Spiritual Assessment: A Review of Major Qualitative Methods and a New Framework for Assessing Spirituality

David R. Hodge

This article introduces a new qualitative spiritual assessment instrument. It reviews existing qualitative assessment tools and presents a new multidimensional spiritual assessment framework. The instrument consists of two components: a spiritual history in which consumers relate their spiritual life story in a manner analogous to a family history and an interpretive framework to assist practitioners in eliciting and synthesizing the full potentiality of strengths extant in clients’ spiritual lives. Common spiritual strengths the framework is designed to evoke are discussed, and a number of interventions based on prevalent spiritual strengths are suggested.

Key words: assessment; qualitative methods; religion; spirituality; strengths perspective

As Mattaini and Kirk (1991) observed, assessment is an underdeveloped area in social work. Nowhere is the lack of maturation more evident than in the area of spiritual assessment (Bullis, 1996; Sherwood, 1998). Although there have been numerous calls for the reintegration of spirituality into the therapeutic dialogue (Bullis; Cornett, 1992; Derezotes, 1995; Jacobs, 1997; Poole, 1998; Rey, 1997; Sermabeikian, 1994), multidimensional instruments that assess spirituality in a therapeutically constructive fashion are conspicuously absent. Surveys have shown repeatedly that social workers have received little training in issues related to spirituality or spiritual assessment (Bullis; Derezotes; Sheridan, Bullis, Adcock, Berlin & Miller, 1992; Furman & Chandy, 1994). Furman and Chandy found that more than three-quarters of practitioners received little or no training in spirituality during their graduate education, despite the central role it plays in the lives of many consumers.

Spurring interest in the assessment of spirituality has been the accumulation of an impressive body of empirical findings documenting spirituality’s salience in a wide range of areas, including mental health (Ventis, 1995), coping ability (Pargament, 1997), self-esteem (Ellison, 1993), and the realization of personal strengths (Maton & Salem, 1995). It is also a significant variable in recovery from divorce (Nathanson, 1995), homelessness (Montgomery, 1994), sexual assault (Kennedy, Davis, & Talyor, 1998), and substance abuse (Muffler, Langrod, & Larson, 1992). Several hundred studies exist on spirituality and religion, the majority of

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which suggest that spirituality is a key strength in personal well-being (Ellison & Levin, 1998). Spirituality and religion often are used interchangeably, but they are distinct, although overlapping, concepts (Carroll, 1997). Religion flows from spirituality and expresses an internal subjective reality, corporately, in particular institutionalized forms, rituals, beliefs, and practices (Canda, 1997; Carroll). Spirituality is defined as a relationship with God, or whatever is held to be the Ultimate (for example, a set of sacred texts for Buddhists) that fosters a sense of meaning, purpose, and mission in life. In turn, this relationship produces fruit (such as altruism, love, or forgiveness) that has a discernible effect on an individual’s relationship to self, nature, others, and the Ultimate (Carroll; Sermabezian, 1994; Spero, 1990).

An additional factor stimulating interest in assessing spirituality is the profession’s growing acceptance of the strengths perspective, which posits clients’ personal and environmental strengths as central to the helping process. With growing use of clients’ capabilities in the clinical dialogue to ameliorate problems, interest in how to identify clients’ strengths, such as spirituality, has increased (Cowger, 1994; Hwang & Cowger, 1998).

Assessment is critical to the incorporation of strengths into the therapeutic milieu. Without a reliable means for finding consumers’ strengths, workers tend to revert to practice models that are based on the identification of problems and deficits (Ronnau & Poertner, 1993). In addition to identification, strengths must be organized into a conceptual framework that suggests particular interventions. Gathering data is not an assessment in itself; the information must be interpreted, organized, integrated with theory, and made meaningful (Rauch, 1993). Accordingly, assessment is defined as the process of gathering, analyzing, and synthesizing salient data into a multidimensional formulation that provides the basis for action decisions (Rauch).

Quantitative versus Qualitative Assessment
The most widely used spiritual assessment tools are quantitative measures, or pen and paper questionnaires (Lukoff, Turner, & Lu, 1993). Quantitative assessment methods in general, however, have been criticized as being incongruent with social work values (Franklin & Jordan, 1995; Rodwell, 1987; Scott, 1989). This perspective argues that quantitative instruments presuppose a certain construction of reality and in the process leave little room for clients to negotiate a shared understanding of their individual experience with workers. The subjective, often intangible, nature of human existence is not captured. Potentially vital information can be lost as clients subscribe their experiences to fit the limited options presented in a specific scale and its predetermined understanding of reality.

The problems inherent in quantitative assessment may be particularly relevant in the realm of spirituality. Reed (1992), for instance, has argued that spirituality, as a subjective interior reality, is difficult to quantify in any manner. Furthermore, this reality can vary radically across various spiritual traditions (feminist goddess traditions versus Islamic traditions), making attempts at quantification difficult (Robbins, Chatterjee, & Canda, 1998).

Another issue is the low level of education that exists among many of the populations for whom spirituality is especially salient. For example, George (1997) reported that approximately 20 percent of the current cohort of elderly adults is functionally illiterate. The sophisticated vocabulary and complex questions in many quantitative measures increase the probability of incorrect responses and can foster a dynamic that mitigates against the formation of a therapeutic alliance.

Spirituality seems better served by qualitative assessment methods. Qualitative approaches tend to be holistic, open ended, individualistic, ideographic, and process oriented (Franklin & Jordan, 1995). As such they offer particular
strengths in assessing clients’ spiritual reality, where richness of information can be of particular importance (Mattaini & Kirk, 1993). Depending on the method used, qualitative approaches can foster a collaborative strengths-based atmosphere (Hartman, 1995).

Qualitative Assessment Approaches

According to Edward Canda, professor, University of Kansas, Lawrence (personal communication, April 22, 1998), only a small number of qualitative spiritual assessment methods have been developed. One of the more prominent approaches is taking a religious or spiritual history (Boyd, 1998; Bullis, 1996; Dombek & Karl, 1987; O’Rourke, 1997; Peck, 1993; Rizzuto, 1996; Tan, 1996). This process is analogous to taking a family history. The religious tradition of both parents, the consumer’s spiritual beliefs and practices, along with the degree of integration with the larger religious community, are generally explored. It is important to understand the public (baptism, confirmation, bar mitzvah, rites of passage, membership) and private (conversions, spiritual awakenings, transpersonal communion, peak experiences) significance, as seen through the eyes of the client, of the family’s faith tradition throughout the developmental process. Deviation, if any, from the family’s religious orientation is examined, along with the current existential experience of the transcendent.

Spiritual histories commonly use a series of questions to explore spiritual and religious themes in the context of an empathic dialogue. An open-ended, coexploration of the consumer’s spiritual and religious beliefs results. The question sets often are organized chronologically, allowing spiritual assessment to occur in an autobiographical-narrative format that is comfortable and natural to the client (Strickland, 1994).

However, some spiritual histories arrange questions to achieve certain therapeutic ends. Dombek and Karl (1987, p. 193) offered a framework that organized questions into three areas: “placement within a religious community” (for example, “Religious affiliation?” “Changes in religious affiliation?” “Level of present involvement?”); “personal meanings attached to symbols, rituals, beliefs, and Divine figures” (for example, “What religious practices are most meaningful?” “When and in what ways does one feel close to the Divine?”); and “relationship to religious resources” (for example, “What is your relationship with God?” “How is God involved in your problems?”). This ordering attempts to provide practitioners with a working knowledge of clients’ religious traditions, their sociology, practices, key symbols, and unique language, which in turn suggests salutary spiritual interventions based on clients’ religious and spiritual strengths.

As a supplement to histories, diagrammatic instruments such as spiritual genograms and spiritual maps provide a useful means of organizing data (Bullis, 1996; Hodge, 2000; Hodge, 2001; Rey, 1997). Alternatively, they can stand on their own as an assessment tool. Like family genograms designed to depict the emotional and psychological relationships within the family system, spiritual genograms chart a spiritual family tree. In addition to spiritual ancestors, significant books, experiences, sermons, and events that have shaped the client’s spiritual orientation or outlook can be drawn on the pictorial instrument.

An assessment instrument related to spiritual histories is Nino’s (1997) spiritual quest, which uses a sentence compilation format. Nino offered the following ten items: “1. I see myself now . . . 2. I think the spiritual . . . 3. The people I have met . . . 4. Thinking about my past . . . 5. When I feel fragmented . . . 6. My relation to God . . . 7. The world around me . . . 8. A meaningful life . . . 9. The best thing I have ever done . . . 10. What I would really like to do . . .” (p. 208). This is supplemented by the selection of a time period or event in the client’s life that can explain the nature and meaning of the statements made above. A more detailed narrative emerges that provides a number of insights into the client’s spiritual world.

Pruyer’s (1976) seven categories for “pastoral diagnosis” have been highly influential in spiritual assessment (Fitchett, 1993). Pruyer suggested seven areas to explore with clients: (1) “Awareness of the Holy:” What does one experience, or hold to be, sacred? (2) “Providence:” How does trust or hope function in the
consumer’s life? (3) “Faith:” What does one commit oneself to? (4) “Grace or Gratefulness:” For what is the client thankful? (5) “Repentance:” How does the consumer handle personal transgressions or guilt? (6) “Communion:” Who does one feel connected to? (7) “Sense of Vocation:” What sense of purpose is found in life and work? (p. 60). Pryuser advocated listening to clients’ stories with the goal of understanding how their narratives relate to these seven themes, using category-specific queries as necessary to explore all seven areas.

Fitchett’s (1993) 7 x 7 model places the assessment of seven spiritual dimensions within a broader framework. The intent is to produce a complete assessment that encompasses all biopsychosocial–spiritual factors relevant to well-being. Fitchett’s seven spiritual dimensions are “beliefs and meaning,” “vocation and consequences,” “experiences and emotion,” “courage and growth,” “ritual and practice,” “community,” and “authority and guidance” (p. 42).

Loving (1996) provides a “denominational framework” that consists of an overview of contemporary religious belief systems (such as Roman Catholicism or Judaism) through which to understand clients’ spiritual narratives. Ten markers of spiritual pathology and five indicators of spiritual maturity also are supplied that can be applied to individuals in any denomination. This framework helps evaluate consumers’ current spiritual state.

A number of individuals have proposed stage models for use in practice settings, including spiritual assessment (Cowley, 1996; Genia, 1990; Kilpatrick & Holland, 1990; Peck, 1993). In a manner similar to psychosocial stages, these models delineate a series of spiritual developmental stages through which individuals pass. Fowler’s (1981) model, in which individuals move through five sequential stages of faith development, often serves as a foundation for other works in this category and stands as an assessment instrument itself. Regardless of the model, after the client’s stage of faith is discerned by way of a spiritual autobiography, stage-specific questions, or a combination of both approaches, interventions are targeted to foster advancement to the next stage.

### Evaluation of Existing Instruments

The review of prominent qualitative approaches was presented as a rough continuum, in which generally increasing levels of theoretical structure are imposed on clients’ spiritual experiences. At one end of the continuum are spiritual histories, which impose a low degree of structure on clients’ spiritual reality (Sermabekian, 1994). The narratives spiritual histories are designed to produce are accepted on their own terms.

At the other end of the continuum are stage-theory models, which impose a high degree of structure on clients’ experiences. Rather than accepting clients’ stories on their own terms, stage theories attempt to understand clients’ spiritual reality in light of a particular level on a predetermined, sequential series of stages. A number of the concerns that have been raised about quantitative assessment can be applied to stage-theory models because of the similarity of the underlying philosophical assumptions. For instance, just as quantitative instruments imply the need for an “expert clinician” to interpret the measure, stage theories imply the need for a comparable individual to interpret the client’s spiritual state in correspondence with the various stages. Similarly, one particular measure, or one sequential series of stages, is proposed as the true reality for all individuals across diverse spiritual traditions (Robbins et al., 1998).

Furthermore, workers are more likely to slip into a deficit mindset when using high-structure stage models rather than instruments at the other end of the continuum. Inevitably, a certain percentage of clients fall into the lower stages of development. In many cases these lower stages are characterized by pathological markers. In all cases these individuals are somehow “mature” than those higher up the ladder of development. In short, they are deficient. As Saleebey (1992) has observed, when an approach classifies consumers pejoratively, labeling them “egocentric,” or “dogmatic” (Genia, 1990) or even immature, practitioners find it difficult to focus on client strengths.

Although assessments using stage theories have the advantage of suggesting specific interventions, the liabilities associated with their use weigh against their use in clinical settings.
Conversely, low-structure, open-ended spiritual histories foster respect for clients’ narratives, implicitly maximizing client autonomy. Because of their lack of structure, however, open-ended spiritual histories have been criticized for failing to yield information of sufficient depth and detail (Sperry & Giblin, 1996).

This article describes an assessment method that combines the strengths of low-structure and high-structure assessment approaches. The instrument maximizes client autonomy by using the format of a spiritual history but provides the practitioner with an interpretive framework for eliciting and integrating the information. In turn this framework suggests specific interventions without imposing a high level of theoretical structure on clients’ spiritual narratives.

A Spiritual Anthropology

The starting point in developing such an assessment framework is articulating a spiritual anthropology. “It is the anthropology that drives the methodology of a spiritual social work assessment and intervention” (Bullis, 1996, p. 40). It provides the theoretical framework for gathering the information and understanding the resulting data and then suggests particular interventions.

Chinese spirituality writer Watchman Nee (1968) conceptualizes the human spirit as an integrative unity consisting of communion, conscience, and intuition. All three dimensions interact with and influence one another. Concurrently, they are integrated with affect, cognition, and volition. As with affect, cognition, and volition, the three dimensions can be defined individually.

- **Communion** refers to relationship—to the individual’s capacity to bond and relate with the Ultimate (Nee, 1968). In many spiritual traditions communion is manifested in terms of a relationship with a supreme being (for example, Allah in Islam, Jesus in Evangelicalism, God in Sikhism). However, other traditions might emphasize an individual’s relationship to the Creation (certain Native American traditions), the transcendent aspect of the self (New Age), or a sacred text (Buddhism).

- **Conscience** can be defined as one’s subjective ethical guidance system (Nee, 1968). Beyond an individual’s cognitively held beliefs and values, conscience informs regarding what is just and fair. It can be thought of as an individual’s most deeply held value system.

- **Intuition** is associated with knowledge. More specifically, insights arrive at one’s conscious level directly, bypassing normal information processing channels (Nee, 1968). Krill (1990) suggested that intuition is the process of drawing on some reservoir of integrated understanding within ourselves. Hunches concerning the advisability of a specific course of action, sudden impressions to pray for someone, and creative flashes of insight, are examples of the intuitive function of the spirit (Nee).

Framework for Spiritual Assessment

The assessment instrument consists of a narrative framework and an interpretive framework (Table 1). There is a considerable amount of evidence that information is stored and organized narratively in the mind (Strickland, 1994). Accordingly, the Initial Narrative Framework provides three general question categories to develop an autobiographical spiritual history. The questions incorporate increasing levels of personal revelation, allowing time for the therapist to establish trust and rapport before more intimate information is shared—an important concern given that spirituality can be an intensely private and sensitive area (Krill, 1990).

To facilitate trust care should be taken to foster a relaxed, conversational atmosphere that mitigates the power differential inherent in therapy (Laird, 1994). Moving from behind one’s desk to a more egalitarian arrangement is one practical means to achieve this end. The process of taking a spiritual history should be seen as active, empathetic participation in a one-sided conversation rather than an interview (Kisthardt, 1997).

The worker’s primary role is to listen attentively and avoid unnecessary interruption in the process of consumers telling their stories (Cowger, 1997). Empathetic and paraphrasing...
Table 1
Framework for Spiritual Assessment

### Initial Narrative Framework

1. Describe the religious/spiritual tradition you grew up in. How did your family express its spiritual beliefs? How important was spirituality to your family? Extended family?
2. What sort of personal experiences (practices) stand out to you during your years at home? What made these experiences special? How have they informed your later life?
3. How have you changed or matured from those experiences? How would you describe your current spiritual or religious orientation? Is your spirituality a personal strength? If so, how?

### Interpretive Anthropological Framework

1. Affect: What aspects of your spiritual life give you pleasure? What role does your spirituality play in handling life’s sorrows? Enhancing life’s joys? Coping with life’s pain? How does your spirituality give you hope for the future? What do you wish to accomplish in the future?
2. Behavior: Are there particular spiritual rituals or practices that help you deal with life’s obstacles? What is your level of involvement in faith-based communities? How are they supportive? Are there spiritually encouraging individuals that you maintain contact with?
3. Cognition: What are your current religious/spiritual beliefs? What are they based upon? What beliefs do you find particularly meaningful? What does your faith say about personal trials? How does this belief help you overcome obstacles? How do your beliefs affect your health practices?
4. Communion: Describe your relationship to the Ultimate. What has been your experience of the Ultimate? How does the Ultimate communicate with you? How have these experiences encouraged you? Have there been times of deep spiritual intimacy? How does your relationship help you face life challenges? How would the Ultimate describe you?
5. Conscience: How do you determine right and wrong? What are your key values? How does your spirituality help you deal with guilt (sin)? What role does forgiveness play in your life?
6. Intuition: To what extent do you experience intuitive hunches (flashes of creative insight, premonitions, spiritual insights)? Have these insights been a strength in your life? If so, how?

Responses can help build rapport and cultivate an atmosphere in which clients feel comfortable sharing their spiritual experiences. The worker’s goal should be to transmit acceptance and validation through physical and verbal language (Kisthardt, 1997). One pragmatic way to achieve this result is to use terminology that is congruent with the consumer’s spiritual tradition, (for example, using synagogue with Jewish clients when referring to their place of worship) especially when the client has introduced such terms into the conversation.

Similarly, workers can help clients discover, clarify, and articulate their stories by using a number of verbal following skills (Hepworth & Larsen, 1993). Minimal prompts (“And then what happened?” “And?” “But?”), accent responses (in which a key word or short phrase is repeated in a questioning tone of voice), and embedded questions (“I’m curious about . . . “ “I’m interested in knowing . . .”) help consumers relate their story without diverting attention from the story itself.

The Interpretive Anthropological Framework is a multidimensional framework for understanding the personal subjective reality of spirituality in clients’ lives. The questions are not sequential but are intended as guides to alert practitioners to the various components of each domain and to create awareness of the potentiality of clients’ spirituality.

Within the context of clients’ narratives, it is expected that workers will use certain questions, or adaptations, to flesh out clients’ narratives at
specific junctions using the methods discussed in the preceding section. For example, a worker might ask, using the tentative phrasing suggested previously, "I'm interested in knowing more about how your relationship with God has enabled you to face the challenges life has presented you with" when working with a Roman Catholic. Similarly, when working with a Native American from the Plains Ojibway, who gather to publicly confess their sins in the presence of Spirit, a worker might attempt to obtain further concreteness by asking how the ritual has helped them cope (Jacobs, 1992). In other words, the Interpretive Framework is to help workers discover and clarify the spiritual strengths of consumers as they relate their spiritual histories.

Overview of Common Spiritual Strengths

The Interpretive Anthropological Framework is designed to evoke a number of empirically based spiritual strengths. An individual's relationship with the Ultimate is a key strength, facilitating coping, defeating loneliness, promoting a sense of mission and purpose, instilling a sense of personal worth and value, and providing hope for the future (Ellison & Levin, 1998; Pargament, 1997; Perry, 1998).

Rituals, inherent in essentially every spiritual tradition, have been widely associated with positive outcomes and can serve to ease anxiety and dread, alleviate isolation, promote a sense of security, and establish a sense of being loved and appreciated (Ellison & Levin, 1998; Jacobs, 1992; Pargament, 1997; Perry, 1998; Worthington, Kurusu, McCullough, & Sandage, 1996). Typical rituals workers are likely to encounter include scripture reading, prayer, meditation, Holy Communion, ceremonial rites, bar mitzvahs, rites of passage, baptisms, and confession of sins.

Participation in faith-based communities is also a significant strength (Calhoun-Brown, 1998; Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997; Ellison & George, 1994; Ellison & Levin, 1998; Maton & Salem, 1995). This resource has been associated with increased empowerment, realization of personal strengths, coping ability, self-confidence, lovability, and sense of belonging. Houses of worship (churches, synagogues, mosques, or temples), faith-based groups (Bible studies, Promise Keepers, prayer meetings, elder mentoring gatherings, spirituality groups, or tribal celebrations), and discipleship—mentoring dyads and triads are among the more common forms of participation.

The cognitive schemata associated with spiritual belief systems also have been widely documented as strengths (Ellison & Levin, 1998; Pargament, 1997; Perry, 1998; Worthington et al., 1996)—for example, knowing that one is loved unconditionally and that there is a deeper spiritual purpose to life that animates one's existence can facilitate peacefulness and coping ability.

Other spiritual strengths the Interpretive Framework is designed to elicit are intuition and methods for alleviating guilt. These elements have received support in the practice literature as important resources (Krill, 1990), but they have not been empirically validated as strengths, primarily because of a lack of research. However, it seems reasonable to suggest that having a method for alleviating the occurrence of realistic guilt related to hurting another, violating an agreement, or transgressing one's value system, is a strength (Krill). Similarly, possessing an intuitive capability is easily seen as a strength. Anecdotal accounts indicate that creative hunches or flashes of insight are often significant resources in clients' lives.

Regardless of previous empirical findings or anecdotal wisdom, it is important to emphasize that consumers are the final arbiters of their spiritual strengths. The purpose of the Interpretive Framework is merely to provide practitioners with a guide for eliciting commonly held spiritual strengths that may exist, and in the process, provide a smooth transition to the interventions the realized strengths suggest.

Interventions

Simply having consumers articulate narratives that highlight their spiritual strengths is an effective intervention. Our stories help shape our evolving construction of reality, who we are, how we see the world, and our ability to lead successful lives (Laird, 1994). By having consumers relate an area of prominent strength, an altered, therapeutically beneficial construction

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of reality is fostered. In turn, this new self-perception enables clients to ameliorate problems, for example, by providing a new inner vocabulary that depicts them as capable individuals who have the resources and abilities to solve life’s complex issues. Workers can help consumers ameliorate their problems by providing a positive reflection of their capabilities, strengths, resilience, and resources (Saleebey, 1997).

The assessment process can be facilitated by using diagrammatic instruments such as spiritual genograms to depict the flow of a client’s spiritual history over a number of generations (Hodge, 2001; Rey, 1997). Another suggestion is to transpose the autobiographical material into a timeline in the form of a spiritual journey or map with pictorial representations of significant events and experiences (Hodge, in press). Both approaches act as positive mirrors of consumers’ resilience and strengths.

Self psychology’s concept of self-objects and holding environments is another mirroring intervention (Elson, 1986). In many cases the Ultimate, and to a certain extent faith communities, act as ideal self-objects, a relationship that is readily revealed by the Interpretive Framework (How would the Ultimate describe you? How does the Ultimate feel about you?) Workers can ameliorate problems by encouraging consumers to enter a nurturing holding environment with such self-objects through increased prayer, meditation, and participation in faith communities. Such holding environments can foster increased ego cohesion, integration, and mastery (Elson). This intervention may seem appropriate for traditions that posit a caring transcendent being (Evangelicalism), but its effectiveness has been demonstrated also in atheistic traditions such as Buddhism (Emavardhana & Tori, 1997).

Cognitive and behavioral interventions based on consumers’ spiritual belief systems also have been empirically validated. Replacing counterproductive beliefs and behaviors with productive ones drawn from the consumer’s spiritual worldview is often a salutary intervention (Propst, 1996). For example, with clients who believe that all events are imbued with spiritual meaning (elicited by questions such as: What does your faith say about personal trials? How does your spirituality help you overcome obstacles?), a productive reframing can occur that shifts the focus from the present obstacle to the spiritual lessons clients are desirous of learning (Saleebey, 1997). Overwhelmed by problems, consumers easily can overlook the important spiritual development that such trials foster, despite tradition-specific injunctions that indicate that the Ultimate is working all things together for a purpose. Similarly, prayer, meditation, and spiritual mourning have all been used effectively as behavioral interventions (Worthington et al., 1996).

Helping clients gain access to environmental resources is another intervention (Sullivan, 1992). Typically, assessment reveals a number of environmental strengths. Faith-based communities usually have programs, activities, and social networks that consumers can use to overcome obstacles and reorient their lives.

Assisting consumers in their desire to grow spiritually can be an effective intervention (Kisthardt, 1997). By focusing on areas of interest to clients, practitioners can facilitate personal growth and development that often result in reduction or amelioration of impediments. As interest and competencies are extended in an area of interest, in this case some aspect of a consumer’s desired spiritual aims, new competencies often are leveraged to address other problem areas (Sullivan, 1997).

**Cautions and Limitations**

Spiritual assessment also raises areas of concern. Workers must strike a delicate balance between using and developing clients’ spiritual strengths and remaining focused on the present helping task (O’Rourke, 1997). The point of therapy should always remain on marshaling resources to ameliorate the presenting problem. Workers should avoid falling into the role of spiritual directors in which they assume the role of a spiritual expert directing consumers in their spirituality.

In addition, some practitioners may hold certain values so firmly that they risk imposing their positions on clients, in which case they should refrain from undertaking spiritual assessments with populations that are likely to hold differing values. Feminists strongly committed to an
egalitarian family structure, for example, should engage in thorough self-examination before undertaking spiritual assessment with Muslim families who commonly affirm complementary gender roles (Smith, 1999).

Finally, spirituality is a private matter for many clients, and consequently some may be averse to exploring this area in a clinical setting. Consent should be obtained before proceeding with a spiritual assessment, and the clinician should carefully monitor the client’s responses to ensure that autonomy is respected throughout the assessment.

Conclusion

As Hepworth and Larsen (1993) noted, “assessment is a critical process in social work practice” (p. 192). As critical as assessment is for traditional practitioners, for workers operating within the strengths perspective, assessment plays a role of even greater significance. Without proper assessment, such workers cannot fully develop an awareness of consumers’ strengths, which are the central ethos of the perspective (Ronnau & Poertner, 1993).

Many consumers report that spirituality and religion are their most important strengths. Approximately 72 percent of the public agrees with the statement “My whole life is based on my religion” (Bergin & Jensen, 1990). For more than one-third of the general population, spirituality is the most important aspect of their existence (Gallup & Castelli, 1989). Among disadvantaged people of color, spirituality is even more prominent as a strength (Gallup & Castelli).

By joining the narrative format of a spiritual history with an interpretive anthropological framework, this article has provided an assessment instrument that helps elicit what may be the most untapped strength among consumers, their spirituality.

References


gration of Christian faith and social work practice (pp. 239–255). Botsford, CT: NACSW Press.


Baltimore: Williams & Wilkins.


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