Spirit Bridge

My intention in this paper is to suggest some ways to bridge the philosophical and spiritual with the day to day healing work in which we engage. As social workers, there are times when we are able to foster a sense of curiosity and openness, and we may actually experience a sense of connection and beauty as we watch an individual step into a place where healing is possible. At other times, we experience frustrations when the most helpful way to proceed is unclear. Perhaps we will consult with our supervisors or our peers for clarity about what our next step or intervention ought to be in our work. Sometimes, we refer to our code of ethics for guidance. We consult with our clients about the effects that they may experience when we engage in this or that therapeutic practice. All these methods are essential and often helpful. However, I believe there are further steps that we could consider taking.

In the twenty plus years that I have been engaged in therapeutic work, I have observed some people slowly improve, others get worse, and still others heal dramatically. Much of this difference can be attributed to the quality of the therapeutic relationship developed, my skill level, the severity of the presenting problems, the motivation of the client, and many other factors. With certain people, however, things move so smoothly and effortlessly, that we may experience a sense of awe and gratitude for the process. In speaking with others involved in the healing process over the years, it appears that most practitioners experience this phenomenon at least once in awhile, and that for many of us, it is this experience that helps sustain us in our work. Wouldn't it be wonderful if we could find a way to increase the frequency of these experiences?

We all come into this work with assumptions about ourselves and our fellow human beings. Some of these assumptions may be based on our religious or spiritual beliefs and practices. Our own life experiences and preferred ways of interacting with others will also tend to shape our assumptions. There are also many cultural influences that impact our work as practitioners, such as discourses of the dominant culture concerning gender roles, sexual practices, race relations, economic policies, etc. There are also prominent discourses within the profession of social work and within the culture of psychotherapy, which privilege certain models of practice, such as the medical model or the patholological classification system of the Diagnostic and Statistical Manual of Mental Disorders (DSM). We are, of course, also influenced by our own values and beliefs.

As social workers, we are taught the importance of self reflection to reduce the likelihood that our own prejudices and unresolved issues will not negatively influence our work with clients. It is my thesis that the content of our assumptions, whether conscious or not, whether examined or not, will significantly impact on our therapeutic or healing work. I believe that it will help us in our work to be more conscious of these assumptions and to examine them honestly and lovingly. Such an examination, I believe, will give us an opportunity to fine tune those assumptions or perhaps to reshape them, if we so desire, in ways which will enhance our ability to create space for another to heal. I believe that if we are diligent in this practice, we will increase the likelihood of experiencing those graceful, effortless healing moments mentioned above.

The first step in this process is to become conscious of our assumptions. However, due to our "blind spots," many of our assumptions are hidden from us. I am offering seven ways of viewing ourselves and other human beings, seven assumptions which, I believe, enhance the

possibility of being helpful in our work with others. These assumptions have been gleaned from numerous sources, and many will be familiar to the reader. (See for example Bach, Chopra, Gawain, Hillman, *Jerusalem Bible,* Redford, and Rother.) Most have been expressed in many different contexts, both from the metaphysical community, and from more traditional religious sources. I am not suggesting that these are the "right" or "essential" assumptions. Rather, I am hoping that by considering these assumptions, and "trying them on," we may discover if they fit for us and our work, or not. By doing so, it is my hope that some of our hidden assumptions may come to light. Once this occurs, I would invite the reader to compare and contrast those assumptions with the ones I am offering, and to consider the implications of each, in healing work.

I. Assumption One: No Limits

No matter what problem or condition is present, there are literally no limits on what may be accomplished.

II. Assumption Two: Empowerment

I cannot heal another, but can only help create the space for them to heal themselves.

III. Assumption Three: Non-Judgment

I have no place to stand in judgment of another person.

IV. Assumption Four: No Hierarchy

There is no fundamental difference in value among human beings.

V. Assumption Five: Interconnection

We are all connected to each other, and all sense of separateness or difference is an illusion.

VI. Assumption Six: Availability of Support

Each person has available all the support they need to heal.

VII. Assumption Seven: Abundance

There is enough of everything to go around. Any experience of lack is an illusion.

These assumptions are designed to create space rather than limit it, so they are far-reaching and expansive. I am not suggesting that our experiences will always or even frequently affirm these assumptions. For example, to suggest, as in Assumption one, that there are no limits to what may be accomplished, stands against our frequent experience of confronting limits in every direction. All of us experience limits of time, limits of skill, limits of energy, limits of perception, limits of compassion, as well as ethical limits in our work. What I am suggesting is this: if I can successfully interact with a client while holding on to the assumption that there are no limits as to what can be accomplished, then there is less of a chance that I will be imposing unnecessary limits.

For example, if I diagnose a client with Borderline Personality Disorder, and then I assume that she will be unable to connect easily with me due to the limitations of this diagnosis, then I may close the door to the possibility of an effortless connection occurring anyway. If my experience with a client is that he has repeatedly been reluctant to make any changes in his addictive consumption of alcohol, and I assume that this pattern will continue, then my assumption very likely will reduce the likelihood that today will be the day that he decides to quit drinking, or enter treatment, or take some other important step toward changing his relationship with Addiction in his life. (Externalization of problems as briefly described here is one of many narrative therapy practices which have influenced my work and which are reflected in the examples in this paper. There is a wealth of literature describing these narrative therapy practices. For example, see Morgan.)

Occasionally in my work, I encounter a moment with a client when I don't have a clue as to what to say. None of my skills or insights steps forward to enlighten the situation. In the past, my mind would work quickly to come up with something valuable to say: a clever remark, a new strategic intervention, an insightful story. Recently, in experimenting with the above mentioned assumptions, I have been able to slow my mind down enough to resist stepping into these practices. Instead I have been able to remind myself of Assumption 6, and have focused my mind on the idea that this client sitting in front of me has available all the support needed at this moment. With this thought in mind, I have relaxed and allowed the silence to linger. What I have experienced occurring at these times is an important shift: she starts talking about something completely different, and clearly more relevant to her concerns; he remembers something we talked about in a previous conversation that he had been thinking about; a significant new piece of information about an important relationship enters the conversation; or an important issue that the client and I have been successfully avoiding is brought forth into the conversation. A new door is opened, and resources become accessible which were previously unknown or underestimated.

Another example of how the above assumptions might be used would be the experience of a client who has stepped into abusive practices in his or her life which are destructive and harmful to others. In such a situation, especially if I or someone I love has experienced some of the negative effects of such practices, I could easily step into a judgmental stance. I could easily see the client as a bad person, or deserving of my condemnation.

If I am dealing with the above situation and I am able to step into assumption three, then I would have to question myself as to where I am standing when I am judging. I could argue to myself that I am standing in the place of righteousness, but if I am honest, I know that I

cannot stand in such a place, due to the many times in my own life that I have stepped away from my own strongly held convictions and values. Alternatively, I could argue to myself that I stand in the place of protecting those who were harmed. However, I can stand in a place of advocating for that protection without standing in judgment. In fact, as I stand in judgment, I am likely to become angry and condescending, which will probably reduce the chances of me being influential in creating the space for the perpetrator to come to terms with his or her responsibilities, thus limiting the effectiveness of my advocacy.

So, if I in fact “have no place to stand” in judgment, then I may be able to step away from such judgment. Alternatively, I can stand against the harmful practices being described, and perhaps I can invite the client to stand with me against these practices, which could possibly open the door for the client to face responsibility for those practices, and to explore possibilities of redress and significant change. The reader might also consider Assumptions Four and Five as relevant to this example.

As I mentioned earlier, by “trying on” these assumptions, the reader’s own assumptions may be clarified, opening up the possibilities for alterations, if this is desired. If we are then able to view our clients and ourselves through these changed assumptions, will any new possibilities emerge for our therapeutic or healing work as social workers? Will any new doors open for those who come to consult with us? Will any new options for healing reveal themselves? How might we see ourselves differently? What sorts of possibilities for self love and self care might emerge? How might such a process protect us from burn-out? I will leave the reader with these questions and the hope that this paper will help to create the space for such questions to be asked and lovingly considered.

Sources

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