TURKISH JOURNAL OF APPLIED SOCIAL WORK
Volume: 4 Number: 2 Year: 2021

Research Article
Makale Gönderim Tarihi: 02.12.2021
Makale Kabul Tarihi: 15.12.2021

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL

TIBBİ SOSYAL HİZMET ALANINDA MANEVİ BİR SOSYAL HİZMET MÜDAHALE ÖNERİSİ: UMRAN MODELİ

[1]Feyza BEKİ
[2]Abdülhakim BEKİ

CORRESPONDENCE
Beki, F. and Beki, A. (2021). A Spiritual Social Work Intervention Proposal In The Field Of Medical Social Work: Umran Model. Turkish Journal Of Applied Social Work. 4(2). Pp:127-142.
https://doi.org/10.54467/trjasw.1031455

[1]feyzabeki@hotmail.com ORCID: 0000-0001-7656-1566

[2]Assist. Prof. Dr. Uskudar University, Faculty Of Health Sciences, Department Of Social Work.
abdulhakim.beki@uskudar.edu.tr
ORCID: 0000-0001-5572-2113

ABSTRACT

The social work discipline and occupation have generally aimed at biological, psychological, and social well-being in evaluating people. However, ignoring the spiritual dimension of human beings will cause a deficiency in achieving full well-being. The reason for this is that evaluating humans from a holistic perspective requires taking into account the spiritual dimension as well as the biological, psychological, and social dimensions. The problem of the study is to reveal whether oncology patients have spiritual needs and if they do so, how a spiritual social work intervention proposal can be developed in the field of medical social work. In Turkey, it is important to develop an application model proposal due to the inadequacy of applications for spiritual needs in medical/oncological social work. The study aims to offer a spiritual social work intervention model suitable for Turkish society and values by conducting in-depth interviews with oncology patients and reviewing the relevant international literature. The fact that suggestions were made to meet the needs of oncology patients for spiritual social work in this study reveals its originality. The case study technique, one of the qualitative research methods, was used in the study. In this context, semi-structured in-depth interviews were conducted with 25 cancer patients. A semi-structured interview form was used in the interviews. According to the findings, it was determined that oncology patients have spiritual needs, no spiritual social work intervention is applied in our country, and spiritual social work interventions are carried out in the world for these needs of patients. At the end of the study, an example of spiritual social work intervention was developed in accordance with Turkey's cultural codes.

Keywords: Spiritual social work, spiritual intervention, oncological social work

ÖZET

Sosyal hizmet disiplini ve mesleği insanı değerlendirmede genellikle biyolojik, psikolojik ve sosyal iyilik halini amaç edinmiştir. Ancak insanın manevi boyutunun göz ardı edilmesi tam iyilik halini sağlamada eksik bir durum ortaya çıkaracaktır. Çünkü insanı holistik bir perspektiften değerlendirmek, biyolojik, psikolojik ve sosyal boyutun yanında manevi boyutu hesaba katmayı gerektirir. Araştırmanın problemi; onkoloji hastalarının manevi ihtiyaçlarının olup olmadığı, eğer hastaların manevi ihtiyaçları varsa tıbbi sosyal hizmet alanında nasıl bir manevi sosyal hizmet müdahale önerisi geliştirilebileceğini ortaya koymaktır. Türkiye'de, tıbbi/onkolojik sosyal hizmet alanında manevi ihtiyaçlara yönelik uygulamaların yetersiz olması nedeniyle bir uygulama modeli önerisi geliştirmek önem arz etmektedir. Araştırmanın amacı; onkoloji hastaları ile derinlemesine görüşmeler yapılarak ve konu ile ilgili uluslararası literatür taraması ile birlikte Türkiye toplumuna ve değerlerine uygun bir manevi sosyal hizmet müdahale modeli ortaya koymaktır. Bu çalışmada onkoloji hastalarının manevi sosyal hizmete duyduğu gereksinimi karşılayacak önerilerin getirilmiş olması, araştırmanın özgünlüğünü ortaya koymaktadır. Araştırmada nitel araştırma yöntemlerinden durum çalışması tekniği kullanılmıştır. Bu kapsamda 25 kanser hastası ile yarı-yapılandırılmış derinlemesine görüşmeler yapılmıştır. Görüşmelerde yarı-yapılandırılmış görüşme formu kullanılmıştır. Elde edilen bulgulara göre; onkoloji hastalarının manevi ihtiyaçlarının olduğu, ülkemizde manevi sosyal hizmet müdahalesinin uygulanmadığı ve dünyada hastaların bu ihtiyaçlarına yönelik manevi sosyal hizmet müdahalelerinin gerçekleştirildiği belirlenmiştir. Çalışmanın sonunda, Türkiye'nin kültürel kodlarına uygun bir manevi sosyal hizmet müdahale örneği geliştirilmiştir.

Anahtar kelimeler; Manevi sosyal hizmet, manevi müdahale, onkolojik sosyal hizmet

TURKISH JOURNAL OF
APPLIED SOCIAL WORK

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

INTRODUCTION

Social work is an occupation that supports social change based on the principles of human rights and social justice, aims to solve problems, strengthen and liberate human relations for the improvement of the well-being of people, and for this, it intervenes at the points of interaction of people with their environment by making use of theories regarding human behavior and social systems." (IFSW, 2014).

Social work science supports social change, problem-solving in human relations, empowerment, and liberation in order to increase welfare. In the 3rd article of the Social Services Law (SHK) No. 2828, which came into effect in 1983 in our country, social services are defined as follows: They are the whole of systematic and programmed services aiming to eliminate the material, moral, and social deprivations of individuals and families arising from their own structure and environmental conditions or beyond their control, helping to meet their needs, preventing and solving their social problems, and improving and raising their living standards" (SHK, 1983). Within the scope of the aforementioned law, it is stated that the basic needs of individuals are defined as a material, moral, and social deprivation and that material, moral, and social deprivations should be eliminated for meeting these needs, and it is also stated that social services should be carried out with a holistic perspective.

In this context, one of the social work practices for sick individuals is medical social work and its sub-branch, oncological social work. It is seen that medical social work is called "medical social work" or "clinical social work" (Ronen & Freeman, 2007) in the literature. Friedlander (1963) defined medical social work as an application area of the social work profession. Both individual and, when necessary, group work methods are used to solve the problems that affect the patient socially and emotionally during his illness and treatment. Dr. Richard Cabot's contributions are of importance in the process of medical social work taking place and spreading in hospitals in the USA. It is seen that medical social work practices started in Massachusetts General Hospital for the first time in the USA in the early 1900s (Howard, 1913: 1966; Beder, 2006; Gehlert, 2006). They were the times when the professional job descriptions of social workers who would work in hospitals were discussed, what social work means in medicine, and the practice standards of social work in the hospital were tried to be established (Howard, 1913; Gehlert, 2006).

Medical social work aims to help individuals, families, and groups be happier, more confident, and more productive. On the other hand, it is significant that the goals and intervention techniques used to achieve the goals in this collaboration are measurable, reasonable, close, and realistic (Ronen & Freeman, 2007). According to Butrum (1967), the focus of medical social work is that "it is a service for the adjustment of patients and families to social and emotional problems related to the illness and its medical treatment". Rubinow (1943) defined medical social work as "a type of service that understands the needs of the patient and the circumstances surrounding him/her and considers how these affect his/her illness". Medical social work is an application area of the social work discipline, which includes professional social work interventions conducted for psycho-social and economic problems which cause the disease before the disease, accompany the diagnosed disease, affect the patient and his/her family in different dimensions during the treatment and follow-up process, disrupt the compliance and motivation to the treatment, bring about complex emotions, and require new arrangements in life (Özden and Özcan, 2020). As can be understood from the definitions, medical social work covers the dimension of the application of the social work profession in the field of health. Medical social work helps the medical care and treatment system to serve more humanely and more effectively. Social workers undertake other roles as well as treatment activities in medical care institutions (Duyan, 1996).

One of the fields of study of medical social work is oncological social work. In oncological social work, the patient, the individual, and his/her family are the main elements of the intervention. Therefore, the family is supported since the role of the family and its environment cannot be denied in the empowerment of the individual with cancer. Therefore, social workers are obliged to act as a bridge between the individual and his/her family through the intermediary role of the profession. It is important to cooperate with

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

the family in the treatment of oncology patients. It is necessary to support not only the patient but also the family. The focus is on the psycho-social dimensions that the physician overlooks in his/her relationship with the patient and his/her family. Physicians should receive feedback, especially from the social worker, and incorporate the feedback they receive into the medical treatment process. Families and patients may blame themselves for cancer. Patients and their families should be considered as an important system. Likewise, the task of the oncology team should not be limited to the treatment process of the patients but should help patients and their families in their social adaptation to cancer (Yıldırım, Acar, & Tuncay, 2013).

It is observed that spirituality has been used in social work practices since 1980 (Canda & Furman, 1999). The importance of spirituality is undeniable in the practice of social work, which considers the bio-psycho-social and spiritual needs of the individual. For example, an individual who is unemployed experiences difficulties not only economically but also spiritually. Individuals with cancer will need medical social work and a social service that will appeal to them, to the things they give meaning to in their lives, in short, to spiritual social work.

Although spiritual social work is used with many different definitions in the literature, it is explained as one of the fields of social work and a type of practice. While social Work academics Prof. Michael Sheridan (2004), Clinical Social Worker Dr. Maria M. Carroll (1998), Prof. Harald Walach (2005), and Prof. Carlean M. Gilbert (2000) are defining spiritual social work as spirituality in social work, Ann M. Callahan (2017) and Ian Mathews (2017) defined spiritual social work as spirituality and social work. Prof. Au-Dean S. Cowley (1993) and Clinical Social Worker Dr. Elizabeth D. Smith (2001) defined spiritual social work as "transpersonal social work". In addition, Social Work academics Prof. Edward R. Canda and Dr. Leola Dyrud Furman (1999), Prof. David R. Hodge (2001a), Emel Yeşilkayalı (2018), and Hıdır Apak (2020) defined spiritual social work as "spiritually sensitive social work".

Zeki Karataş (2015) defined spiritual social work as "spiritual-based social work", while Tarık Tuncay (2007) and Emrah Akbaş (2014) defined spiritual social work as "moral social work". Spiritual focused social work and spiritually oriented social work terms are also used in the literature. Prof. Edward R. Canda, Mitsuko Nakashima and Dr. Leola Dyrud Furman (2004) and Prof. David S. Derezotes (2006) defined spiritual social work as "spiritually oriented social work". Ali Seyyar (2008) and Rukiye Karaköse (2020) used the concepts of "spiritual social work" and "spiritual social works". In this study, the term "spiritual social work" was preferred.

As Canda and Furman (2010) stated, spiritual-focused social work is a very important issue when the integrity of the service offered to the individual is taken into consideration. For example, for a postpartum woman who has just lost her baby, for a young person who is excluded from the community due to her religious/spiritual view, or for a single Muslim woman who has been physically abused, it will not be enough for a social worker to just write a Social Inquiry Raport (SIR) to meet their medical, psychological, and economic needs. The most accurate service to be offered to these individuals is spiritual social work, which deals with the spiritual dimension of the individual as well as other services. As Canda and Furman stated it, "holistic help is healing". For a holistic understanding of the individual and the environment, spiritual social work means evaluating the individual as a whole (Canda & Furman, 2010).

Spiritual focused social work in social services is "the product of an approach that aims to present the sources of moral support, which are thought to be effective in coping with the problems of the applicant, for the benefit of him/her by connecting with spirituality within the framework of professional discipline" (Yeşilkayalı, 2016). The general aim of spiritual social services is to improve the spiritual capacities of individuals in solving their spiritual problems that affect their social lives, to enable individuals to be connected with belief systems that provide spiritual openings, to create a foundation and institutional structure for belief systems to be more effective on people and to contribute to the development and implementation of policies for different social groups (for example, developing and implementing a spiritual care model for individuals in need of care) in accordance with the spirit of spiritual social work.

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

According to Mathews (2009: 129), the first reason for the existence of spiritual social work "is the fact that every person has spiritual needs, regardless of race, age, ethnic origin, gender, and abilities". "Another reason is that if there is no spiritual social work, social workers lose their professionalism and cannot provide individual-centered politic intervention and care" (Mathews, 2009). Also, including religious and spiritual elements in social work theory and practice is a controversial issue. "In this subject, there are those who think that people who need social services also have spiritual needs, and therefore there should be religious and spiritual approaches in this field of service besides those who think that the religious and spiritual field has no place in the theory of social work" (Çekin, 2014). Social work, which does not have a spiritual concept, primarily gives importance to people's social behavior patterns, well-being, and bodily desires and wants to ensure the adaptation and happiness of people in this way. In addition to this, spiritual social work addresses people's spiritual world based on their spiritual happiness (Seyyar, 2008).

METHOD

The qualitative research design was preferred in the study, and case study was used as the study technique. The case study includes multidimensional data collection (interviews, focus group, observations, document analysis) (Yıldırım & Şimşek, 2005: 75). A case study is an empirical study type that provides the researcher with the opportunity to collect rich data in-depth, seeking answers to questions that start with how or why questions specific to a current situation examined (Yin, 2014: 17). For this reason, it was preferred in the study.

Data Collection Tools

The case study was carried out using semi-structured interview techniques and document analysis, which are qualitative data collection tools. The study examined literature and practice models related to international social work and spirituality in detail, and semi-structured interview questions were prepared for the patients.

Study Group

In the study, the study group consisted of 25 cancer patients who were diagnosed with different types of cancer and were receiving treatment. Participating patients were selected using the snowball method. While deciding on the number of participants, "data saturation point" was determined as a criterion. The data saturation point is to continue until the study sample is not unusual (Silverman, 2017).

Considering the demographic characteristics of the participants, 23 of 25 patients were female, and 2 were male. Among the 25 participants, there are 3 people in the 17-25 age range, 2 people in the 33-37 age range, and 20 people in the 42-68 age range. 17 of the participants are married and 5 are single. 1 is widowed and 2 is divorced. 13 of the married participants have 3 or 4 children and 5 people have 1-2 children. 7 people do not have children. 24 of the participants live with their families. 1 lives alone. 16 of the participants are housewives. 3 of them work in the private sector and 1 in the public sector. 5 of the participants do not work. 3 of the 25 participants are undergraduates and 2 are postgraduate. 11 of the participants are high school graduates, 2 are secondary school graduates, 8 are primary school graduates, and 1 is illiterate.

Participants include patients with 10 different types of cancer, including breast, uterus, ovarian, thyroid, leukaemia, lymphoma, kidney cancer, colon, lung cancer, and rare multiple myeloma cancer. Some of the participants still continue the treatment process. The treatment of the others has been completed, and they continue their routine check-ups. The profile of the patient participants is diverse in terms of socio-economic and worldview. Also, the participants consisted of patients who defined themselves in different categories in terms of belief and spirituality level.

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

Data Collection

The study, which was carried out during the Covid-19 epidemic process, was carried out using online tools between 30 September and 15 November 2020. The interviews with the participants lasted an average of 60 minutes. Interview records were written in detail.

Data Analysis

In the study, the data were collected via electronic sources and printed sources and interpreted by the theory and applications in the literature. The descriptive analysis method was used to analyze the data obtained from the semi-structured in-depth interviews in the study.

Descriptive analysis was used to determine the categories, and content analysis was used to determine the themes. With descriptive analysis, the data were arranged according to the themes that emerged from the study questions, and the data summarized and organized in this way were examined in-depth with content analysis (Yıldırım & Şimşek, 2011).

Ethical Issues

Ethics Committee approval was obtained with the decision dated 30.09.2020 and numbered 2020/09 before the study data were collected. In the field practice of the study, verbal consent was obtained from the oncology patients before the interview was conducted.

Findings: A Spiritual Social Work Intervention Proposal in the Field of Medical Social Work: Umran Model

In the study process, the examples of spiritual social work intervention in the world were studied, the spiritual social work needs of oncology patients were determined, and the UMRAN MODEL was created as a unique spiritual social work intervention in the medical field, considering the social work intervention stages and methods. The word UMRAN is an Arabic word that means "building, improving, inhabiting, culture, and civilization" (Mutçalı, 2012). Ibn Khaldun, who is the first user of the concept of Umran (Meriç, 1996), stated that the superiority in establishing the Science of Umran belongs to him first because at that point, he was the pioneer and the guide. Then, he reveals that the concept of Umran includes elements that correspond to the meaning content of the concepts of society, civilization, and culture (Mahdi, 1964; Okumuş, 2018).

In order to summarize, Umran is a concept that means civilization, prosperity, progress, and happiness, and in Meriç's (1996) expression, it refers to history and people as a "whole". The main reasons for naming this model UMRAN are:

1.The construction of civilization begins with humans. It is possible for people to build a civilization with their happiness and well-being. Meeting their spiritual needs is one of their most basic needs. The concept of UMRAN was used to present a model in accordance with the civilization and cultural codes of individuals.

2.Social work is a profession and field of practice that prioritizes the "welfare and happiness" of individuals, families, groups, and societies. The concept of Umran was also preferred in naming the model as a concept aimed at ensuring the welfare and happiness of all people.

3.Umran model also brings a holistic perspective (bio-psycho-social-spiritual) to humans in the context of human beings in two different physical and spiritual dimensions and the concept of Umran "expressing human as a whole".

The UMRAN Model includes planned intervention processes in spiritual social work that social workers can apply to oncology patients. The method, technique, and application studies outlined in this process can also be applied to all sick individuals. Some of the elements outlined in this model are methods that can be used in psychology, psychology of religion, nursing, social work, geriatrics, medicine, etc., and are evaluated within the framework of a multidisciplinary approach.

Ethical Principles of Social Worker in the UMRAN Model

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

UMRAN Model has principles consisting of those professional and ethical that social workers must comply with. First, social workers need to know the religious/spiritual characteristics of the applicants before starting the social work practice with them. Social Worker should empathize with patients. It is possible by taking time to listen to the patient and using therapeutic communication techniques. It is important in terms of social work ethics that social workers do not reflect their own religious and spiritual characteristics to the applicant and exhibit an unbiased attitude in their practices regarding them. While dealing with the spiritual dimension in the planned change process, Social Workers should evaluate each individual as "unique" and avoid generalizations. Social Workers should be able to apply one or more of the service or service modules among the application modules listed below, according to the personal characteristics and needs of the applicants. While making moral interventions for applicants, Social Workers should put forward a study for them to make their own decisions within the framework of the principle of "self-determination" instead of directing them. Social Workers should help patients find purpose and meaning. Social Workers should fulfill the role of bringing together applicants with experts in matters that go beyond themselves in spiritual intervention. Social Workers should work on moral support with patients in different time periods (at least twice a week) according to the spiritual needs of the patient.

Planned Change Process in the UMRAN Model

In the UMRAN model, the planned change process consists of five steps. These are acceptance and meeting, data collection and pre-assessment, planning and contracting, intervention and monitoring, and evaluation and termination (Sheafor and Horejsi, 2014). The intervention model that will be put forward regarding spiritual social work was discussed within this planned change process framework.

In acceptance and meeting, which are the first step of the planned change process in the UMRAN model, Social Workers perform their social work activities in three steps. They are preparation, initial connection, and acceptance. First, social workers prepare for the first interview by first examining the available information about the applicants, choosing the meeting place and time that will be convenient and comfortable for them, deciding who should attend the first interview, and considering their point of view in the help process and other factors that may affect the services to be provided to them. In the second step, Social Workers will begin the process of making connections by helping clients clarify and articulate their concerns and demands. Third, Social Workers must determine whether they can meet the spiritual needs of the applicants (Sheafor & Horejsi, 2014).

In the data collection and preliminary evaluation, which is the second step of the planned change process in the UMRAN model, the Social Workers use spiritual evaluation methods. In the UMRAN Model, spiritual evaluation methods are divided into five. They are indirect spiritual assessment, implicit spiritual assessment, and comprehensive assessment. a) In indirect moral evaluation, the applicant is evaluated together with all its dimensions, and this evaluation includes the biological, familial, cultural, and somatic history of the applicant, which serves to strengthen the direct interview (Faiver et al., 2001; Cashwell & Young, 2011; Hodge, 2015). In this context, the SIR report prepared by the Social Workers and described as social history (Sheafor & Horejsi, 2014) should also be used in the evaluation. In indirect evaluation, this information should be collected in an ethical framework, including applicant consent (Cashwell & Young, 2011). b) Implicit moral assessment was developed to provide an alternative approach to spiritual assessment. Implicit evaluation can be effective for applicants who are uncomfortable with spiritual language or who hesitate to talk regarding spirituality (Hodge, 2015).

Implicit spiritual evaluation is made by asking existential questions. Implicit spiritual evaluation is made by using an existential or psycho-spiritual language that indicates a transcendent dimension (Hodge, 2015). Concepts that focus on implicit spiritual evaluation are generally those such as meaning, passion, purpose, etc. (Swinton, 2010). When making an implicit spiritual

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

evaluation, practitioners' spiritual radar should be alert to changes during a conversation with the applicant (Griffith & Griffith, 2002). As a matter of fact, the emergence of a different emotion during the interview may indicate that a spiritually important point has been pointed out for the applicant. For example, a glint in the eyes or a smile during an interview may indicate the existence of a situation of spiritual importance for the practitioner (Hodge, 2015). The implicit spiritual evaluation questions aim to assess the applicant's spiritual history, current spirituality, spiritual experiences, spiritual competence, spiritual environment, and thoughts about the future, meaning, and purpose in life (Hodge, 2015) (Canda & Furman, 2010). c)

Comprehensive assessment, on the other hand, is shown as a model that integrates implicit and explicit spiritual evaluations into a unified conceptual framework. In the comprehensive evaluation, the main theme of the evaluation is that the social worker creates a spiritually empathetic environment that respects and cares for the applicant's spirituality (Hodge, 2015). Spiritual history, spiritual life map, spiritual genogram, spiritual ecomap, and spiritual echogram can be used for comprehensive evaluation (Hodge & Reynolds, 2018). While doing this, the client should be carefully explained which method is used for what, for example, the reason and purpose of the transition to a comprehensive assessment (Hodge, 2015). It is possible to develop a mixed approach that will best suit the applicant with comprehensive evaluation methods. After examining the types of evaluation, it is also an important question which spiritual evaluation method social workers will choose.

In the UMRAN Model, spiritual history, spiritual life-map, spiritual genograms, spiritual eco-maps, and spiritual ecogram are used to evaluate the client as a data collection method. These data collection methods have been used in many different studies before (Hodge, 2001a; Bullis, 1996; Derezotes, 2000; Hodge, 2015; Sheafor & Horejsi, 2014; Sheridan, 2004; Gilligan & Furness, 2005; McGoldrick, Gerson & Shellenberger, 1999; Cashwell & Young, 2011; Connolly, 2005; Frame, 2000; Hodge, 2001b; Hodge & Limb, 2010).

In the planning and contract, which is the third step of the planned change process in the UMRAN model, Social Workers make a plan about the way he/she will follow with the information obtained as a result of the above-mentioned method, technique, scale, SIR, etc. inventories and observations. This planning must be prepared together with the applicants, and approval must be obtained from them.

As stated in the National Comprehensive Cancer Network (NCCN) Stress Management 2020 Guideline (Version 1: DIS25), in the light of the methods and techniques used above, the following issues regarding the applicant can be evaluated in the spiritual intervention planning for cancer patients;

a. Conflicts related to spiritual/religious beliefs and practices (a concern that illness is a punishment from God, etc.)
b. Concerns about lack of meaning/purpose
c. Problems with morals and values
d. Doubts about beliefs
e. Perception of being attacked by demons, djinns, etc.
f. Dealing with forgiveness issues
g. Concerns about the relationship with the sacred
h. Concerns about dying/death and/or life after death
i. Grief/loss
j. Feelings of worthlessness or burden
k. Loneliness
l. The conflict between false religious beliefs and recommended treatment
m. Ritual/worshipping needs (NCCN, 2020: DIS25)

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

Interventions for oncology patients regarding these identified problem areas should be planned. While some of these plans are provided by social workers, some of them should be directed to professional staff such as clergy/theologians, psychologists/ religious psychologists, etc., through social workers. These are spiritual support/care, spiritual counseling, spiritual education, spiritual/religious rituals, meditation and/or prayer, referral to spiritual/religious community resources (e.g., particular faith community, spiritual leader, pastoral psychotherapist) (NCCN, 2020: DIS25), and group interviews with patients.

In the intervention and monitoring, which is the fourth step of the planned change process in the UMRAN model, Social Workers perform a spiritual social work intervention for all patients without distinguishing individuals' religious/spiritual elements. In addition, the Social Worker implements a spiritual social work intervention for Muslim individuals, considering the sociological structure and religious and cultural codes of our country. In the detailed examinations of the international social work and spirituality literature, it was seen that many examples of spiritual social work interventions designed in accordance with the religious, spiritual, and cultural structures of their own societies had been applied from the past to the present. A study called "Spiritual Intervention Techniques for Christians" (Çekin, 2014: 72-76), which is applied to sick individuals belonging to the Christian religion, is one of the currently applied models. The structure outlined in the UMRAN Model was presented to be used not only for oncology patients but also for all patients and clients facing social problems. However, the methods used in this model should be considered within the framework of each applicant's characteristics. Social Workers should determine the necessary intervention methods, taking into account the "uniqueness" of their applicants.

In the UMRAN Model, there are two spiritual intervention models for all (sick) individuals and Muslim (sick) individuals:

1. Spiritual Intervention for All Patients in the UMRAN Model

The spiritual support elements that can be applied by Social Workers to all sick individuals, regardless of any religious/ spiritual elements, are as follows:

1.Compassionate presence: Social workers' showing that they are with oncology patients and that patients are not alone should be offered spiritual support (Puchalski et al., 2009). For example, even the fact that Social Workers sit quietly next to patients can mean spiritual support for patients (Hodge, 2005).

2.Empathic listening: Social Workers' listening to the patients in an empathetic frame (Puchalski et al., 2009). Smiling at the patients, holding their hand, answering their questions, etc. (Hodge, 2005).

3.Talking about spiritual concepts (Eck, 2002; Fukuyama & Sevig, 1999; Cashwell & Young, 2011).

4.Spiritual self-disclosure (Denney, Aten & Gingrich, 2008; Cashwell & Young, 2011).

5.Enabling the applicants to confront their spirituality (Eigen, 2001; Cashwell & Young, 2011).

6.Approval: Discovering the patients' sense of meaning and purpose in life, exploring attitudes, beliefs, ideas, values, and concerns about life and death, affirming life and value by encouraging recollection of the past (NHS Scotland, 2007: 3; Puchalski et al., 2009: 895; Mutter & Neves, 2010: 166; Walker, 2010).

7.Awareness studies: Within the scope of body-mind-spirit interventions, awareness exercises/experiential focus (Gendlin, 1998; Hinterkopf, 1998).

8.Meditation: Contemplation. (Gendlin, 1998; Hinterkopf, 1998; Schure, Christopher, & Christopher, 2008; Simpkins & Simpkins, 2009; Cashwell & Young, 2011; Puchalski et al., 2009; Bedri, 2012; Good, 2010; Walker et al., 2004; Lee et al., 2018; Moadel et al., 2007; Liu et al., 2018).

9.Yoga: (Gendlin, 1998; Hinterkopf, 1998; Schure et al., 2008; Simpkins & Simpkins, 2009; Cashwell & Young, 2011; Puchalski et al., 2009; Bedri, 2012; Good, 2010; Walker et al., 2004; Lee et al, 2018; Liu et al., 2018).

10. Mindful awareness studies (MBSR, Mindfulness Based Stress Reduction): Making mindfulness-based interventions (Cramer, Lauche, Paul, Dobos, 2012; Bishop, 2002). The primary purpose of MBSR is to provide education in meditation techniques to bring "awareness" to patients. Mindfulness is generally conceptualized as a state in which one is highly aware and focused on the present moment's reality and accepts it without being caught up in thoughts or emotional reactions to the situation (Kabat-Zinn, 1982).

11.Relaxation techniques: (Lee et al., 2009; Liu et al., 2018), breathing exercises (Sharma & Haider, 2013),

12.Art therapy (music, art): (Sharma & Haider, 2014; Puchalski et al., 2009).

13.Spiritual journaling: (Vaughn & Swanson, 2006; Cashwell & Young, 2011).

14.Imagery: Spiritual relaxation and imagery with people or things that are spiritually important (Maher, 2006; Cashwell & Young, 2011).

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

15.Forgiveness: Forgiving oneself or others (Enright, 2001; Worthington, 2005; Cashwell & Young, 2011).

16.Spiritual socialization: Participating in spiritual support groups, providing spiritual socialization (Cashwell & Young, 2011; Puchalski et al., 2009).

17.Dream work: Exploring the spiritual elements of dreams (Cashwell & Young, 2011; Bedri, 2012; Merter, 2014; Good, 2010; Walker et al., 2004).

18.Therapeutic intervention (for clinical social workers): Providing spiritual therapeutic interventions for oncology patients, cognitive behavioral therapy (Lawson & Snow, 2021), transpersonal therapy (Maslow, 2001), logo-therapy (Frankl, 1992), and implementation of Acceptance and Commitment Therapy-ACT (Nieuwsma, Walser & Hayes, 2016).

19.Giving homework: Giving daily homework for patients.

20.Social and artistic activities: Watching spiritual movies with patients and exchanging views on them. To contribute to the well-being of sick individuals by keeping them busy with art, music, painting, animals, soil, etc.

21.Seeing the illness as an educator: Enabling the patient to see the illness as an educator and focusing on the lessons that can be learned from it.

22.Visiting spiritual places: To encourage patients to visit places they value spiritually and to strengthen them in these terms.

2. Spiritual Intervention for Muslim Oncology Patients in the UMRAN Model

According to the religion of Islam, there are spiritual support elements that can be applied to all sick individuals who are accepted as applicants in terms of the social work profession. "It is possible to see many elements of spiritual support in the words of the Qur'an and behaviors and the Prophet (PBUH), which are accepted as the two main sources of the religion of Islam" (Beki, 2018: 97). Therefore, by using these basic references, findings, theories, and approaches obtained from different scientific data, Social Workers have spiritual support elements that they can apply to them during the intervention phase for Muslim oncology patients:

1.Spiritual support at the point of faith and belief: Social Workers ensure that Muslim patients are informed and supported related to their beliefs within the "reinforcement principle" framework.

2. Contemplation: Clients are allowed to be alone with themselves or to contemplate in a quiet atmosphere (Cashwell & Young, 2011; Bedri, 2012: 65; Good, 2010; Walker et al., 2004). Thus, the Muslim person is made to think regarding the disease he/she believes in coming from Allah, what the disease is, what kind of spiritual contribution it makes for him/her to have the disease, and what kind of internal transformation he/she enters for the meaning and purpose of life with the disease (Al Imran 3/190-191). According to Bedri (2012: 123), many Muslims welcome bodily ailments. The reason for this is that they say that such ailments allow deeper contemplation and reflection and encourage the soul more for worship and dhikr.

3.Tawakkul: As a religious and mystical term, tawakkul is defined as "a person's surrendering himself/herself to Allah, knowing Allah as a guarantor for his sustenance and affairs and trusting only Him" (Gazzali, IV; cited in Çağrıcı, 2012). Almighty Allah shows a way out for those who are faced with difficulties and emphasizes that they should pray: "When a calamity befalls them, they say, "Surely we belong to Allah (with everything) and to Him we shall certainly return" (Baqara 2/156)". In this regard, many verses indicate that servants should trust Allah. The following expressions will contribute to the patients' coping with the disease and strengthening them as spiritual support: "Trust in Allah, Allah is sufficient as a proxy" (Al-Ahzab 33/3), "Allah loves those who trust in Him" (Al Imran 3/159) and "Allah is sufficient for us, what a good guardian He is" (Al Imran 3/173).

4.Surrender: "The need of a person, who is weak and helpless in the face of problems, to be connected to supernatural power is one of the basic needs in human nature. Being weak and powerless by nature and likely to face many problems at any moment, relying on a transcendent power and surrendering to it is one of the most important moral supports that comforts him/her materially and spiritually" (Beki, 2020).

5.Worship: The verse "Ask for help from your God with patience and prayer" (Baqarah 2/45) in the Qur'an states that a believer can seek help from Allah by showing patience and praying in the face of diseases and problems he/she encounters (Yazır, 1995; Çekin, 2014; Puchalski et al., 2009; Iqbal, 1998).

5a. Prayer: To provide spiritual support for individuals 5 times a day by enabling them to meet with the Creator.

5b. Hajj and Umrah: To strengthen the patient by cooperating with the necessary personnel at the point of going to Hajj or Umrah.

5c. Reading the Qur'an: Supporting the patient in reading/listening to the Qur'an, understanding and reflecting on it. The fact that the Qur'an is a source of healing is expressed by Almighty Allah in Surah Isra as follows: "We are sending something from

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

the Qur'an that is healing and mercy for believers." (Isra 17/82). "At the point of medical treatment, the practices of the Prophet of Islam also support the above verse, at the point that people can be treated with spiritual support by reading the Qur'an after fulfilling their responsibilities. It has become a tradition to recite surahs such as Al-Fatiha, Baqara, Al-Falaq, and Al-Nas for people to relax and find peace" (Rahman, 1989: 74-75; Sonn, 1996). The Prophet, in particular, states that reading Surah Al-Fatiha will cure many ailments, and reading some parts of the Qur'an will also relieve people (Abu Dawud, Tıb, 17).

5d. Pray: (Frame, 2003; Cashwell & Young, 2011; Cunningham, 2012; Carson & Koenig, 2004; Derezotes, 2006; Mathews, 2009; Puchalski, 2006).

The word "pray" in the dictionary means "to call, to ask, to ask for help, and the texts that express the demands to be submitted to Allah verbally or in writing are also called prayer" (Cilacı, 1994). Since the main goal of prayer is for people to present their condition to God and to pray to Him, prayer means a dialogue between the servant and God. In other words, prayer is a bridge built by the limited, finite, and helpless being with unlimited and infinite power. For this reason, human has never been away from prayer in any period of history" (Gazzali, 1989).

In the surah of Al-Furqan, Allah states, "What is the importance of you if you don't have your prayer" (Al-Furqan, 25/77) that humans can gain value in front of his God by praying and Allah orders him/her to pray to Him.

6. Reading spiritual/religious stories with spiritual content and their use in intervention by the Social Workers (Spiritual bibliotherapy technique): (Walker, 2010; Cashwell & Young, 2011; Puchalski et al., 2009; Mutter & Neves, 2010). The stories of Prophets such as Job, Joseph, Jonah, etc., and works such as Rumi's Masnavi, Yunus Emre, etc., also help patients get stronger in terms of spiritual support.

7. Hope, God's forgiveness: Exploring the individual's hopes and fears for the present and the future (NHS Scotland, 2007). To instil hope in the patient that the healing will come from Allah: "When I am sick, it is He who heals me" (Ash-Shu'ara 26/80).

8. Forgiveness of the patient: "God is forgiving, he loves to forgive" (An-Nisa 4/99, 149). Allah also loves those who forgive. While Muslims are called to this virtue in the Qur'an, it is said, "Let them forgive and tolerate. Do you not want Allah to forgive you?" (An-Nur 24/22) Individuals who are faced with the reality of illness contribute to their spiritual well-being if they forgive those around them to whom they are offended.

9. Referring to the religious resources that the applicant considers sacred: (Quran, Hadith-i Sharifs, religious books, etc.) (Keutzer, 1984; Cashwell & Young, 2011; Puchalski et al., 2009; Walker et al., 2004)

10. Aid and solidarity: Encouraging the patient to help, solidarity, altruism, self-sacrifice, and service to other patients (Midlarsky & Kahana, 2007; Cashwell & Young, 2011). The role of others is to comfort the patient. Helping other people allows patients to become stronger.

11. Visitation: Supporting the patient to visit other patients. As a matter of fact, the Prophet ordered Muslims to accompany the funeral ceremonies, visit the sick, and greet everyone (Sahih al-Bukhari, 2009), thus showing that visiting the sick is an important spiritual support for the patient.

12. Patience and gratitude: In the Qur'an, Allah states that He will test people in many materials and spiritual matters. It has been stated that the way to be successful in this test is to show patience against sicknesses and calamities, and it is given the good news that those who are patient will attain the grace, mercy, and eternal salvation of their God (Al-Baqara, 2/155; Al Imran, 3/142; Muhammad, 47/31). Attention is drawn to the concept of patience with the phrase "give good news to those who are patient" at the end of the verses that contain statements on this subject.

On the other hand, spiritual support with gratitude in patience is supporting individuals who are faced with the disease to be thankful that they have not experienced a worse situation.

"In the dictionary, the word "gratitude" is used in the dictionary with the meaning of knowing the good done and spreading it, praising the benevolent with his goodness. Conceptually, gratitude is defined as "To express gratitude for the blessings and favors from Allah or people, to respond to the blessing with words and deeds, and to do what is necessary by obeying Allah and avoiding committing sins" (Çağrıcı, İA. "şükr" art.). In Surah An-Naml (27/40), it is said from the tongue of Prophet Solomon, "He who is grateful only gives thanks for his good, and whoever is ungrateful should know that my God does not need anything, He is the owner of great generosity."

The subject of patience and gratitude has also been studied mainly in Sufi-ethical works. The most important of which is Ghazali's The Revival of the Religious Sciences. The 32nd chapter of the work, which consists of 40 main parts, is titled "Patience and Gratitude" (IV, 60-141). Here, Ghazali answered the question of whether people should be grateful for the troubles and calamities

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

they face emphasizing that "every calamity and misfortune must be given thanks" (Gazzali, 1975):

"It is not desired or demanded that worldly troubles such as illness befall a person, but when it does, it is to look at it from the point of destiny and be thankful in order to turn it into profit in the hereafter. Because bodily and worldly troubles are not a real calamity. Every calamity a person has is lighter than any other calamity. No disease, trouble, or calamity is the worst. Therefore, to be grateful for the situation that a person has not faced with a bigger calamity than he/she has faced. Since the world is in the field of the hereafter, all diseases encountered in the world will be rewarded in the hereafter in return for patience. Therefore, to be grateful that the persecution and suffering in the world are instrumental in the elimination of the punishments in the hereafter.".

13. Repentance and forgiveness: According to Islam, one of the spiritual support elements necessary for people to get rid of the negative conditions is repentance and forgiveness from sins. Almighty Allah says in Surah Nuh (71/10.12): "...Ask forgiveness from your God, for He is very forgiving. Ask forgiveness so that it will rain abundantly from the sky on you. May He increase your wealth and your sons, grant you gardens, and make rivers flow for you." In another verse: "Ask forgiveness from your Lord, and then repent to Him so that He makes you benefit well for an appointed time (the end of your life) and reward every virtuous person for his virtue..." (Hud 11/3). In the hadiths, the Prophet (PBUH) said: "If a person does not forget to ask for forgiveness, Allah will show him a way out of every trouble, a way out of every sadness, and will provide him with sustenance from where he/she did not expect" (Abu Dawud, Vitir, 26; Ibn Majah, Adab, 57).

14. Therapeutic intervention (for clinical social workers): Spiritual therapeutic interventions for oncology patients, Islamicly modified cognitive behavioral therapy, spiritually modified cognitive therapy (Hodge, 2006; Hodge & Nadir, 2008; Bedri, 2018), implementation of transpersonal therapy (Maslow, 2001), religious-cultural psychotherapy (RCP) (Koenig & Al Shohaib, 2014), logotherapy (Frankl, 1992), and acceptance and commitment therapy ACT (Nieuwsma, Walser & Hayes, 2016).

15. Engaging in useful things: Disadvantaged sick individuals spending their time with things that will benefit themselves, their social environment, and society will bring significant gains both for themselves and for the other party. It is not possible for individuals who cannot get rid of the psychological state they are in to get rid of their problems. Therefore, by developing a sense of social responsibility, even if they are in adverse conditions, their mental and physical preoccupation with beneficial things and society will strengthen them in terms of spiritual support. In the Surah Al-Inshirah of the Qur'an, which supports this, it is ordered: "(O Muhammad!) Didn't we open your chest and widen it? Haven't we lifted the weight that bent your back? Have we not raised your glory? Surely there is a difficulty with ease. Really, there is a difficulty with ease. So, when you've finished one task, start another." Al-Inshirah, 94/1-8) It is important that Allah commands man to occupy his life with something.

16. Awareness of death: To inform that death is not nothingness or non-existence and that all living creatures will face the reality of death. The verse "Every soul will taste death" (Al-Anbiya 112/35; Al-Ankabut 29/57) reflects this fact.

17. Concerns and worries about the hereafter: Considering the spiritual martyrdom of Muslim patients due to their death due to illness and revealing the hope that their sins will be cleansed by means of the troubles they suffered due to illness and that they will be forgiven by Allah in the hereafter through repentance and forgiveness.

18. Spiritual/religious socialization of the patient: One of the moral support elements of the patient is establishing contact with the religious group and communities to which he is affiliated in the context of social support and supporting participation in mosques and groups at certain times.

19. Visiting spiritual/religious places: Encouraging patients to visit places they value spiritually and religiously and deem important to strengthen them spiritually.

In evaluation and termination, which is the fifth and last step of the planned change process in the UMRAN model, at the end of the planned change process, which is carried out in four stages, Social Workers should evaluate together with the applicants whether there is a change in the spirituality of them, what kind of changes have occurred, and if not, the reasons for this as stated in the ethical codes of NASW (NASW, 1996, Code of Ethics: 5.02a). In case that it is determined that the spiritual problems revealed as a result of the evaluation have been eliminated and an improvement has been made in the spiritual well-being of the applicant, the planned change process is terminated.

If it is determined that spiritual problems cannot be resolved, the main reasons for it should be addressed by Social Workers, and a new planning process should be started for it. Social Workers should conclude their study by referring clients to the necessary specialists. Termination, the last stage that is important in helping the applicant, is to approach every issue that may arise while a relationship is ending with sensitivity and guide to the termination (Sheafor & Horejsi, 2014: 471).

Terminating services to an applicant is a planned component of the assistance process. Social Workers should direct the

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

following questions to the applicant in order to terminate the service; "1) Were the intervention methods successful? 2) Is the problem or situation that brought the applicant to the institution sufficiently resolved? Thus, will the applicant be able to live at an acceptable level? Has the risk of harming himself/herself or others been eliminated? 3) Has the worker and/or institution made a reasonable investment of time, energy, or skill without the required results? 4) Did one or both of the applicants and/or workers reach a point without expecting any significant benefit from their future contacts? 5) Has the applicant become inappropriately dependent on the worker or institution? 6) Was it beneficial for the applicant to refer to another institution or worker? (Sheafor and Horejsi, 2014: 501).

It is of importance that social workers, who have adopted the principle of serving the disadvantaged individual, family, group, and society, serve especially for oncology patients, address their spiritual aspects, and give them spiritual support and strength in the difficult processes they experience. Especially oncology patients who struggle with the disease alone are likely to have more difficulties in this process. For this reason, it was determined that it is important to provide spiritual support by social workers for oncology patients who do not receive sufficient social support from their relatives or who do not have any relatives or for patients who do not have any spiritual support.

CONCLUSION AND RECOMMENDATIONS

The needs of patients have not changed for centuries, and only in our way of dealing with them various paradigm shifts have occurred. It is required to develop new social work intervention models and techniques with a multidisciplinary approach and a holistic perspective for all patients, especially oncology patients, and to carry out structural arrangements in compliance with the principles of human rights and social justice and the understanding of the social state.

In this respect, according to the findings obtained as a result of both literature review and field study, it was determined that there is a need for social work practice for the spiritual needs of patients in the field of oncological social work, which is one of the sub-fields of medical social work. It was concluded that there is a serious need for social workers who are effective and competent in the field of spirituality in the diagnosis, treatment, and rehabilitation processes to ensure oncology patients' full well-being. At the point of meeting this need, it was determined that social workers working in the field of medical social work have a lack of knowledge related to how and with which methods and techniques they will do this. Based on this need, it is recommended to use the UMRAN Model as an example of spiritual social work intervention in the field of medical social work.

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

REFERENCES

Akbaş, E. (2014). Sosyal Çalışmada Çağdaş Eleştirel Perspektifler. Ankara: Sabev Yayınları.

Apak, H. (2020). Maneviyata Duyarlı Sosyal Hizmet, (1.Baskı) (Ed.), Ankara: Grafiker Yayınları.

Beder, J. (2006). Hospital Social Work: The Interface of Medicine and Caring. New York: Routledge.

Bedri, M. B. (2012). Düşünme, gözlemden tanıklığa (M. Çiftkaya, Çev.). İstanbul: Mahya Yayıncılık.

Bedri, M. B. (2018). Müslüman psikologların çıkmazı (İ. Kaya, Çev.). İstanbul: Mahya Yayıncılık.

Beki, A. (2018). Manevi Destek Hizmetleri. İstanbul: AUZEF.

Beki, A. (2020). Yaşlı Hizmetlerinde Manevi Destek. İstanbul: AUZEF.

Bishop, S. R. (2002). What Do We Really Know About Mindfulness-Based Stress Reduction?. Psychosomatic Medicine, 64(1): 71-83.

Bullis, R. K. (1990). Spiritual genograms: Nurturing our spiritual roots. Church Teachers, 17(5): 174–175, 190–191.

Butrum, Z. (1967). Social Work in Medical Care. London: Wilner Brother.

Callahan, A. M. (2017). Spirituality and Hospice Social Work. New York: Columbia University Press, Chichester, West Sussex.

Canda, E. R. & Furman, L. D. (1999). Spiritual Diversity in Social Work Practice: The Heart Of Helping, New York: The Free Press.

Canda, E. R. & Furman, L. D. (2010). Spiritual Diversity in Social Work Practice, (2nd Ed.). New York: Oxford University Press.

Canda, E. R. & Smith, E. D. (2001). (Eds.), Transpersonal perspectives on spirituality in social work. New York: Haworth Press.

Canda, E. R., Nakashima, M. & Furman, L. D. (2004). Ethical Considerations About Spirituality in Social Work: Insights From a National Qualitative Survey. Families in Society, 85(1): 27-35.

Carroll, M. M. (1998). Social work's conceptualization of spirituality. In E.R. Canda (Ed.), Spirituality in Social Work: New Directions. New York: The Haworth Press, 1-13.

Carson, V. B. & Koenig, H. G. (2004). Spiritual caregiving: Healthcare as a ministry. Radnor, PA: Templeton Foundation Press.

Cashwell, C. S. & Young, J. S. (2011). Integrating Spirituality and Religion Into Counseling: a guide to competent practice, (2nd Ed.). American Counseling Association.

Cilacı, O. (1994). "Duâ". Diyanet İslam Ansiklopedisi (Cilt IX). İstanbul: TDV Yayınları, 529-530.

Connolly, C. M. (2005). Discovering "family" creatively: The self-created genogram. Journal of Creativity in Mental Health, 1(1): 81–105.

Cowley, A. S. (1993). Transpersonal social work: A theory for the 1990s. Social Work, 38(5): 527-534.

Cramer, H., vd. (2012). Yoga for breast cancer patients and survivors: a systematic review and meta-analysis. BMC Cancer, 12(1): 412.

Cunningham, M. (2012). Integrating spirituality in clinical social work practice: Walking the labyrinth. Upper Saddle River, NJ: Pearson Education.

Çağrıcı, M. (1988). TDV İslâm Ansiklopedisi (Cilt 1). İstanbul: Diyanet Vakfı Yayınları.

Çekin, A. (2014). Maneviyat, Manevi Bakım ve Sosyal Hizmet, (1.Baskı). Samsun: Etüt Yayınları.

Denney, R. M., Aten, J. D. & Gingrich, F. C. (2008). Using spiritual self-disclosure in psychotherapy. Journal of Psychology and Theology, 36(4), 294-302.

Derezotes, D. S. (2000). Advanced generalist social work. California: Sage Publications.

Derezotes, D. S. (2006). Spiritually oriented social work practice. Boston, MA: Pearson Education.

Duyan, V. (1996). Tıbbi Sosyal Hizmet (Sağlıkta Psikososyal Boyut). Ankara: Bilgisayar Yayıncılık.

Ebû Dâvûd. (1987). Süneni Ebî Dâvûd Terceme ve Şerhi (N. Yeniel, H. Kayapınar, Çev.), İstanbul.

Eck, B. E. (2002). An Exploration of the Therapeutic Use of Spiritual Disciplines in Clinical Practice. Journal of Psychology and Christianity, 21(3): 266-280.

Eigen, M. (2001). Mysticism And Psychoanalysis. The Psychoanalytic Review, 88(3): 455-481.

Enright, R. D. (2001). Forgiveness a choice. Washington, DC: APA LifeTools, American Psychological Association.

Faiver, C., vd. (2001). Explorations in Counseling And Spirituality: Philosophical, Practical, and Personal Reflections. Belmont CA: Wadsworth/Thompson Learning.

Frame, M. W. (2000). Constructing religious/spiritual genograms. In R. E. Watts (Ed.), Techniques in marriage and family counselling. The family psychology and coun seling series 1. Alexandria, VA: American Counseling Association.

Frame, M. W. (2003). Integrating Religion and Spirituality into Counseling: A Comprehensive Approach. Pacific Grove, CA: Brooks/ Cole.

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

Frankl, V. E. (1992). İnsanın Anlam Arayışı (S. Budak, Çev.). Ankara.

Friedlander, W. (1963). Introduction to Social Welfare. New Jersey: Prentice Hall.

Fukuyama, M. A. & Sevig, T. D. (1997). Spiritual issues in counselling: A new course. Counselor Education and Supervision, 36, 233–244.

Gazzâlî, M. (1975). İhyâu Ulumi'd-Din. (Cilt 1-IV). (A. Serdaroğlu, Çev.). İstanbul: Bedir Yayınevi.

Gazzâlî, M. (1989). İhyâu Ulumi'd-Din. (Cilt 1-IV). (A. Serdaroğlu, Çev.). İstanbul: Bedir Yayınevi.

Gehlert, S. (2006). The Conceptual Underpinnings of Social Work in Health Care. In S. Gehlert & T. Browne (Eds.), Handbook of Health Social Work, (3rd Ed.), John Wiley & Sons, 3-22.

Gendlin, E. T. (1996). Focusing-Oriented Psychotherapy: A Manual of The Experiential Method, (1st Ed.). New York: Guilford Press.

Gilbert, M. C. (2000). Spirituality in social work groups: Practitioners speak out. Social Work with Groups, 22(4): 67–84.

Gilligan, P. & Furness, S. (2005). The Role of Religion and Spirituality in Social Work Practice: Views and Experiences of Social Workers and Students. British Journal of Social Work, 36(4): 617-637.

Good, J. J. (2010). Integration of spirituality and cognitive-behavioural therapy for the treatment of depression (Unpublished Doctoral Dissertation). Philadelphia College of Osteopathic Medicine, Philadephia.

Griffith, J. L. & Griffith, M. E. (2002). Encountering the Sacred in Psychotherapy: How to Talk with People about Their Spiritual Lives. New York: Guilford Press.

Hinterkopf, E. (1998). Integrating spirituality in counselling: Amanual for using the experiential focusing method. Alexandria, VA: American Counseling Association.

Hodge, D. R. (2001a). Spiritual Assessment: A Review of Major Qualitative Methods and A New Framework for Assessing Spirituality. Social Work, 46(3): 203-214.

Hodge, D. R. (2001b). Spiritual genograms: A generational approach to assessing spirituality. Families in Society: The Journal of Contemporary Human Services, 82(1): 35-48.

Hodge, D. R. (2005). Spiritual Ecograms: A New Assessment Instrument for Identifying Clients' Strengths in Space and Across Time. Families in Society, 86(2): 287-296.

Hodge, D. R. (2006). Spiritually Modified Cognitive Therapy: A Review of the Literature. Social Work, 51(2): 157-166.

Hodge, D. R. (2015). Spiritual Assessment in Social Work and Mental Health Practice. New York, Chichester, West Sussex: Columbia University Press (e-book).

Hodge, D. R. & Limb, G. E. (2010). A Native American perspective on spiritual assessment: The strengths and limitations of a complementary set of assessment tools. Health & Social Work, 35(2): 121-131.

Hodge, D. R. & Nadir, A. (2008). Moving Toward Culturally Competent Practice with Muslims: Modifying Cognitive Therapy with Islamic Tenets. Social Work, 53(1): 31-41.

Hodge, D. R. & Reynolds, C. (2018). Spirituality among People with Disabilities: A Nationally Representative Study of Spiritual and Religious Profiles. Health & Social Work, 44(2): 75-85

Howard, H. B. (1913). Growth and Efficiency of Hospitals. Journal of the American Medical Association, 61(22): 1965-1966.

IFSW (International Federation of Social Workers). (2014). International Definition of Social Work. https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/ [19.06.2019].

Iqbal, M. (1998). Islamic medicine: The tradition of spiritual healing. Science & Spirit, 9(4): 3-5.

Kabat-Zinn, J. (1982). An Outpatient Program in Behavioral Medicine for Chronic Pain Patients Based on the Practice of Mindfulness Meditation: Theoretical Considerations and Preliminary Results. General Hospital Psychiatry, 4: 33-47.

Karataş, Z. (2015). Manevi Temelli Sosyal Hizmet Yaklaşımı. Manevi Temelli Sosyal Hizmet Araştırmaları Dergisi, 1(1): 3- 15.

Karaköse, R. (2020). Yaşlı Refahına Yönelik Manevi Sosyal Hizmetler: Darülaceze Okmeydanı Örneği (Doktora Tezi). İstanbul Sabahattin Zaim Üniversitesi, İstanbul.

Keutzer, C. S. (1984). Transpersonal psychotherapy: Reflections on the genre. Professional Psychology: Research and Practice, 15(6): 868-883.

Koenig, H. G. & Al Shohaib, S. (2014). Health and Well-Being in Islamic Societies: Background, Research, and Applications. New York, NY: Springer.

Kur'an-ı Kerim, DİB. https://kuran.diyanet.gov.tr/mushaf [25.04.2021].

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

Lawson, R. R. & Snow, A. (2021). "Palliative Social Work". In K. H. Todd, K. Alagappan & C. R. Thomas (Eds.), Oncologic Emergency Medicine: Principles and Practice, (2nd Ed.), Springer Nature, 109-118.

Lee, M. Y., vd. (2018). Integrative body-mind- spirit social work: an empirically based approach to assessment and treatment. New York: Oxford University Press.

Liu, C., vd. (2018). Integrative body-mind-spirit (I-BMS) interventions for posttraumatic stress disorder (PTSD): A review of the outcome literature. Journal of Social Service Research, 44(4): 482-493.

Mahdi, M. (1964). Ibn Khaldun's philosophy of history. Chicago: The University of Chicago Press.

Maher, A. B. (2006). Impact of abuse on internalized God images: Spiritual assessment and tratment using guided imagery. In K. B. Helmeke & C. F. Sori (Eds.), The therapist's note-book for integrating spirituality in counselling: Homework, handouts, and activities for use in psychotherapy. Binghamton, NY: The Haworth Press, 89-112.

Maslow, A. (2001). Toward a Psychology of Being (O. Gündüz, Çev.). New York.

Mathews, I. (2009). Social Work and Spirituality. Learning Matters, Exeter.

Mathews, I. (2017). Sosyal Hizmet ve Maneviyat (N. Özmen, Çev.). İstanbul: Bilge Yayınları.

McGoldrick, M., Gerson, R. & Shellenberger. (1999). Genograms: Assessment and intervention, (2nd Ed), New York: W.W. Norton & Company.

Meriç, C. (1996). Umrandan Uygarlığa. İstanbul: İletişim Yayınları.

Merter, M. (2014). Psikolojinin Üçüncü Boyutu-Nefs Psikolojisi ve Rüyaların Dili, (1. Baskı). İstanbul: Kaknüs Yayınları.

Midlarsky, E. & Kahana., E. (2007). Altruism, well-being, and mental health in late life. In S. G. Post (Ed.), Altruism and health, Oxford: Oxford University Press, 56-69.

Mutçalı, S. (2012). Türkçe-Arapça Sözlük. İstanbul: Dağarcık Yayınları.

Mutter, K. F. & Neves, C. M. (2010). A dialogical model for engaging spirituality in therapy. Clinical Social Work Journal, 38(2): 164-173.

National Association of Social Workers (NASW). (1996). Code Of Ethics. Washington, DC.

NCCN Clinical Practice Guidelines in Oncology. (2020). Distress Management, Version 1.2021.

NHS Scotland. (2007). Standards for NHS Scotland Chaplaincy Services. NHS Education for Scotland, 1-28.

Nieuwsma, J. A., Walser, R. D. & Hayes, S. C. (2016). ACT for Clergy and Pastoral Counselors: Using Acceptance and Commitment Therapy to Bridge Psychological and Spiritual Care, (1st Ed.). Oakland, CA: Context Press.

Okumuş, E. (2018). Umran İlmi, Çatışma Çözümü ve Barış. İbn Haldun Çalışmaları Dergisi, 3(1): 1-30.

Özden, S. A. & Özcan, E. (2020). Tıbbi Sosyal Hizmet, (3. Baskı). Ankara: Nobel Akademik Yayıncılık.

Puchalski, C. (2006). A time for listening and caring: Spirituality and the care of the chronically ill and dying. New York: Oxford University Press.

Puchalski, C., vd. (2009). Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference. Journal of Palliative Medicine, 12(10): 885- 904.

Rahman, F. (1989). Health and medicine in the Islamic tradition. New York: Crossroads Publishing.

Ronen, T. & Freeman, A. (2007). Cognitive Behavior Therapy in Clinical Social Work Practice. (Ed.), New York: Springer Publishing Company.

Rubinow, E. (1943). Medical social work in hospital. Journal of American Hospitals Association, 61.

Sahih al-Bukhari. (2009). In "Patients". M. Muhsin Khan (Ed.), (1st Ed.) (e-Book).

Schure, M. B., Christopher, J. & Christopher, S. (2008). Mind–Body Medicine and the Art of Self-Care: Teaching Mindfulness to Counseling Students Through Yoga, Meditation, and Qigong. Journal of Counseling & Development, 86(1): 47-56.

Seyyar, A. (2008). Manevî Sosyal Hizmetler. A. Seyyar (Ed.), (1. Baskı). İstanbul: Rağbet Yayınları.

Sharma, M., & Haider, T. (2013). Tai Chi as an Alternative or Complementary Therapy for Patients With Depression: A Systematic Review. Journal Of Evidence-Based Complementary & Alternative Medicine, 18(1): 43-49.

Sharma, M., & Haider, T. (2014). Tai Chi as an Alternative and Complimentary Therapy for Anxiety: A Systematic Review. Journal of Evidence-Based Complementary & Alternative Medicine, 20(2): 143-153.

Sheafor, B. W. & Horejsi, C. R. (2014). (B. Çiftçi, Çev.). (Ed.), Sosyal Hizmet Uygulaması Temel Teknikler ve İlkeler, Ankara: Nika Yayınevi.

Sheridan, M. J. (2004). Predicting the use of spiritually-derived interventions in social work practice. Journal of Religion &

A SPIRITUAL SOCIAL WORK INTERVENTION PROPOSAL IN THE FIELD OF MEDICAL SOCIAL WORK: UMRAN MODEL[1]

Spirituality in Social Work: Social Thought, 23(4): 5-25.

Silverman, B. W. (2017). Density Estimation for Statistics and Data Analysis, Boca Raton: Routledge (e-book).

Simpkins, C. A. & Simpkins, A. M. (2009). Meditation for therapists and their clients. New York & London: W.W. Norton & Company.

Sonn, T. (1996). Health and medicine in the Islamic tradition: Fazlur-Rahman's View. Journal Islamic Medical Association (JIMA), 28(4): 189-194.

Sosyal Hizmetler Kanunu (SHK). (1983). https://www.mevzuat.gov.tr/MevzuatMetin/1.5.2828.pdf [13.12.2019].

Swinton, J. (2010). The meanings of spirituality: A multi-perspective approach to 'the spiritual'. In W. McSherry & L. Ross (Eds.), Spiritual assessment in healthcare practice, Keswick, UK: M & K Publishing, 17-35. Yeşilkayalı, E. (2016). 'Sosyal Çalışmada Maneviyata Duyarlı Müdahale / Spirituality Sensitive Intervention in Social Work'. International Journal of Social Science, 227-238.

Tuncay, T. (2007). Kronik Hastalıklarla Başetmede Tinsellik. Ankara: Sağlık ve Toplum, 17(2): 13-20.

Vaughn, M. & Swanson, K. (2006). "Any life can be fascinating:"- Using spiritual autobiography as an adjunct to therapy. In Helmeke, K. B. & Ford Sori, C. (Eds.), The therapist's notebook for integrating spirituality in counselling: Homework, handouts and activities for use in psychotherapy, Binghamton, NY: Haworth, 211-219.

Yazır, E. M. H. (1995). Hak Dini Kur'ân Dili, (13. Cilt). Ankara: Âsitâne Yayınları.

Yeşilkayalı, E. (2018). Sosyal Çalışma Uygulamalarında Manevi Değerlendirmenin Yeri ve Önemi: David R. Hodge'in Çalışmaları Çerçevesinde Genel Bir Bakış. Tarih Okulu Dergisi (TOD), 11(36): 88-103.

Yıldırım, A. ve Şimşek, H. (2005). Sosyal Bilimlerde Nitel Araştırma Yöntemleri, (5. Baskı). Ankara: Seçkin Yayıncılık.

Yıldırım, A. ve Şimşek, H. (2011). Sosyal Bilimlerde Nitel Araştırma Yöntemleri, (8. Baskı). Ankara: Seçkin Yayıncılık.

Yıldırım, B., Acar, M. ve Tuncay, T. (2013). Onkoloji Alanında Sosyal Hizmet Uzmanlarının Görevleri ve Kanıta Dayalı Değerlendirme. Journal of Society & Social Work, 24(1): 169-189.

Yin, R. K. (2014). Case study research: Designs and methods, (5th Ed.). Los Angelos: Sage.

Walach, H. (2005). Spiritualitat als Ressource: Chancen und Probleme eines neuen Forschungsfeldes. EZW-Texte, 181: 17-40.

Walker, D. F., Gorsuch, R. L. & Tan, S. (2004). Therapists' integration of religion and spirituality in counselling: A meta-analysis. Counseling and Values, 49(1): 69-80.

Walker, S. (2010). Young people's mental health: the spiritual power of fairy stories, myths and legends. Mental Health, Religion & Culture, 13(1): 81–92.

Worthington, E. L. (2005). Handbook of Forgiveness, (1st Ed.). New York: Routledge.