of personal conduct and provided the basis for the interpretation of the cause of illness and death. In those instances where religion fulfilled a spiritual need, religion was considered to be a **Spiritual Resource** providing comfort, strength, a sense of peace, a sense of security, and hope. As a spiritual resource religion also served as a uniting bond between individuals and as an area in which one questioned or searched. Religion frequently played a role in one or more of these areas simultaneously. Therefore, in nine of the thirty-three case illustrations, the role of religion was multiple.

In the first category, **Religion as a Force of Order and Unity**, there are two sub-divisions. The first sub-division is religion as a regulator of personal conduct. There are twenty-one instances in which religion functions in this role. In the second sub-division, a **basis for interpretation of the cause of illness and death**, there are three cases. **Religion as a Spiritual Resource**, the second category,

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2 Neibuhr, op. cit., p. 43.
divides into three sub-divisions, Religion providing comfort, strength, hope, a sense of peace and a sense of security, Religion serving as a uniting bond between individuals, and Religion as an area in which one questioned or searched. In the first of these sub-divisions there are thirteen cases, in the second there are five cases, and in the third, four. Table five is a presentation of this material.

**TABLE 5**

**THE FUNCTION OF RELIGION**

<table>
<thead>
<tr>
<th>Function of Religion</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Force of Order and Unity</td>
<td>24</td>
</tr>
<tr>
<td>1) a regulator of personal conduct</td>
<td>21</td>
</tr>
<tr>
<td>2) basis for interpretation of cause of illness, death</td>
<td>3</td>
</tr>
<tr>
<td>A Spiritual Resource</td>
<td>22</td>
</tr>
<tr>
<td>1) providing</td>
<td></td>
</tr>
<tr>
<td>a) comfort</td>
<td>4</td>
</tr>
<tr>
<td>b) strength</td>
<td>5</td>
</tr>
<tr>
<td>c) hope</td>
<td>1</td>
</tr>
<tr>
<td>d) a sense of peace</td>
<td>2</td>
</tr>
<tr>
<td>e) a sense of security</td>
<td>1</td>
</tr>
<tr>
<td>2) serving as a uniting bond between individuals</td>
<td>5</td>
</tr>
<tr>
<td>3) an area in which one questioned or searched</td>
<td>4</td>
</tr>
</tbody>
</table>

In one instance the role of religion in a case was negative in that the client turned from God in bitterness.

In nine of the cases religion fulfilled more than one
function; the multiple role of religion in these cases is demonstrated in the following table. One length-wise section is allotted to each case and each of the functions of religion in that particular case are marked with a square. For example, in the first case from the left religion serves as a regulator of personal conduct as a force or order and unity; at the same time it is a spiritual resource providing a sense of peace.

**TABLE 5**

**NINE CASES IN WHICH RELIGION HAD A MULTIPLE FUNCTION**

<table>
<thead>
<tr>
<th>Function</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Force of Order and Unity</strong></td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>1) a regulator of personal conduct</td>
<td></td>
</tr>
<tr>
<td>2) basis for interpretation of cause of illness, death</td>
<td></td>
</tr>
<tr>
<td><strong>A Spiritual Resource</strong></td>
<td></td>
</tr>
<tr>
<td>1) providing</td>
<td></td>
</tr>
<tr>
<td>a) comfort</td>
<td></td>
</tr>
<tr>
<td>b) strength</td>
<td></td>
</tr>
<tr>
<td>c) hope</td>
<td></td>
</tr>
<tr>
<td>d) a sense of peace</td>
<td></td>
</tr>
<tr>
<td>e) a sense of security</td>
<td></td>
</tr>
<tr>
<td>2) serving as a uniting bond between individuals</td>
<td></td>
</tr>
<tr>
<td>3) an area in which one questioned or searched</td>
<td></td>
</tr>
</tbody>
</table>
In order to amplify the role of religion in the specific circumstances illustrated earlier, these cases will now be considered in terms of the function of religion in relation to the client's type of adjustment problem.

**A Force of Order and Unity Serving as a Regulator of Personal Conduct**

Mr. Brown, discussed earlier in terms of his adjustment to acute physical illness, revealed through his behavior and conversations, during his hospitalization that religion provided him with a very rigidly defined pattern for personal conduct. As such it guided him in meeting his illness and its attendant problems. At the same time his religion served as a spiritual resource in that it gave him comfort in the time of illness and spiritual strength to meet its challenge.

Mrs. Gray, presented earlier in terms of a problem of adjustment in inter-personal relationships, was known by the social worker to have a background of church affiliation. On the basis of her understanding of the role of the church in Mrs. Gray's life and her understanding of Mrs. Gray's need for controls, the social worker advised Mrs. Gray to attend church and to talk with the priest regarding her problem.

Mrs. Acres, partially because of her guilt about not being able to relate to her son, was unable to institutionalize him. She verbalized the belief that she had been chosen by God to carry the burden of this child and therefore
must care for him herself, giving this as her reason for not institutionalizing the child. In this instance religion as a regulator of personal conduct strengthened her pattern of defenses, which was pathological, by endorsing her refusal to have her son institutionalized.

**A Force of Order and Unity Providing a Basis for Interpretation of the Cause of Illness and Death**

This case illustration was originally presented in terms of adjustment in inter-personal relationships influenced by physical illness. Mrs. Jones, the mother of a cleft palate child, interpreted the birth of this child as "her cross to bear", and received the child as a challenge to her ability to be a good mother. This interpretation was made on the basis of her religious beliefs; in like manner her religion also served as a spiritual resource providing strength for Mrs. Jones as she rose to meet this challenge.

Miss Reed, originally presented in terms of having a problem of adjustment to chronic physical illness, was described as a "devout Catholic" who had been affiliated with the Catholic Church all of her life. She devoted a great deal of her time and energies to religion and frequently talked about how much the ceremonies meant to her. She was visited regularly by the priest; the Little Sisters of the Poor came in to care for her needs rather than the Visiting Nurses Association. She believed that her illness was the
will of God and that there was a reason for her illness.
She stated that everyone had a burden to bear and that hers
was her illness.

Religion as a Spiritual Resource

Mr. Smith, seen struggling within a situation of physical illness and the problem of his inter-personal relationships, experienced a great deal of guilt because of his actions. The teachings of his religion, regarding personal conduct, strengthened his feeling of guilt and contributed to his belief that he would be punished, possibly by death, for his actions. Mr. Smith was able to discuss this feeling and his beliefs with the social worker and requested that she pray for him. Through prayer, his own and the prayers of others, religion served as a spiritual resource providing comfort and strength.

Mrs. Green, seen in terms of adjustment to acute physical illness, discussed her fear of death with the social worker in terms of prayer and what one prays for. Mrs. Green's discussion revealed that in this instance religion served as a spiritual resource for her, providing a sense of security. She expressed this herself in the words, "No matter what happens, I am still safe." Following her surgery Mrs. Green referred to this conversation with the social worker as having been helpful.
Religion Serving as a Unifying Bond Between Individuals

Mrs. Bay, seen in a situation of chronic physical illness, was raised a strict Protestant. Although her children also have this Protestant background, they have married and since marriage have become members of the Catholic Church. In an attempt to become closer to her children Mrs. Bay has herself turned to the Catholic Church. Through her observance of some of the tenets of the church Mrs. Bay has used religion as a bond to unite herself with her children.

Summary

In describing the client's circumstances and the nature of the religious element within specific cases they have been described in terms of the predominant problem with which the client was faced and the varying roles of religion as related to this problem. The predominant problem was considered in terms of either the client's need to adjust to acute or chronic physical illness or in terms of the client's difficulty in inter-personal relationships, as these were or were not influenced by the presence of physical illness. The element of religion was considered in terms of its function as a force for order and unity and as a spiritual resource. It is necessary to keep in mind that the religious element apparent in each case may have been only a segment of the religious aspect of the client's total experience. What is being considered here is only
that function of religion manifested within particular circumstances.
CHAPTER IV

THE WORKERS' ACTIVITY AND ATTITUDES

Having considered the client's circumstances and the role of religion in these circumstances the questions arise as to what these cases have required of the social worker, and what has been the social worker's response to religion as an aspect of the client's total experience. The social worker's response will be considered in terms of the actual activity on the part of the worker in response to this component of the situation and in terms of the social worker's attitudes as expressed during my interviews with them.

The Client's Request Pertaining to Religion

What have these situations required of the social worker? The answer to this question can easily be divided into two types, those in which there was no direct request in reference to religion made of the social worker and those situations in which a direct request in reference to religion was made of the social worker. In addition there was also one situation in which the social worker, knowing the religious background of the client, was able to use a particular function of religion as a part of her treatment plan.

There were eleven situations in which there was a direct request made of the social worker. Ten of these eleven requests consisted of the desire on the part of the client to discuss with the worker the particular aspect of
religion which was present in his current situation. Of these ten one also included a request for the worker to pray and four of them included a request for guidance or advice. The eleventh request was that the worker not call the priest to see the client.

There were eighteen situations in which there was no direct request in reference to religion made. However, the client's discussing of religion with the social worker implied that the client expected to receive acceptance, respect, and understanding from the worker. In several of these situations the subject was presented by the client specifically for the purpose of receiving support through the acceptance and understanding of the worker.

However, the sum of what was required of the social worker is not entirely revealed in terms of the requests made of the worker. The answer to this question is more fully seen in the social workers' responses to the religious aspect of the case.

The Workers' Responses in Terms of Activity

In many instances the social worker's awareness of the role of religion in the client's situation stimulated certain activity on the part of the worker, or influenced the activity of the worker. For example in three instances the social worker referred the client to a clergyman, or suggested the client talk with a clergyman. In one instance
the worker consulted a priest for the purpose of gaining knowledge for herself to facilitate her working with the client. In three instances the knowledge of the person's religious affiliation was an important factor in planning for referral to another agency. In four cases the social worker discussed the religious element with the client and in one of these instances the social worker also prayed with the client.

The acknowledgement by the social worker of a common faith with the client, on one occasion, helped to establish a positive relationship between the worker and client. In one instance the social worker in response to a discussion of religion by the client encouraged the client to participate in the religious practices of the church and helped the client recognize the meaning and significance of these practices to the client. On another occasion this same worker, knowing the religious background of the client and the potential influence of the church on the client, in light of her diagnosis of the client's need, urged the client to attend church. In one case it was the request of the client that the priest not be called. In so far as it was possible, the social worker respected the client's wishes.

In four of the cases the different workers were aware of the religious element in the situation and recognized it as part of the larger problem of the client. As such it
was dealt with indirectly through working with the client in relation to the larger problem.

In ten of the cases discussed, the response of the social worker was only the recognition or awareness on the part of the worker of the role of religion in the client's situation; in some cases this recognition was not even mentioned to the client. However, many of the workers in recognizing the religious element also gave the client support in this area. One worker described her reaction to the religious element as admiration and stated that she let her feeling "get through to the client" as a means of support, approval, and acceptance in an area of particular importance to the client. Another worker commented that witnessing the beauty and strength of the religious element in the client's life gave her strength.

Workers' Attitudes Regarding the Place of Religion in the Casework Relationship

An inevitable question is the question of the frequency of the social worker's contact with the element of religion in her work with clients. The answer to this question is not readily available as it is interpreted differently by the workers. Some workers always want to know the religious background of the client and in this sense frequently have contact with the area of religion. Others are aware of the area of religion only when presented for discussion by the client, and therefore, infrequently come
in contact with the area of religion. Several of the workers stated that they felt religion was an element of the total situation for most people, however, infrequently a part of the casework situation. Therefore, a consideration of the attitudes of the workers concerning the element of religion in the casework situation seems to be the most fruitful approach to the question of frequency. At the same time consideration of the workers' attitudes reveals what they feel is required of them in response to the religious aspect of a situation.

One worker stated that she felt that the aspect of religion within the client's total experience was entirely irrelevant to her work with the client; for this reason the worker never obtained information regarding the religious affiliation of the client as part of the face sheet information even though it is included on the face sheet used by the clinic. It is essential to note, however that this worker discussed two situations in which she had contact with the aspect of religion performing a specific function.

Six of the workers stated that they felt the client would bring up the area of religion if it were important to them. Comments accompanying this general attitude indicated that the area of religion was of concern only when the client brought it as a concern and was an area to be avoided under other circumstances. For these workers religion implied an
element of judgement which they felt should be avoided. One of the workers within this group saw her role as one which would support the client in his use of religion. Most of this group felt that their response would be in terms of the significance of religion to the situation which would not involve a direct dealing with the area of religion.

Nine of the workers felt that religion was an aspect of the total situation which should be recognized by the worker; however several of them commented that they were not always as aware of this aspect as they felt they should be. It was suggested that the cultural aspect of religion influences both the worker and the client and thus this personal involvement of both parties creates a reluctance on the part of the worker to deal with this aspect of a situation. However, an understanding of the client's cultural background is necessary to an understanding of the client.

Four of the workers in this group stated that they always wanted to know the religious background of the client as they considered it to be an important element of diagnostic material. These four workers emphasized that they felt it would be significant if the aspect of religion was absent in long term contact with the client. It was indicated that the role and significance of religion differed with individuals and had different meanings at different times for the same individual; however an understanding of this
played an important part in the worker's understanding of the client.

Several workers indicated that, as religion was a vital part of many people's lives, it was the social worker's responsibility to be aware of the influence religion had on the situation, particularly in situations involving illness. One worker indicated that this was one area in which the worker could not give the client something new, but must use what the client has. However, the worker has an obligation to understand the faith of the individual in case of false hope or distortion of the religious belief.

**Possible Origins of These Attitudes**

In considering the origins of these attitudes two areas seem to have contributed to the forming of these attitudes. One is the well known cultural attitude that one does not discuss politics and religion. The influence of the workers' formal training was deliberately brought in question by asking if the worker felt there was something inherent in social work training which influenced social workers' response to religion. The answer most frequently received was that the area of religion received little if any attention in the classroom; when it was considered, it was in terms of the cultural background of the client. One worker in discussing what she considered to be her lack of awareness of the element of religion commented that it was not something to which
she was "sensitized" in school. Two workers particularly emphasized that they felt workers should gain a knowledge of the three major faiths in school; one felt it necessary to the worker's understanding of the person one works with, and the other proposed the idea that social workers should be concerned with the spiritual development of the individual and, therefore, a knowledge of the various faiths is necessary.

In discussing the possible origins of the attitudes held by the workers, several workers discussed them in terms of certain principles operative within the worker-client relationship. These were largely concerned with the respect the worker has for the individual personality, the consequence of which is that the worker does not impose her own goals or standards of behavior, solutions, and morals upon the client.

The question of the worker's own self-awareness was also discussed by a number of those interviewed. It was suggested by some that possibly the infrequent contact with religion was due to the worker's own insecurity in discussing the subject because they had not worked out their own feelings. Those who commented on the matter of self-awareness seemed to agree that the nature of the worker's contact with and the frequency of contact with the element of religion depended to a large extent on the worker's own self-awareness and feelings regarding the subject and its importance. One's self-awareness must make it possible for the worker to be
sensitive to the client and enable the worker to recognize the client's need in this area.

In some instances the worker suggested possible activities or situations in which the worker should or could assume responsibility specifically in relationship to the religious element. These included possible referral to a clergyman, enabling the person to attend church services (providing taxi fare, etc.), and helping a person to draw upon religion as a strength. It was also suggested that the social worker frequently is confronted with situations in which the client will raise questions or wish to discuss something within the area of religion; frequently in such a situation referral to a clergyman is possible and desirable. However in some situations the need is there and must be dealt with at that time. As no one else who might be better equipped is there, the social worker must respond in light of the client's background and out of the worker's own belief.

Summary

In less than half of the cases used as illustrations was a direct request made of the social worker; however, in the remainder of the cases the social worker's acceptance, respect and understanding of the client's concern about religion was an expected but non-verbalized response of the worker. The workers' responses in terms of activity involved more than the fulfilling of direct requests and were based
on their awareness of the client's needs. These activities included such things as referral to a clergyman, referral to a sectarian agency, and discussing religion with the client.

The attitudes of the workers' towards religion in the casework situation ranged from the attitude that it was relevant to the attitude that knowledge of the role of religion in the client's life was an important element of diagnostic material. However, in many instances the workers, thinking at the time of my interview with them, were able to recall cases in which religion was an element of the client's total situation, but their attitude had not contributed to a consistent awareness of religion as a potential aspect of the situation.
CHAPTER 5
SUMMARY AND CONCLUSIONS

The growth of the concern for the welfare of the individual occurred within the framework of religion. Then, as the field of secular social work developed, the distance between the field of social work and the church widened. However, in spite of the distance between them now there remains much evidence within social work of its heritage from religion.

Religion is also relevant to the practice of social work in quite another way. As an important area in the lives of many people it is to be expected that social workers, in their endeavor to help people develop their resources and capacities to obtain a better and fuller life, would become aware of religion as a factor of the client's total experience. This study has been an attempt to describe cases in which the social worker was aware of religion as a factor in the client's total experience and to describe the social worker's response to the element of religion.

For purposes of examination the basic circumstances of the case and the function of religion within these specific circumstances were separated. The basic circumstances of the cases were categorized according to the predominant problem of the client. These categories were based on the client's need to adjust to acute or chronic physical illness or the
client's difficulty in adjustment in inter-personal relationships. Of the thirty-three cases, seventeen came under the category of Adjustment to Physical Illness: Acute or Chronic, and twenty-two of them under the category of Adjustment in Inter-personal Relationships, with or without the presence of physical illness. In six of the cases the interweaving of the problems of adjustment in inter-personal relationships and to physical illness was such that the cases were included in both categories. In five of these cases the client had a chronic illness. For each client his is a unique situation; yet in terms of the general types of problems clients bring to the social work agency these problems are universal.

The religious element in these cases was considered in terms of the role of religion within the specific circumstances of a case. In many instances that which was being considered may have been only a segment of the client's total religious experience. Religion was considered in terms of its role as A Force of Order and Unity serving as a Regulator of Personal Conduct and as The Basis for the Interpretation of the Cause of Illness or Death and in terms of a Spiritual Resource providing comfort, strength, a sense of peace, a security, and hope, serving as a Uniting Bond Between Individuals, and as An Area for Questioning or Searching. In the category of Religion as a Force of Order and Unity there
were twenty-four cases. In the second category, Religion as a Spiritual Resource, there were twenty-two cases. In nine of the cases there was a multiple function of religion.

These functions of religion are similar to those discussed by Kahn as she presented religion as a possible inner or external resource and as a possible influence on the patient's interpretation of the etiology of an illness.¹

In this same article by Kahn there is some discussion of the social worker's activity in respect to religion. Of those activities discussed by her two, referring a client to a clergyman and determining the need for referral to a clergyman, were among the activities of the social workers in this study. Other activities included discussion with the client, consulting a priest for the purpose of gaining knowledge, and encouraging the client to participate in the religious practices of the church.

A consideration of the social worker's attitudes revealed the existence of a wide range of attitudes among those interviewed. A number of workers commented that the nature of the worker's contact and the frequency of contact with the element of religion depended to a large extent on the worker's own self-awareness and feelings regarding the subject and its importance. This brings to mind Kahn's warning of the danger of the social worker's estimating the

¹Kahn, op. cit., p. 34.
importance of religion to the client on the basis of its importance to the worker.\textsuperscript{2}

\textit{Approved, May 1960}

\textit{Barbara Ayres.}

\textsuperscript{2}\textit{Ibid.}
APPENDIX A

LETTER

January 1, 1960

Dear

By concerning themselves with the whole person in their endeavor to "Help people help themselves", social workers have become aware of the many and varied aspects which may be part of a person's whole experience. Because of the diverseness of each individual's total experience, social workers have used various ways to help their clients solve their problems in the way that seems right to the client. The sharing of these contents of the casework process has proved to be an invaluable practice. Consequently, social workers frequently ask themselves and their co-workers the "what" and the "how" of their activities in relation to a particular client or aspect of personality.

What I want is no different. I am interested in exploring the social worker's contact with and response to religion as an aspect of the client's total experience. For example, have you within the last six months worked with a client in a situation involving the aspect of religion? If so, would you review one or two such cases and discuss them with me? I am particularly interested in obtaining a brief picture of the client and his personal relationships, a description of the religious element involved, and your response to it. The material obtained will be used as the basis of my thesis.

I would like to interview you in order to obtain this information. This has been discussed with both Miss Wheeler and Miss Wein; both of them have endorsed the project and encourage your participation. I will contact you regarding the possibility of scheduling an interview in the near future.

Sincerely,
APPENDIX B

SCHEDULE

As you have thought about this, how have you defined religion?
What is the patient’s medical diagnosis?
  prognosis?
What was the original reason for contact with the patient?
What is the patient’s age...sex...marital status...religion...
Would you give a brief picture of the patient’s personal relationships?
At what point in the illness did the aspect of religion arise?
What was the religious element involved?
  What affect was the patient experiencing when concerned with the religious element?
  What role did religion play in the patient’s situation?
What was your response to the religious element in the situation?
How frequently does the aspect of religion arise?
Is the religious aspect of the situation apparent in your recording?
What is the social worker’s concern in this area?
Is there something inherent in social work training which influences the social worker’s response to the religious element?
BIBLIOGRAPHY


