Journal of Jewish Communal Service, Vol. 83, No. 2/3, Winter/Spring 2008

Religion and Social Work: Dilemmas and Challenges in Practice

The Impact of Religious Identity on Choosing Whom To Marry

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A panel discussion by graduates of the interdenominational clergy program focused on the interface between religion and social work. Each panelist presented a case that created a conflict involving religious and social work values. The cases involved such issues as contemplating intermarriage, an end-of-life decision, and a personal versus professional value conflict. The panelists presented solutions and rationales.

Religion and spirituality are matters of concern to social work research, education, and practice. This growing interest in religion and social work is evidenced by the transformation of the journal *Social Thought* into the *Journal of Religion and Spirituality in Social Work*, the increasing number of courses offered in schools of social work that include religion and spirituality, and the frequent experiences of social work practitioners who encounter clients for whom religion is an important factor in their lives. There are inherent tensions between what social work and religion bring in response to human needs. Some clients' religious values conflict with those of social work. Discerning this conflict and clarifying some of its underlying values in our effort to assist our clients in making decisions are challenges for us as clergy social workers. The outcome of this process has ethical and moral implications for our clients and for us as social workers. How religious issues are addressed in social work practice can affect the well-being and identity of our clients and the integrity of the social work profession.

CASE STUDY

Adriana (not her real name) is a 22-year-old senior attending a college in the northeastern part of the United Sates. She was born and raised in West Africa and is a Muslim. She believes in the basic tenets of Islam and prays accordingly, but describes herself as a "secular" Muslim. This means that she does not strictly follow all of the dietary and ritual rules of her faith. Some of her friends are Muslims, others subscribe to other faiths, and some are not at all religious. She enjoys participating in some of the college's social activities for her peer group.

Adriana's boyfriend, a senior like her, with whom she has a serious relationship, is a "born again Christian." They have discussed the possibility of getting married after college. He, however, insists that she convert to Christianity if they were to marry. Adriana came to discuss with me as

a chaplain her struggle and feelings about her boyfriend, whom she loves and wishes to marry, and his expectation that she become a Christian. She was seriously considering becoming a Christian for the sake of their relationship and its future. She stated that her parents would understand and support her decision. She presented her issues visibly upset, crying, and feeling stressed, and asked me what she should do. She knew that I was a member of the clergy, a social worker, and a Protestant. This excerpt of our conversation indicates some of what she was thinking and the intense emotions evoked by her relationship with her boyfriend.

> A dear friend of mine recently explained the difference between men and women to me: men base their actions on reality, and women base their actions on their feelings. So, based on my deep feelings for this boy, I was prepared to do whatever it took for us to be together, to compromise in whatever way I needed to . . .

DISCUSSION

Students during their college career may have several relationships that are intense and romantic. Such relationships are part of their experience of growing up and the process of forming their own identities. It is not, however, unusual for students to meet their future spouses while in college and to marry some time after graduating from school. Adriana has a strong desire to marry, but her boyfriend's insistence that she become a Christian made her uncomfortable. Her willingness to accede to his request made her feel anxious and confused about some of her values and her identity as a woman and Muslim. She was not sure what to do. We met periodically over the course of the academic year to talk about her concerns. In this article, I discuss three of the ethical principles and four ethical standards of the NASW Code of Ethics (1999) that emerged as challenges in this case and then share its outcome and conclusion.

CHALLENGES: ETHICAL PRINCIPLES

The social worker's primary goal is to help people in need and to address social problems

(NASW Code of Ethics, 1999).

The problem for which Adriana was seeking advice was not clear to me, and so one of my goals was helping her clarify her concerns. I did not want to aggravate her anxiety or to appear to have an opinion about her initial claim that she was willing to become a Christian to sustain her relationship and eventually marry her boyfriend. I was keenly aware of my own bias that a person should be very cautious about giving up religious beliefs and practices for the sake of being acceptable to another person. I also questioned whether this was a reasonable demand of one's potential spouse for their relationship to go forward. I would encourage a couple with different religious commitments to engage in premarital counseling to address this issue. Yet, expressing these preferences might have the unintended consequence of violating two other social work ethical principles if Adriana perceived my guidance as *disrespecting [her] inherent dignity and worth* and not recognizing the *central importance of [her] relationship* (NASW Code of Ethics, 1999) with her boyfriend.

CHALLENGES: ETHICAL STANDARDS

I was committed to assisting Adriana as a college chaplain and a social worker. Her interests as a student who came to me for help were my primary concern, but I also knew that her decision to pursue her considered course of becoming a Christian and marrying her boyfriend could have implications for her relationship with her family, wider community, and culture. I was an authority figure whom she knew and trusted and whose opinion mattered to her. I also valued her right to self-determination (NASW Code of Ethics, 1999), but saw her

experiencing what Erikson (1982) described as the "intimacy vs. isolation" crisis of young adulthood, which includes the fear of being excluded and a desire to love and form friendships. Adriana was also experiencing the normal feelings of anxiety and fear of being alone evoked by graduating from college, separating from her college friends, and going out into the world. I think she may have dreamed of meeting another student at her college who would become her life partner.

I chose to use our sessions to ask her questions about what she thought it would be like to become a Christian and raise her children as Christian and how she might feel about these decisions. I explored with her what it was like for her to be a Muslim and what she might miss about being a Muslim if she were to convert to Christianity. I asked her to share with me what she thought it would be like to be a Christian and to be Christian without it being associated with her boyfriend. We also discussed her views about marriage, family, and what she wanted to do with her life. I considered encouraging her to invite her boyfriend so that I could meet with them together, but decided that what was most helpful and appropriate at the time was to focus on her as an individual and her stated need to "bounce" her ideas off me. I suggested that it might be helpful if she also met with one of our other chaplains who is a woman and Muslim.

OUTCOME

Some time later she shared the following with me:

> Based on his reality that we are different religions, he moved on and has been in a relationship with someone else for four months now. It hurt, but I've grown so much. It is weird that he affects me so much, considering we were never officially together, i.e., I could never call him my boyfriend nor me his girlfriend. . . . We didn't speak for months until recently. I know I still love him, but I also know I'm excited about my life and I have faith that love lies in my future. What more can a girl ask for? . . . The main problem was that we couldn't become boyfriend and girlfriend because of our different religions. We were together in the sense that we were intensely emotionally involved, and were there for each other in important ways, but I wouldn't label it a relationship because we never committed to each other. The fact that we remained emotionally involved may have been unwise, but neither one of us did anything about it until he started dating someone else. *sigh* One day I'll look back on all this and laugh

CONCLUSION

This statement reflects her desire to get married. This hope affected her judgment about her relationship with men. It also shows how complicated is the way in which some students think and feel about their relationships. Some of these student relationships are very intense. Students often assume that they are seeing their future in the immediate moment of their relationship. I was not surprised by the decision of Adriana and her boyfriend to end their relationship. She was doing what many students do—they "try on" ideas with a seriousness that opens them to stress, pain, conflicting decisions, and self-discovery. She was able through this supportive counseling process to emerge with a deeper understanding of herself and her desires, to affirm her identity as a Muslim and woman, and to better cope with ending relationships that coincide with graduating from college.

I wanted to support her right to choose, to determine for herself that becoming a Christian or remaining a Muslim was for her the right value and thing to do. Values may be defined in many ways. However, "the only avenue for their measurement is in actual choices or projected choices of behavior" (Abbott, 1988). People make sacrificial choices for the sake of a relationship and feel good about their decision. I am, however, aware of my strong preference that people choose their religious commitment freely, willingly, and for themselves and not for someone else. The process by which they make such a decision and its

outcome can influence their sense of identity, well-being, and the quality of life of their family and community. The social work counseling process, my awareness of my own values, and the social work profession's ethical principles—helping people in need, the dignity and worth of the person, the commitment to the client, self-determination, cultural competence, and social diversity—characterized in this case example were the norms guiding my work with Adriana.

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When Religious Beliefs Are Upheld

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The case I discuss in this article involves end-of-life care for a resident in a nursing home sponsored by a religious community of Catholic Sisters under the auspices of the Archdiocese of New York. It involves the issue of artificial nutrition and hydration (ANH), which is used when residents are unable to swallow. Tube feeding, which it is more commonly called, provides nutrition and hydration to patients who are unable to take in adequate nutrients to maintain their health (Linzer, 1999). The purpose of the tube feeding is not to effect a cure but rather to keep the person alive by providing nutrition (Graham, 1999). This case caused us to look at various ethical issues as well as a basic question: Who decides who will live or die?

Mary, an 87-year-old white female, was admitted to a nursing home with a diagnosis of advanced dementia, cardiac issues, hypertension, and incontinence of the bowel and bladder. She also had a feeding tube, which was her means of nutrition and hydration. She received all her medications through her tube. She received total assistance with all her activities of daily living (ADLs). Due to her advanced dementia, Mary was not able to make any of her needs known.

Mary's son, who was present for the admission, stated that he and his sister were her only family and that she did not have a Health Care Proxy (HCP) or a Do Not Resuscitate (DNR) order. Three months after her initial admission, an attorney brought Mary's advanced directives to the nursing home. According to the resident's wishes, she did not want to be resuscitated. She had completed a Living Will (LW) and HCP. In her LW, Mary noted that she had five children. Mary also stated in both her LW and

HCP form that she did not want any artificial means of support, such as respirators and feeding tubes.

Upon receiving this information, the nursing home was faced with an ethical dilemma. In addition to the issue of the false information given by Mary's son regarding the family, the staff was faced with the fact that a feeding tube had been placed in Mary, even though she now clearly stated that she did not want any artificial means of support.

The social worker contacted the son, who was the responsible party, and explained that we had received advanced directives for his mother as well as information stating there were additional children other than his sister and himself. He eventually stated that there were other siblings; however, they did not talk to each other. The social worker contacted the various family members to arrange a meeting. Four of the five children were willing to attend.

During the meeting, the family was faced with deciding whether the tube should remain, despite the new knowledge that Mary did not want any artificial support. Because Mary had advanced dementia, the decision about her life was placed in the hands of her family and the staff at the nursing home in adherence to Catholic teachings. It was noted that the son who admitted his mother to the nursing home was the one who gave permission to have the tube placed in his mother. He stated he was not aware of any advanced directives at that time. Based on the discussion among the family, however, it appeared that all the children were aware of their mother's wishes but were not respecting them.

The outcome of the family meeting affirmed that the siblings did not speak to each other. They all lived in various parts of New York State and were not in contact with each other. It appeared they had an interest in their mother's care; however, their own rivalry got in the way. The family was now confronted with the dilemma of whether to remove the feeding tube or to leave it in, against their mother's known wishes. The family decided to discontinue the tube feeding.

Based on the family decision, an ethics committee meeting was held because the nursing home would also be affected by the decision. As a Catholic institution, it had to uphold the teachings of the Catholic Church. If it were to go against those teachings, it would put itself in jeopardy. Present at the meeting were Mary's HCP, which was one of her sons, but not the son who admitted her, along with the director of social services, the director of pastoral care, the social worker for the residents, the nurse manager for her unit, the director of mission integration, and the medical director.

Mary was a Roman Catholic; according to the son, she was a devout Catholic who would want to adhere to the Church's teaching. Social workers must recognize that a person's spiritual beliefs, values, perceptions, feelings, and ideals are connected to religious, philosophical, cultural, ethical, and life experiences. Spirituality in a person's life can be a constructive way of facing life's difficulties (Sermabeikian, 1994). Perhaps Mary's religious beliefs helped her in her decision about her advanced directives.

During the ethics meeting, the Catholic Church's directives on ANH were discussed. A brief synopsis of the teachings follows.

Teachings of the Catholic Church are presented in the Guidelines of the Ethical and Religious Directives for Catholic Health Care Services and are written by the National Council of Catholic Bishops. The Catholic Church views life as a sacred trust. It respects the life of each human being as a gift from God. The moral tradition of the Church allows for three ways in which the quality of life of a seriously ill patient is relevant to treatment decisions (U.S. Bishop's ProLife Committee, 1992). We should relieve needless suffering and support morally acceptable ways of improving the person's quality of life. A person may refuse treatment because it may create new serious burdens or risks. Sometimes a disabling

condition may influence the benefits and burdens of a specific treatment. For example, a person with dementia, such as Mary, may find a feeding tube frightening because she cannot understand it. She may pull the tube out, causing more serious problems. Before the withholding of all foods and fluids can be justified, other ways of alleviating these difficulties must be explored (U.S. Bishop's ProLife Committee, 1992).

In "Nutrition and Hydration: Moral and Pastoral Reflections," the bishops addressed these questions: Is the withholding or withdrawal of medically assisted nutrition and hydration always a direct killing? Is medically assisted nutrition and hydration a form of treatment or care? What are the benefits of medically assisted nutrition and hydration and what are the burdens?

The Catholic Church states that no end-of-life care decision should be made that would enhance the death of a person. However, sometimes the patient has concurrent medical conditions that are life threatening, and by withdrawing the tube feedings we are not enhancing death. An end-of-life care decision should not be made based on financial reasons or simply to relieve the stress of family members or friends. The dignity of each person is to be respected.

The major concern of the ethics committee members was that Mary's family requested that the tube feeding be discontinued. The family felt that Mary did not have any quality of life since she had advanced dementia. They felt that prolonging her life was not in her best interest. It is a positive good to relieve a client's suffering as long as one does not intentionally cause death or interfere with other moral or religious duties.

Yet, a fundamental principle of morality states, "All crimes against life, including euthanasia or suicide, must be opposed" (Graham, 1999). According to the Church, we cannot remove a tube feeding simply because it is felt there is no quality of life. If the family insists on removing the tube because they feel there is no quality of life, they would have to transfer their mother to a non-Catholic facility.

These two value conflicts were presented:

1. Resident's family approved insertion of tube feeding, yet the Living Will states resident does not want feeding tube.
2. Resident is at risk for aspiration, yet resident gets medication via tube.

The ethics committee had to answer the following questions:

1. Should the feeding tube be removed?
2. Should tube feeding be discontinued while keeping the tube in place?
3. If the tube is removed, how would the resident receive medication?
4. Would transferring the patient to another facility be beneficial to the patient or would it cause additional confusion?

The ethics committee maintained that the dignity of Mary must be upheld while ensuring that her wishes be respected. It was decided that the tube would not be removed; however, staff would try to wean her off the tube. Through occupational therapy and cueing, Mary in time was retaught how to swallow. She was able to drink liquids with a thick consistency to prevent aspiration. She also was able to eat pureed food, again to prevent aspiration. She was able to get her medications orally.

Mary lived for three more years. About nine months prior to her death, Mary experienced a further decline in her medical condition. She then received hospice services that aimed at giving her comfort care and respected her wishes for her own end-of-life care. Mary died peacefully.

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A Conflict Between Social Work Practice and Personal Religious Values

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THE CLIENT

My client was a 19-year-old Jewish émigré from the former Soviet Union. As with many immigrant families, members of his family turned inward to fend off cultural influences and were socially isolated. This young man's parents were intrusive, overbearing, and enmeshed in everything he did. They attempted to insert themselves in his treatment by demanding to attend psychotherapy sessions with him. They were frightened at any of his attempts to be independent or autonomous. He was extremely anxious and depressed. This was manifested in bedwetting and an almost autistic self-presentation. He had no friends in school and was socially awkward.

At the time, I was working in an outpatient mental health agency. In our case conference it was determined that this client was at the brink of falling into a psychosis. He was beginning to imagine himself as a member of the Knights of the Round Table, going in and out of this delusion. At this conference it was decided to refer him to group psychotherapy where he could work on social skills, develop peer relationships, and move toward a level of autonomous functioning.

It was virtually impossible for me to find a group that catered to 19-year-olds. There were many groups for younger teenagers and several for young adults in their twenties. I finally found a group that he could attend on a Friday night. To attend the group, he would have to travel by subway.

THE DILEMMA

As an Orthodox rabbi, I was faced with the problem of referring my client for treatment that would require him to travel and handle money on the Jewish Sabbath, both not permissible in Jewish law. As a responsible professional I was obligated to care for my client's mental health needs and respect his self-determination in a manner unclouded by my religious values. As a member of an agency team, I was responsible for the institution's policies. These policies too would not allow my personal beliefs to interfere with my work.

THE RESOLUTION

In discussion with a rabbinic authority, it was determined that the client's descent into a psychotic state would render him legally incompetent. The rabbinic consultant posited that, according to Jewish law, we are directed to "live and not die" by our precepts. If by following religious doctrines, death would occur, we are not obligated to observe them. According to the understanding of legal incompetence in Jewish law, his quality of life would be so diminished by psychosis that he would not be an effective member of society or a viable practicing Jew. This status would place him legally in the category of one who "died" by observing the religious precept of Sabbath observance. He was, therefore, permitted to travel on the Sabbath and do whatever else was necessary to attend the group. This not-so-obvious religious resolution to the dilemma was a reprieve from what was a complicated and anxiety-provoking problem for me as his social worker.