

Social Work Academics Resisting the Globalization of Western-rooted Social Work

Decolonization, Indigenization,
Spirituality, and Buddhist Social Work

General Editor : Tatsuru Akimoto

Editors/Team Leaders:

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Title: SOCIAL WORK ACADEMICS RESISTING THE GLOBALIZATION OF WESTERN-ROOTED SOCIAL WORK: DECOLONIZATION, INDIGENIZATION, SPIRITUALITY, AND BUDDHIST SOCIAL WORK

Please note that authors are fully responsible for the content and ethical considerations regarding both conducted studies and presented documents and data.



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*Editors respect each author's language background and adopt the authors' preference of English style, whether it is Aotearoa New Zealand English, American English, or British English.

PREFACE

Some social work academics resist the globalization of Western-rooted (professional) social work.

Social work was born and matured, or took root, in the Western world, in its culture and life, and has been disseminated beyond their own territories to many other regions. It has been disseminated out of compassion, good will, the forces of greed and vanity, or missionary obligation as professional social workers, from the side of Western world, and out of admiration, respect, submission, or the longing for learning and imitating in order to catch up, from the side of the non-Western world, both in the name of professionalization and/or globalization.

Many years have passed, however, since critical voices of “It’s the West’s,” “Western,” “It’s ‘developed countries,’” “It’s theirs, not ours,” or “The culture is different” were raised. Nowadays they sound as if they were conventional descriptive phrases or introductory remarks in much spoken and written work.

What do the expressions “Western” and “culture is different” mean, and how Western and different, and what is wrong, inexcusable and/or not acceptable to its critics, in Western-rooted professional social work? Beyond the level of the simple repetition of “it’s Western” and “the culture is different”, more sincere inquiry has arisen from various parts of the world and from various angles.

This book picks up four discourses—Decolonization, Indigenization, Spirituality and Buddhist social work. Colleagues from Africa, Oceania, a former APASWE (Asian and Pacific Association for Social Work Education) president’s team, and Asia will introduce and discuss the essence and a few current interests of each area respectively, assuming readers to be those from one or more of these fields. In the last section, colleagues from North America who share the same interest will present a few examples of their achievements to join our discussion.

The four discourses have been triggered by Western-rooted social work, and have “no thanks for the globalization of Western-rooted social work” as the common divisor among them. However, the ways in which they reject this varies among them. Some opponents of this are critical of the oppressive or unacceptable content of the Western-rooted social work itself and wish to correct this by getting rid of harmful elements or filling in missing ones, by modification or indigenization. Some other critics, as it does not fit them at all, are intent on the identification and construction of a new social work outside Western-rooted social work on an equal footing to it—liberating social work from its status as a proper noun to that of a general noun. Some of the latter disputants would proceed toward a consolidation of their new social work and the existing Western-rooted social work. Some others wouldn’t.

Sections of this book were rather independently written. The interests and arguing points and even the meanings and understandings of key terms including

the Section titles, decolonization, indigenization, spirituality, and Buddhist social work, may differ. The mutual internal relation among them has not been discussed crossing Section lines at the macro theoretical level in this book. The concept “indigenous,” for example, seems to be the most commonly rooted in all Sections, but, there are two usages of “indigenous”: One, “native people” who “live within geographically distinct ancestral territories,” as the United Nations and IFSW (International Federation of Social Workers) define, and the other, people who have their “origins in the community, society, area, region or nation in olden days” but “not necessarily associated with Western colonization and hegemony and not necessarily confined as a minority in their current countries,” as our Buddhist social work Section adopts.

Sharing the same common interest, we will be exploring diversities, commonalities and differences, and unify our joint efforts to lead social work in the appropriate direction, the social work that will be commonly applicable to all the eight billion people of 200 countries and regions in the whole world, not only the Western world. Social work academics and university men and women will continue pursuing their course.

This book was compiled by leading participants in the International Academic 24-hour internet Forum organized by the ARIISW (Asian Research Institute for International Social Work), Shukutoku University, in Tokyo, Japan, on 17-18 February, 2021, with the same title and aims of this book. The articles in each team in this book are either the refined and revised papers presented in the forum or newly-written articles. [Most of them were written in 2020-22 except for one in 2023.]

A handwritten signature in black ink, consisting of stylized, fluid strokes that form the name 'Tatsuru Akimoto'.

Tatsuru Akimoto
General Editor

**Africa/Association of
Schools of Social Work in
Africa (ASSWA)—Decolonization**

Chapter 1

Decolonising the social work curriculum: A Kenyan perspective

Wilkins Ndege Muhingi

Abstract

Social work curricula in Kenya are Eurocentric, as a literature review reveals that most of the social work being taught in Kenya is not indigenous. Foreign approaches imposed on African countries have resulted in social work education being foreign, as opposed to a gradual social metamorphosis that aims to address problems in Africa. Kenya is no exception. Current challenges to development in Kenya must be viewed from a contextual viewpoint of colonial history. Kenyan social work education lacks relevance in terms of its philosophical, value, and ideological bases.

Introduction

According to Poka Laenui (as cited by Chilisa, 2012), there are five phases in the process of decolonization—namely rediscovery and recovery; mourning; dreaming; commitment; and action. First, rediscovery and recovery refer to the process through which colonised peoples rediscover and recover their own history, culture, language, and identity. Second, mourning refers to the process of bemoaning the ongoing assault on the identities and social realities of the world's colonised/oppressed peoples. It is a crucial aspect of the healing process and leads to the third phase of dreaming. When colonial peoples use their histories, worldviews, and indigenous knowledge systems to theorise and imagine alternative possibilities, such as a different curriculum, they are said to be dreaming. Fourth, academics and students who become political activists and display a commitment to including the voices of the colonised—in this case in university curricula—are said to have demonstrated commitment. Lastly, during the action phase, dreams and commitments are translated into tactics for social transformation.

Smith (1999) identified the following seven elements of decolonization: deconstruction and reconstruction; self-determination and social justice; ethics; language; the internationalisation of indigenous experiences; history; and critique. First, deconstruction and reconstruction entail 'interrogating distortions

of people's life experiences, negative labelling, deficit theorising, genetically deficient or culturally deficient models that pathologized the colonized [...] and retelling the stories of the past and envisioning the future' (Chilisa, 2012: 17). Second, self-determination and social justice refer to those who have been marginalised by Western academia in their quest for the legitimacy of the knowledge rooted in their own histories, experiences, and perspectives on reality. Third, the creation, legislation, and transmission of ethical issues related to the safeguarding of indigenous knowledge systems are all covered by ethics. Fourth, language addresses the relevance of the teaching and mastery of indigenous languages as part of the anti-imperialist fight. Fifth, international scholars who discuss the common experiences, challenges, and struggles of colonised peoples in global and local places conduct work in a field known as the internationalisation of indigenous experiences. Sixth, history in this context refers to the study of the past to recover the history, culture, and languages of colonised peoples and to then use them to inform the present. Lastly, critique refers to the imperial paradigm of academia being critiqued because it 'continues to deprive the colonized and historically marginalized other space to communicate from their own frames of reference' (Chilisa 2012: 19). First- and second-generation colonialism, neo-colonialism, and the recent (re)ascendency of neoliberalism all require decolonization.

Social work was first introduced to Africa by colonial administrators, missionaries, and industrialists, who had little concern for the wellbeing of Indigenous people (Mwansa, 2010, as cited by Ibrahima and Mattaini, 2019; Smith, 2015). The United Nations (1969, 1971) urged colonial administrators to introduce social work education and practice to the continent, and Western experts were tasked with conducting needs assessments and advising colonial governments on how to create important services.

Social work education was adopted to facilitate the civilisation and improvement of natives' living conditions and to control as many territories as possible for the economic advancement of the colonial powers. As part of the colonising process, missionaries played a critical role in spreading social work to developing countries. In addition to preaching and converting the 'heathens', they were involved in explorations for minerals and sent information back to colonial powers. Furthermore, they were instrumental in developing rudimentary formal basic social services, such as primary schools, health clinics, hospitals, and social welfare institutions (Osei-Hwedie and Rankopo, 2012: 725).

Formal social work education in Kenya began in 1962 with a diploma program at the Kenya-Israel School of Social Work, while degree programs began in 1976 at the University of Nairobi (Wairire, 2014). Current challenges to development in Kenya must be seen from the contextual viewpoint of colonial history (Lombard and Wairire, 2010). Kenya is still dealing with the after-effects of structural adjustment programs of the 1990s, which have contributed

to persistent poverty, unemployment, and inequality. It also faces a wide range of social issues, such as crime and violence, as well as the impacts of HIV and AIDS, which have left many people vulnerable. Unemployment and poverty have also made young people more vulnerable to drug addiction and criminal activity.

To implement the Global Agenda, social work education must incorporate global principles and connect them to local realities. As the Millenium Development Goals demonstrate, even though they are now in their 14th year, social work education around the world has failed to adequately react to the problems posed by even these modest goals. They go on to state that social work academics and practitioners must work together to persuade universities and social work training institutions to accelerate the process of curriculum change, possibly by discovering shortcuts around the bureaucratic processes, which are sometimes laborious and time-consuming. This can be accomplished by bringing the Global Agenda into the classroom and ensuring that every student reads it (Healy and Wairire, 2014).

The concept of decolonization

The decolonization process is complicated and multidimensional. It is full of tensions, inconsistencies, and paradoxes, as Fanon (2004), Spivak (1988), and Wa Thiong'o (1986) have demonstrated. Mbembe (2016) highlighted the inequity of continuing to use syllabi constructed through epistemic violence and purposefully structured to satisfy the demands of South Africa's colonizers and, later, the apartheid system. Wa Thiong'o (1993) advocated for a shift away from current Eurocentric norms and toward the centring of the African perspective—that is, putting African culture, literature, and language at the centre of the educational project so that African students can learn about themselves before learning about people and contexts from further afield. However, counterarguments have been made to Wa Thiong'o's idea of re-centring the African perspective in university curricula, including claims that doing so would simply mean replacing one form of knowledge and one worldview with another, which would do little to prepare graduates who can function in both local and global contexts. University curricula that are epistemically diverse and both locally and globally relevant may be required for graduates to be locally and globally responsive (as is required for a sustainable future; Mbembe, 2016). Thus, the goals of education for sustainable development and the broader concept of a decolonised curriculum are strikingly similar.

Sisitka (2017) presented a compelling interpretation of decolonization theory and practice as a framework for education for sustainable development, reorienting higher education (HE)'s mission to the common good. In an investigation of the meaning of, reasoning for, and approaches to decolonised, sustainable development in African HE, Maringe and Ojo (2017) also underlined

the relationship between conceptions of the decolonization of HE in Africa and those of sustainable development.

Social work education and the curriculum in Kenya

Most social work institutions in East Africa, particularly those in Kenya, face comparable challenges, such as a shortage of competent employees, insufficient resources and facilities, a lack of relevant teaching materials and literature, and the limited capacity of lecturers to undertake research and engage in academic activities. Upon visiting the library of any East African university, it is rare to find social work reference books that have been authored and published in Kenya. Therefore, teaching is still significantly influenced by theories, concepts, and practices developed outside of Africa (Spitzer, 2019).

Imported Western theories and conceptions continue to have significant effects on social work education and practice in the 21st century; furthermore, these imported models do not adequately respond to current societal concerns, nor do they properly match the sociocultural realities in these countries. As a result, the search for culturally relevant education and practice is at the heart of the struggle for the indigenisation of social work in African contexts (Rankopo and Osei-Hwedie, 2011, as cited by Spitzer, 2019).

Rethinking the social work curriculum

According to Spitzer (2019), the empirical picture shows that cultural relevance seems to play a significant role in social work education and practice in countries of the East African Community. While decolonising the social work curriculum, the relevance of local knowledge systems and coping mechanisms for social work practice and education; the extent to which social work training prepares people to provide culturally relevant practices; and the compatibility of social work interventions with cultural values must be considered. Here, social work concepts and methods should be related to the respective social, cultural, economic, and environmental contexts within which the profession operates. As a result, the findings of diverse studies must be incorporated into redesigned social work curricula and made available to future generations of social workers. These combined efforts would be a powerful way to remove Western conceptions that have transpired to be ineffective, leading to the decolonization of social work and the development of a self-assured professional identity. Abdi (2012: 12) suggested that decolonising the educational praxis disturbs 'the structural as well as the functional coherence of official knowledge and learning discourses and their selectively dysfunctional scribbling of totalising Eurocentric metanarratives'.

The explicit, hidden, and blank curriculum are three major perspectives that have received little attention in connection to universities and, by extension,

curriculum specialists. First, module frameworks, recommended readings, evaluation criteria, and other elements of the explicit curriculum are offered to students. Second, the hidden curriculum is what students learn about a university's dominant culture and the values it propagates. Lastly, what universities leave out—what is not taught and learned in a university—is known as the blank curriculum (Le Grange, 2020). Social work education, particularly the curriculum, could follow the five phases conceptualised by Poka Laenui (as cited by Chilisa, 2012) in the process of decolonising the social work curriculum—namely rediscovery and recovery; mourning; dreaming; commitment; and action.

Conclusion and recommendations

The social work profession in Kenya operates under difficult circumstances. A need exists for social workers to look for ways to collaborate with colleagues in Africa and learn from them, thereby supporting efforts toward strengthening social work through decolonising the curriculum. Although Kenya receives the highest scores with regard to culturally relevant training, traces of coloniality remain. The respective findings from studies must be transferred to revised social work curricula and made available for future generations of social workers. These curricula would be powerful means for shedding Western concepts that have transpired to be inappropriate, thus contributing to the decolonization of social work and building a self-confident identity in the profession.

An extensive literature review and related findings demonstrate the existence of a need for the transformation of social work education from being Eurocentric to Afrocentric. Crucially, we could further strengthen it by embracing a Euro-Afro-centric approach that combines the good aspects of all approaches.

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Oceania—Indigenization

Chapter 2

Rangatiratanga: Decolonizing and Indigenizing Social Work Education in Aotearoa New Zealand

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Mihi - Traditional Greeting

Tihei Mauri Ora! Kia tau mai te aroha, ngā manaakitanga o te Atua E ngā manuhiri tuarangi, E ngā karanga- ranga maha, E te iwi o tawahi – Haere mai, haere mai, haere mai E ngā Tangata whenua o te ao Karanga mai, karanga mai, karanga mai E ngā mate, haere, haere, haere Āpiti hono, tātai hono, Te hunga mate ki te hunga mate, Āpiti hono, tātai hono, Te hunga ora ki te hunga ora Nau mai, haere mai ki tēnei hui Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa	Behold there is Life! May the love and the caring of the Cre- ator descend on us To our honoured guests, those represent- ing many special relationships, To the people from overseas – Welcome, welcome, welcome To the First Peoples from all around the world Call to us, Call to us, Call to us To our many dead, farewell, farewell, farewell The lines are joined, The dead to the dead The lines are joined, The living to the living (We are the ones who remain and carry on the work of those who’ve gone on before us) Welcome to this meeting Therefore, greetings to you all
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Introduction

This chapter focuses on social work education in Aotearoa New Zealand. In particular, the chapter critically examines how Aotearoa social work education institutions, and the sector at large have engaged in decolonization and indigenization. Rangatiratanga, an indigenous principle of self-determination, is promoted to forge the future of social work education in Aotearoa. We will attempt to address two key questions confronting social work education in Aotearoa: (1) How does rangatiratanga inform social work education and practice in Aotearoa? And (2) What ought the future of social work education and practice in Aotearoa be?

We are all social work educators. We have over 50 years of experience as social work academics in Aotearoa. Yet, we come from diverse positions regarding institution type, geographical settings, and cultural identities. The collaboration to develop this chapter was new. Still, it arose from existing relationships in the well-established Aotearoa social work education network, within which debates about decolonizing and indigenizing social work education are active.

The core of this chapter provides four different commentaries on the indigenization of social work education in Aotearoa; each contributed by one of the four authors, based on our institutional and scholarly work. Alma Winiata-Kenny discusses embedding Indigenous values as the basis of the social work programme at the Indigenous tertiary institution Te Wānanga o Raukawa (TWR). Jodie Owen writes from the institutional context of another Indigenous tertiary provider, Te Wānanga o Aotearoa (TWA). Her discussion reveals the process and impact of developing the first bicultural social work degree in Aotearoa, applying fundamental principles based on mātauranga Māori (Māori knowledge). Tracie Mafile'o explains Moana/Pacific social work education perspectives and initiatives in Aotearoa - Tracie is also institutionally positioned within a university. David McNabb recently left his work after 13 years within a Polytechnic tertiary education provider. He highlights key findings from research with Māori and non-Māori social work educators in Aotearoa about how they operationalize decolonizing practices. The Māori tradition of beginning by introducing the author with a pepeha identifies and locates the person within tribal and geographic contexts. The discussion brings key messages together from across the four commentaries, arguing that the future of social work education in Aotearoa must be anchored in the realisation of rangatiratanga - where Māori achieve self-determination within the contemporary society of Aotearoa. We begin with an introduction to the context of Aotearoa and then, more specifically, the context of Aotearoa social work and social work education.

Aotearoa context and rangatiratanga

Māori were the first people to arrive in Aotearoa, navigating from Eastern Polynesia in the 13th century (Howe, 2005). Indigenous Māori welfare and wellbeing traditions were well established before European contact. Early Western contact was made in the mid-1600s. Until the 1850s, Māori were the dominant population and significantly influenced all social and cultural life (Tennant et al., 2008). The British subsequently became the larger group in Aotearoa. From the 1850s onwards, the greed for settler land acquisition led to land wars, which proved devastating for Māori and set Aotearoa on a path of increasing British colonial domination (Orange, 2015). The Aotearoa government also became a colonial force in the Pacific region, positioning itself as ‘the Britain of the South’ (Phillips, 2012). New Zealand took colonial administration of Western Samoa, Cook Islands, Niue, and Tokelau - and in the case of the latter three, constitutional links in various forms persist to the current day. The Mau Movement in Samoa was an indigenous-led resistance to oppression by New Zealand colonial rule (Field, 1984).

In Aotearoa, Māori led the resistance to colonization and its effects. In 1835, He Whakaputanga—the Declaration of Independence was signed by Northern chiefs in Aotearoa and recognised by Britain (Orange, 2015). Te Tiriti o Waitangi (Te Tiriti) was signed by many Māori tribal leaders and the British Crown in 1840. Te Tiriti held the hope of a mutually beneficial arrangement for Māori who signed along with the British Crown, including the notion of “bi-polity” whereby two sovereign nations could equitably govern (Ruwhiu et al., 2016: 80).

History is replete with the breaches of Te Tiriti o Waitangi and subsequently dispossessing Māori of land, Māori epistemology and ontology and forcing Māori into “deprivation, poverty, marginalisation and powerlessness” (Mutu, 2019: 4). This historic context put Māori on the pathway that ensured Māori became dependent on the state and remained the highest users of state-funded social services.

In this historical context ‘rangatira and tino rangatiratanga’ are propagated. For Māori, this is “sovereign authority, guardianship, full and absolute authority” (Network Waitangi Whangarei, & Te Kōwhiri, 2012: 342). There are further understanding and applications of rangatiratanga, such as:

- chieftainship, right to exercise authority, chiefly autonomy, chiefly authority, ownership, leadership of a social group, domain of the *rangatira*, noble birth, and attributes of a chief.
- kingdom, realm, sovereignty, principality, self-determination, self-management - connotations extending the word’s original meaning from Bible and Treaty of Waitangi translations (Te Aka Māori Dictionary).

Rangatiratanga has always been part of Māori being and has driven the protests and resistance against marginalisation, powerlessness, and injustices.

Given the context of colonization, despite having a Treaty that promised a partnership between Māori and the British, welfare beginnings were Western-based and included various charitable and religious groups' activities that engaged specifically in public welfare. Thus, the precursor to formal social work appeared to resemble the model used in Britain, where it first began, with strong influences from the United States of America (USA) (Nash, 2001).

From the beginning, Māori have protested injustices done to them. Now, through the Treaty of Waitangi Tribunal, several iwi (tribes) have settled historical disputes with the government (Waitangi Tribunal, 2019). This has typically included an apology from the government for the land taken and harm caused, and financial, land and other components of redress. Decolonization has been formally underway at one level, with a growing number of tribes engaging in the settlement process since the Treaty of Waitangi Tribunal was established by an Act of Parliament in 1975. However, there is a long way to go (Huysens, 2016). It can be argued that any decolonization process is limited because of the significant ongoing colonial legacy of major structural deprivation faced by Māori (Smith, 2012). Since establishing Government in New Zealand, the Crown has successfully assumed the role of designing and implementing management systems for its Treaty partner. For the most part, where Māori interests and concerns are deemed to be included, this has meant the marginalisation of these interests and concerns into small enclaves within Crown-designed structures; an example is the Departments of Māori Studies within state universities (Winiata, 1999).

Alongside the negative structural impact of colonization and marginalization, Te Tiriti continues to offer the potential for partnership between Māori and non-Māori.

In 1986 *Puao Te Ata Tu: Day Break* was published. The Minister of Social Welfare commissioned the report to investigate the Crown's own Department of Social Welfare from a Māori perspective. There were thirteen recommendations in this report to address the findings of the investigating committee, namely the existence and practice of institutional racism insensitive to the needs of its clients; the need to change its policies, planning, communication, and service delivery. Racial imbalances were also noted in staffing, appointments, promotion, and training. Critical changes were required in the courts' policies, practices, and operations for fostering and caring for Māori children and working with Māori families. The report acknowledged that the treatment of Māori in the department reflected New Zealand society.

Social work education in the Aotearoa Context

At the time of writing, there were 18 social work education providers across Aotearoa - including two wānanga (indigenous tertiary providers), one private

provider, five Universities, and ten polytechnics. The polytechnics, however, have now been amalgamated under a single institution called Te Pūkenga. Social work is regulated, with over 10,600 registered social workers primarily working across three areas: statutory child protection and youth justice, health social work, and NGO social work (Social Workers Registration Board, 2021). Within the Aotearoa education context, mātauranga Māori (Māori knowledge) has been recognised as one of the guarantees of Te Tiriti and was embedded within the education legislation of 1990. In the context of Māori self-determination, Wānanga are crucial for decolonization and indigenizing practices also expressed in social work education (Akhter, 2015).

Indigenous knowledge must be recognized as equivalent to Western knowledge within social work education, creating “epistemological equality” (Zubrzycki et al., 2014: 17). In the Aotearoa context, this recognition has been incorporated into the focus on mātauranga Māori. This feature aligns well with the commitment of the Aotearoa social work profession to honour Te Tiriti (ANZASW, 2013).

In 2003, the Social Workers Registration Act was passed. With it came the mandate to regulate social work education through programme recognition with the creation of the Social Workers Registration Board (SWRB). The New Zealand Association of Social Workers (NZASW)’s first professional association operationalized its commitment to honouring Te Tiriti in various ways, including using a shared governance model between Māori and non-Māori beginning in the 1990s (McNabb, 2014). NZASW became the Aotearoa New Zealand Association of Social Workers in 1999. Further expressions of tino rangatiratanga by Māori included establishing a separate Māori social workers organisation in 2009: Tangata Whenua Social Workers Association of Aotearoa (TWSWA) (ANZASW, n.d.). Furthermore, ANZASW and TWSWA became joint parties to Aotearoa representation at IFSW in 2014, structurally affirming a bicultural partnership and highlighting and leading indigenous representation at IFSW (Nash, 2014). IFSW has established an indigenous commission and appointed commissioners to advance indigenous knowledge and skill utilisation within global social work (IFSW, n.d.).

The inclusion of indigenous knowledge within the revised international definition of social work in 2014 (IFSW & IASSW, 2014), which was led by Aotearoa and was a significant global recognition of indigenous rights and knowledge, has been identified as critically important to practice in Aotearoa (Munford & O’Donoghue, 2019). ANZASW has increasingly centred Māori knowledge in the profession, including revising the code of ethics with Māori principles at its heart (ANZASW, 2019).

Recognising Aotearoa New Zealand’s connections within the broader Pacific - including becoming a colonial administrator, historical and cultural connections, and post-war migrations - Moana/Pacific theories represent another distinctive

expression of Indigenous theory in Aotearoa social work practice and social work education. Moana/Pacific theories speak to the knowledge of indigenous peoples of the Pacific Ocean (Mafire'o et al., 2019), who share genealogical roots with Māori.

The social work profession in Aotearoa, including social work education, is committed - at least in policy - to honouring Te Tiriti o Waitangi (Aotearoa New Zealand Association of Social Workers, 2019). The Social Workers Registration Board standards prioritise competence to work with Māori (Social Workers Registration Board, n.d.), which social work educators are bound to implement through their programme standards (Social Workers Registration Board, 2018). It is this commitment that privileges Māori self-determination and, within the education context, means Māori have control over all things Māori and mātauranga Māori has a right to stand alongside Western, Moana and other bodies of knowledge. Racism and discrimination are to be fought. A commitment to Te Tiriti o Waitangi lays the foundation for a decolonization of education within Aotearoa (Ruwhiu, 2019).

Decolonizing social work education is not only a social work professional mission. It has increasingly become a national policy mission within Aotearoa education, such as the recent commitment by the University of Waikato to decolonise its institution (Tuhivai Smith & Jones, 2021) and the commitment by the emerging national Polytechnic structure Te Pūkenga to give effect to Te Tiriti o Waitangi in its new form, as outlined in *Te Pae Tawhiti: 2020 to 2025. Working Draft: Te Tiriti o Waitangi Excellence Framework* (Te Pūkenga, 2020). *Te Pae Tawhiti* is linked to *Ka Hikitia: Accelerating success/Māori education strategy 2013-2017* (Ministry of Education, 2013).

Ka Hikitia: Accelerating success/Māori education strategy 2013-2017 (Ministry of Education, 2013) established a priority for Te Tiriti of Waitangi and gave effect to it within education in Aotearoa. This has been developed further with *Ka Hikitia Ka Hapaitia: The Māori Education Strategy* (Ministry of Education, 2020), where key outcomes include “Te Rangatiratanga: Māori exercise their authority and agency in education” and “Te Tangata: Māori are free from racism, discrimination and stigma in education” (Ministry of Education, 2020).

The NZ government is increasingly more explicit about honouring Te Tiriti o Waitangi, where a recent revision of *The Education and Training Act 2019* directly references honouring Te Tiriti o Waitangi. The purpose of the Act includes establishing and regulating an education system that honours Te Tiriti o Waitangi and supports Māori-Crown relationships. Section 9 Te Tiriti o Waitangi lists the main provisions of this Act that recognise and respect the Crown's responsibility to give effect to Te Tiriti o Waitangi (Network Waitangi, 2018).

A research article by Hunt, Staniforth and Beddoe (2019) described stakeholder views that the initial consultation processes in 2004 had had tight

policy-driven timeframes that restricted comprehensive consultation, with some participants feeling that the process potentially breached s.99 of the SWRA (2003) and the Te Tiriti o Waitangi (SWRB, 2022).

There are three Wānanga in Aotearoa, Te Wānanga o Raukawa, Te Wānanga o Aotearoa and Te Whare Wānanga o Awanuiarangi. The wānanga sector was borne from an urgent need to provide a model of tertiary education more suitable for Māori. In doing so, it created a unique model of tertiary education that recognised the intrinsic value of tangata whenua to Aotearoa New Zealand and the imperative of being relevant, flexible, innovative, and supportive of learners for whom Māori tertiary education had previously not been an option. A representative body of the three wānanga is Te Tauihu o Ngā Wānanga (Selby, 2016).

The first author introduces a unique Māori values-based social work education programme located in Te Wānanga o Raukawa (a Māori tertiary education institution).

Māori Social Work Embedded in Māori Values: Te Wānanga o Raukawa (Alma Winiata-Kenny)

Ko Tainui te Waka
 Ko Tararua Te Manunga
 Ko Hōkio te Awa
 Ko Ngāti Raukawa te Iwi
 Ko Ngāti Pareraukawa, ko Ngāti Parewahawaha ōku hapū
 I te taha o tōku māma
 Ko Aotea te Waka
 Ko Taranaki te Maunga
 Ko Waingongoro te Awa
 Ko Ngaruahinerangi te Iwi
 Ko Ngāti Haua te hapū
 Ko Alma Winiata-Kenny tōku ingoa

Ka oho te wairua, ka matāra te tinana, he aroha ki te aroha, ka kā te rama. These words were given by Te Rauparaha, Ngāti Toa chief and translated means “when the spirit is awakened, and the body is alert and love is unconditional then enlightenment will flow”.

It is a matter of rangatiratanga

Rangatiratanga is an inherited value from Māori ancestors. At its heart lies a fundamental obligation: our accountability to ourselves as Māori, and our contribution to the health and wellbeing of Māori. It is embedded in a Māori worldview shaping our very existence, guiding our actions and helping us

navigate our future. It is both innovative and creative, continuously evolving to meet the needs of each generation.

Māori kupu (words) are threaded throughout this article with an English rendering in brackets. English words are renderings of an English worldview, and therefore approximate in meaning, not equivalent.

The embodiment of rangatiratanga - the qualities and responsibilities of a Rangatira - is conveyed through this whakatauākī (a proverb attributed to a known person):

- Te kai a te rangatira, he kōrero – The sustenance of a leader is conversation.
- Te tohu a te rangatira, he manaaki – The mark of a leader is generosity.
- Te mahi a te rangatira, he whakaitira i te iwi – The duty of a leader is to unite the people (Bennett, 1999).

This whakatauākī serves as a vital reminder to me of my obligations and responsibilities to contribute to the health and wellbeing of my whānau (family), hapū (sub-tribe), and iwi (tribe). Rangatiratanga inspires me to remain close to my whānau, return to my marae (sacred space central to Māori culture) and actively participate in events that enhance the mana (prestige) of my iwi. Through these actions, I am honouring my connections and responsibilities, contributing to the unity and strength of my people. By embodying the attributes of a rangatira, I express rangatiratanga—an inherited value that reflects the leadership and integrity of tūpuna Māori (Māori ancestors).

I referred to myself as indigenous to Aotearoa. I remember my Uncle once told me that referring to ourselves as “indigenous” is dangerous, that it does not fully capture our relationship to this land. I am not simply indigenous: I am tangata whenua. Tangata whenua are the people of the land, and I honour that privilege. I am grateful to the sacrifices of my tūpuna Māori who fought unceasingly to retain their relationship with the whenua. Their actions exemplifying rangitiratanga and championed kaitiakitanga (guardianship) to ensure the wellbeing of the natural environment, and whānau, hapū and iwi.

Te Tiriti o Waitangi, 1840, affirmed two distinct spheres of authority, tino rangatiratanga (sovereignty) by hapū and iwi while granting kāwanatanga (governorship) to the Crown (Winiata, 2017). This means that hapū and iwi already possessed tino rangatiratanga, it was an inherent right and not something granted by the Crown. Despite this, efforts to undermine tino rangatiratanga were relentless, designed to ensure that Māori would struggle to survive colonization. It was the act of colonisation that severed Māori from the values, relationships and traditions that were central to our identity and way of life.

In 1856, Dr. Isaac Featherston spoke on behalf of “compassionate” colonists, stating that it was the duty of Europeans to “smooth down... [the] dying pillow” of the Māori race (Buck, 1924). The colonizer’s intent led to policies and actions that deeply harmed Māori well-being. In schools, tamariki were beaten for speaking te reo, sending damaging messages to their parents. With survival in mind, many

Māori parents consciously chose not to speak te reo to their children, believing it was necessary for their children to adapt and succeed in an ever-changing world. My parents were traditional Māori artists in carving and weaving, both raised in humble surroundings and deeply immersed in the Māori way of life. Te reo Māori was around both my parents, however, my father's parents had stopped speaking te reo to him when he was young, and while my mother remained fluent, she spoke te reo only when she returned to her homeland, where she freely expressed te reo with her whānau. Growing up our parents did not speak te reo to my siblings and me.

This colonial history has profoundly influenced the lives of my siblings and me, shaping our experiences and perspectives. My story is common to many of my generation. However, the tide has turned, it is our Māori identity that has redefined and strengthened us as a people. It has been through our struggle that we have reclaimed our rangitiratanga. The values that sustained our tūpuna Māori continue to guide us, lighting a pathway towards a brighter future for our mokopuna (grandchildren). Today, Māori have endured and are flourishing. Leaders have created educational pathways that empower Māori to dream again. Te reo me ōna tikanga (Māori language and its associated customs and protocols) are now taught in kōhanga reo (language nests), kura kaupapa (primary schools), whare kura (secondary schools), and wānanga (universities) (Walker, 2011).

The whakataūāki above serves as a reminder to Māori of our obligations and responsibilities to our people and to the taonga in our care (Matike Mai, 2016). Likewise, the colonizer must acknowledge their commitments under Te Tiriti o Waitangi and find their path forward in a changing world.

Whakatupuranga Rua Mano (Generation 2000)

The A. R. T Confederation made up of three iwi: Te Āti Awa ki Whakarongotai, Ngāti Raukawa ki te Tonga and Ngāti Toarangatira is located on the lower West Coast of the North Island of Aotearoa. An expression of rangatiratanga by the Confederation was the establishment of Whakatupuranga Rua Mano (WRM) - Generation 2000. A 25-year tribal experiment created from the need to improve the circumstances of the three iwi. It was called a tribal experiment due to its uncertain outcome; a venture that had never before been undertaken by the people, yet the need for action was required. WRM was a movement of resilience and self-determination in response to a time of immense loss, nearly to the brink of extinction for Māori.

Launched in 1975, the movement was driven by four guiding principles centred on the health and well-being of the three iwi. At its centre was the reclamation of te reo Māori (the Māori language). More than 25 years later, a review of WRM highlighted that the people were rejuvenated at the tribal level: tribal spaces, including meeting houses, were being restored and renovated to

their former state; it was a time of great change. The movement hailed the coming of a new era for these three tribes (Walker, 2011).

Te Wānanga o Raukawa: A Māori Tertiary Institution

Te Wānanga o Raukawa was born out of Whakatupuranga Rua Mano as a Māori tertiary institution designed for Māori. Where Māori can unapologetically embrace being Māori, providing a way of looking at the world through Māori eyes. Rangatiratanga lies in the heart of kaupapa tuku iho (values inherited from tūpuna Māori). A theory of Māori well-being can be described as “a Māori state of being that is characterised by the abundant expression of kaupapa tuku iho” (Winiata, 2014). There are ten kaupapa tuku iho that Te Wānanga o Raukawa embraces: Ūkaipōtanga (belonging to a place of importance), Te Reo (Māori language), Whakapapa (genealogical connection to people and the land), Manaakitanga (generosity), Wairuatanga (spirituality), Pūkengatanga (skills and knowledge), Whanaungatanga (relationships), Kotahitanga (unity), Kaitiakitanga (guardianship) and Rangatiratanga (leadership). The English translations have been added (Te Wānanga o Raukawa, 2019).

Te Wānanga o Raukawa delivers the Poutuarongo Toiora Whānau programme, an undergraduate Social Work degree. Graduates of this programme are grounded in kaupapa tuku iho, developing their knowledge and skills to work with whānau and communities to foster well-being. They are encouraged to demonstrate Māori values in practice, knowing that their responsibility is to contribute to the long-term survival and prosperity of Māori. Although graduates have developed a strong foundation in a Māori worldview, embedded in values passed down through generations, the true challenge lies in recognising and applying these teachings when working with whānau and the communities they serve. Understanding how Māori values influence interactions and shape social work approaches is essential in cultivating meaningful, culturally responsive practitioners who uphold and enhance Māori well-being.

Māori Values in Social Work Practice

A study was undertaken that explores the reflections of four Poutuarongo Toiora Whānau graduates, six years after completing their studies. Now aged between 38 and 59, they have dedicated 5 to 15 years to the social services sector. Their insights highlight six core Māori values—manaakitanga, whanaungatanga, te reo, ūkaipōtanga, kaitiakitanga, and wairuatanga—each playing a vital role in enhancing Māori well-being. These findings provide a deeper understanding of how these values shape social work practices and foster positive outcomes within whānau and communities.

Summary of Key Themes of the Study:

1. **Manaakitanga (Respectful Behaviour)** – Graduates emphasized teaching self-respect as a foundation for respectful interactions with others. Instilling manaakitanga helped individuals develop positive social behaviours.
2. **Whanaungatanga (Relationships & Connection)** – Graduates recognized the importance of engaging with the wider whānau, not just the individual child, to ensure holistic care. Whanaungatanga fosters meaningful connections, and through personal storytelling, trust was strengthened, allowing individuals and whānau to reconnect on a deeper level.
3. **Te Reo (Language & Storytelling)** – The graduates used te reo Māori and narratives to help individuals understand their behaviours and worldview. Ancestral stories provided lessons for navigating challenges, foster healing and rebuild confidence in speaking te reo Māori.
4. **Ūkaipōtanga (Belonging & Identity)** – Many whānau lacked a strong sense of connection to their people and homeland. Graduates helped reconnect individuals to their whakapapa, places of significance, and cultural identity to strengthen a sense of belonging.
5. **Kaitiakitanga (Guardianship & Responsibility)** – Graduates acted as guardians of Māori values, supporting whānau by exemplifying the nurturing and protecting cultural practices and ensuring safety and well-being.
6. **Wairuatanga (Spirituality & Holistic Healing)** – Graduates expressed deep spiritual grounding and trust in Māori values. However, they also acknowledged challenges working within systems that do not always support Māori approaches.

Impact on Whānau

Graduates observed significant changes within whānau they supported. Individuals experienced greater happiness and gained confidence in their identity, including in their everyday use of te reo Māori. They embraced a strong sense of pride in their whakapapa and cultural identity. Collectively, these values fostered a culturally responsive approach to social work, creating meaningful transformation within individuals, whānau and communities.

Findings of the Study

Reflections from the four practitioners after six years in the field emphasized six core values, manaakitanga whanaungatanga, te reo, ūkaipōtanga kaitiakitanga and wairuatanga. These values were seen as strengthening respectful behaviour, helping build healthy relationships, nurturing identity and well-being, and fostering transformative change within individuals, whānau and communities

through a culturally responsive approach.

Graduates of the undergraduate degree serve as kaitiaki of Māori values, actively contributing to Māori knowledge through:

- Competence in te reo Māori
- Research into Māori literature and genealogy
- Study of personal well-being narratives
- Living and exemplifying Māori values within their whānau and communities

Collectively, they form a critical mass of theorists and practitioners dedicated to reclaiming, preserving, and expanding the Māori knowledge continuum. Every time graduates express their inherited values, they contribute to this continuum, a Māori worldview, ensuring the long-term survival of Māori as a people can be guaranteed (Mikaere, 2021).

Rangatiratanga and Social Work Education

The global definition of social work informs us that “social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people” (IFSW & IASSW, 2014). The Poutuarongo Toiora Whānau undergraduate social work degree programme at Te Wānanga o Raukawa offers a uniquely Māori approach, that aligns to the aspirations of the global social work definition. Where the expression of kaupapa tuku iho are the drivers of whānau, hapū and iwi empowerment and transformational change.

Living the values inherited by our tūpuna Māori is a powerful expression of rangatiratanga. The embodiment of rangatiratanga is the kotahitanga of the three iwi Te Ātiawa, Ngāti Raukawa, and Ngāti Toarangatira; the establishment of Whakatupuranga Rua Mano (Generation, 2000) and the creation of Te Wānanga o Raukawa. Poutuarongo Toiora Whānau graduates express rangatiratanga by practicing in ways that contribute to the health and wellbeing of whānau, hapū and iwi.

The Poutuarongo Toiora Whānau degree at Te Wānanga o Raukawa will continue to flourish as its graduates work alongside whānau, hapū and iwi and the communities they serve.

We are presently designing social work post-graduate and master’s programmes that are distinctively Te Wānanga o Raukawa. We remain committed to innovation and creativity, ensuring that rangatiratanga is upheld and maintained for future generations.

The Future of Social Work Education

The Social Workers Registration Board, a Crown Entity, has made positive strides in acknowledging its role as a Te Tiriti o Waitangi partner, and more

recently collaborating with social work education providers on legislative and policy matters. However, moving forward, there needs to be recognition of the rangatiratanga of Te Wānanga o Raukawa, as a Non-Crown Entity in the tertiary landscape, and of our distinctive contribution: over 44 years in higher level education and more than 20 years in advancing social work practice.

To meaningful honour this contribution, the Crown must formally acknowledge the rangatiratanga of Te Wānanga o Raukawa, including the unique values, protocols, and practices upheld by Te Ātiawa, Ngāti Raukawa, and Ngāti Toarangatira. With the enduring governance, guidance and support of these iwi, Te Wānanga o Raukawa is well-positioned to credential graduates who can lead the future of social work education and practice – both in Aotearoa and globally.

Additionally, another unique social work education programme exists within Te Wānanga o Aotearoa, combining Māori and non-Māori knowledge and practices to further enrich social work education in Aotearoa.

Bicultural Social Work Education at Te Wānanga o Aotearoa (Jodie Owen)

Ko Rāhiri, te tangata,

I am a descendant of the Paramount Chief, Rāhiri

Ko Hikurangi, Motatau, Manukorihi nga maunga,

My ancestral mountains are Hikurangi, Motatau and Manukorihi

Ko Kaikou te awa,

My ancestral river is Kaikou

Ko Mātaatua, Ngātokimatawhaorua nga waka,

My ancestral canoes are Mātaatua and Ngātokimatawhaorua

Ko Ngāti Hine me Ngāpuhi nui tonu nga iwi,

My ancestral tribes are Ngāti Hine and Ngāpuhi

Ko Ngai Tai, Te Orewai, Tekau-i-mua, Kapotai nga hapū,

My ancestral subtribes are Ngai Tai, Te Orewai, Tekau-i-mua, Kapotai

Ko Eparaima, Matawaia, Motatau, Te Turuki, Te Rapunga nga marae,

My ancestral gathering places are Eparaima, Matawaia, Motatau, Te Turuki, Te Rapunga

Ko Jodie Owen taku ingoa

I am Jodie Owen

Tena koutou, tena koutou, tena koutou katoa.

Rangatiratanga and tino rangatiratanga are a lived experience for me.

Both of my parents are native speakers of te reo Māori. According to custom, both of my parents were raised by their respective grandparents on their own whenua (ancestral land) within the precinct of Te Whare Tapu o Ngāpuhi in the Northern region of Aotearoa. This ensured they were nurtured in mātauranga

Māori me ona tikanga and transmitted with aroha. My father's first language is te reo Māori, and he only learned to speak English when he returned to his parents, who lived in Auckland, as an adolescent. My mother told me that her grandfather could converse in English and Māori; thus, she was fluent in two languages from an early age.

As part of the urban drift, my parents moved away from our ancestral lands for new "opportunities" as the world they grew up in changed. Māori was spoken in our home by my parents. My siblings and I grew up speaking English only. Our parents' rationale for changing generations of cultural practices stemmed from their educational experiences. As part of the public school system, our parent's generation was punished for speaking Māori. Our mother said of the shame they were made to feel about themselves and their culture. Our parents didn't want us to bear that shame.

Even though we did not korero (speak) in te reo Māori in our home, my parents preserved and transmitted cultural practices and ways of being by living their culture and exemplifying these practices. This is a deliberate Māori transmission tool utilised for generations.

My journey to reconnect, restore and reclaim my cultural identity has been furthered by my work at Te Wānanga o Aotearoa and working with Taina and Hariata Pohatu, who have made significant contributions of consequence.

It is important to note that the political and educational colonial mechanisms purposefully, deliberately, and systematically marginalised and diminished Māori culture, language and aspirations through legislation, policies, and practices. This article shares four approaches to social work education in Aotearoa. TWoA and its bicultural social work degree is an example of how Māori have mobilised to advance our rangatiratanga to reclaim Māori ways of being and to make the world a better place for our mokopuna.

The pūrakau (narrative) of the bicultural social work education degree at Te Wānanga o Aotearoa (TWoA) is a chapter of the Māori experience of marginalisation and inequity dating back to the breaches of the *Te Tiriti o Waitangi 1840*. Thus, the statement by Wetere (Cullen et al., 2006) resonates with his vision and contribution of consequence:

"We have made a concerted effort over the past 20 years to discover how we can provide educational equity for the people who have been deprived of these essential opportunities and how we can turn this country around. In the past, systems have been largely unresponsive to the needs of the indigenous people of Aotearoa. *We stand here to make a difference*" (p. 4).

Wetere purchased several private training establishments to stimulate education and employment opportunities but, more importantly, to "empower us all to make a difference in the world" (Cullen et al., 2006: 4). TWoA primarily offered certificate and diploma-level programmes. A social services training establishment was among the purchases that aligned with this criteria. The vision

was to develop a social work degree. Wetere charged Taina Pohatu with the *wero* (challenge) to develop a social work bachelor's degree, which was bicultural, due to the reality of Aotearoa society. There were no existing parameters to guide or, more importantly, impede the aspiration. Essentially, Pohatu was handed a blank canvas. Wetere was making a difference to the indigenous people of Aotearoa by offering education pathways, including degree-level opportunities, that Māori had largely been deprived of.

While TWoA was further along in its development, the fashioning of the bicultural social work degree became a symbiotic relationship where they both relied on each other to 'figure things out' together. TWoA supported the degree's development, which reciprocated the organisation's development.

With the *wero* (challenge) laid down to develop a three-year social work degree, the process is to *kōrero*, *hui* and *wānanga* (to meet and discuss) to *ata wetewete* (to unpack and analyse) the *take* (concerns). This culturally led process functioned to refine and detail the programme's outcomes. It also highlighted the weight of responsibility to get it right, as Māori already suffered and continued to do so. Providing Māori access to tertiary education fashioned by Māori for Māori required time, patience, and courage to investigate a new way of being.

Pohatu had many *hoa haere* (valued companions) who contributed to the degree. Pohatu was, however, deliberate to draw from those who valued "being Māori, identifying as Māori; being part of a Māori network or collective; participating in *te ao Māori* (Māori world); celebrating the use of Māori language; possessing some knowledge of custom and heritage; participating as a *whānau* member and having access to Māori resources" (TWoA, 2010: 30). The theoretical framework of the degree is sculpted from these elements.

The degree positions Mātauranga Māori as a legitimate body of knowledge, asserting its knowledge, wisdom, worldview, and practices as valid, rigorous, and epistemologically true, as it has always been. Furthermore, *te reo me ona tikanga Māori* (the language and cultural traditions) are critical *hoa haere* that has a place in the degree (TWoA, 2010: 31). These elements became our non-negotiable *pou* (stake in the ground/positioning). Developing a bicultural tertiary degree whose theoretical foundations are grounded in *mātauranga Māori*, *te reo me ona tikanga Māori* based, was new territory again.

As explained earlier, the historical foundations of Aotearoa are grounded in the relationship between two peoples – Māori and the Crown. The Crown introduced assimilation policies that did not recognise Māori language and culture (Simmons, 2021: 24), resulting in Māori being high users of social services in Aotearoa - the highest rate of unemployment, education failure, welfare dependency, poor health, negative engagement with all agencies of central government within a system that promoted and perpetuated ongoing social, political, and economic inequality. At the time, there were no bicultural social work degrees in Aotearoa. Thus, the bicultural intent and application had to fit with the emerging framework of the

degree, also underpinned by te ao Māori.

Pohatu drew on the writings of Ta (Sir) Apirana Ngata, who wrote in 1929: “Māori philosophical utterances have every right to exist in parallel columns alongside those of any other race” (TWoA, 2010, p. 35). Pohatu deliberately secured equally valued positioning for Māori knowledge in every aspect of the marau (curriculum) alongside other knowledges and practices. The terms ‘parallel columns’ and ‘alongside’ demonstrate the bicultural lens of the degree. Our culture’s deep thinking and practices are safe, welcome, and valued in this – such as *karakia*, *waiata*, *mōteatea*, *karanga*, and *pōwhiri*.

This bicultural approach is applied in the curriculum approval process, workbooks, titles and headings, delivery mode, job description, and marau (curriculum) content delivery. The critical aspect of using mātauranga Māori in the delivery is the contextualisation of the principle, knowledge, theory, and skill to the kaupapa (issue/topic) of the kōnae ako (module). For example, the whakataukī (proverb),

He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata!

What is the most important thing in the world? It is people, it is people, it is people.

When mātauranga Māori is contextualised to social work (and applied to practice, social policy, cultural diversity, ethics and law, oppression, empowerment and so forth), it accesses the wisdom of our *tupuna* (ancestors). Doing so allows us to explore new interpretations to understand tensions, relationships, and strategies in a new generation. Moreover, reflect on how these principles can be applied within our social work practice.

A deeper example of how this is applied is to draw on Māori theorists and Māori models of practice that have been fashioned from the traditional wisdom of our *tupuna* (ancestors) for our changing world to exist in parallel columns alongside every other race. This is to normalise the value of our knowledges and wisdom. The following table is an example of the theories, theorists, and models we draw on while drawing on other knowledges relevant to social work practice in Aotearoa New Zealand.

Table 1: Māori Theories and Models in Social Work (Source: Hollis-English, 2017)

MĀORI THEORIES	MĀORI MODELS
Kaupapa Māori Theory by Graham Hinengaro Smith Āta by Taina Pohatu Māori advancement theory by Mason Durie Mana Enhancing approach by Leland Ruwhiu	Te Whare Tapa Wha by Mason Durie Powhiri Poutama Model by Paraire Huata Purākau Model by Jacquelyn Elkington Te Wheke Model by Rose Pere

The following quotes contain the experience of the tauira (student) applying this bicultural lens in their practice:

“I think it was hugely exciting, hugely exciting, the depth and breadth of knowledge, the application of tikanga, the bicultural frameworks that we engaged in... even after the study of frameworks and the classroom had stopped and we were in the marae, the discussions that took place, the depth that came out of the learning and understanding that came from those discussions, just phenomenal” (Manukau Campus; Pohatu, 2010: 46).

“I would come through a Public Service system which had, I guess, been built around the principles of institutional racism that had held up quite strongly the supremacy of colonialism and its disempowerment of Māori. I had come through a social work, Government social work system that saw the predominance of the client base as being Māori, of creating a level of dependency and cultural insecurity or devaluing, so I was really privileged to be accepted into this programme” (Manukau Campus; Pohatu, 2010: 35).

From the beginning, a key outcome of the degree was to produce social work graduates that are principle-based practitioners, informed by *tikanga and mātauranga Māori* who can work with Māori (Doc A 2004: 24). In addition to the components already mentioned, a framework of six Māori principles was selected to guide and fashion a principle-based practice, principles that are already utilised and familiar within social work practice. I am applying a *mātauranga Māori* and bicultural lens to the principles forging a practice unique to Aotearoa New Zealand. These principles are woven throughout the intent, learning outcomes, content, delivery, assessments, and practice. The six *takepū* (applied principles) that were selected are outlined in Table 2 below.

Table 2: Ngā Takepu (Principles)

TAKEPŪ	PRINCIPLE
Āhurutanga	Safe Space Creating and maintaining quality space to ensure and promote the pursuit of best practice in any kaupapa
Tino Rangatiratanga	Absolute Integrity The constant recognition of absolute integrity of the people in their kaupapa, relationships, positions, and contributions in any context.
Mauri ora	Well-being The constant acknowledgement that at the core of any kaupapa and relationship is the pursuit of well-being.
Te Whakakoha Rangatiratanga	Respectful Relationships The constant recognition that successful engagement and endeavour requires conscious application of respectful relationships with kaupapa and people.
Kaitiakitanga	Responsible Trusteeship The constant acknowledgement that people are engaged in relationships with others, environments and kaupapa where they undertake stewardship purpose and obligations.
Tau kumekume	Tension The constant recognition that the ever-presence of tension in any kaupapa and relationship, positive or negative, offers insight and interpretation.

Each of these principles has a universal understanding and application. The following quotes contain the experiences of the tauira (student) applying nga takepū in their practice:

“When I started the course, it was amazing how I saw the value of those principles that they have been and always will be a part of my practice, not only working with people, but in my day-to-day practises as a person”. (Porirua Campus; Pohatu 2010: 33)

“The range of application, using takepū, is just phenomenal and for myself it really just completely validated my own practical experience in terms of what I’d done previously. I could see really clearly the connections from a theoretical framework to a principled practice base. (Manukau Campus; Pohatu 2010: 5)

The name of the inaugural degree delivered 2005-2015, Te Tohu Paetahi Nga Poutoko Whakarara Oranga Bachelor of Social Work (Biculturalism in Practice), was also deliberate and purposeful. It reflects the theoretical positioning and application of te ao Māori, with a bicultural lens. This degree was written to be responsive primarily to the needs of the indigenous people of Aotearoa. We continue to stand here to make a difference.

The third author introduces Moana/Pacific-indigenous influences on social work education in Aotearoa.

Moana Social Work: Making Waves in Epistemic Borderlands (Tracie Mafile'o)

My ancestry flows from both the global north and global south. Primarily, I identify as someone with Indigenous roots in moana-nui-a-kiwa, in Oceania. On my father's side, I have Tongan heritage, from the village of Te'ekiu, and also heritage to Nukulaelae, Tuvalu. From my mother's side, I am Pākehā (with English, Scottish and Irish ancestry) and part of Aotearoa's Settler history. I was born and raised in Aotearoa but have also lived and worked in different parts of Oceania (including Tonga and Papua New Guinea). As a social work educator, I am primarily based at Massey University, Aotearoa. I collaborate with colleagues across Oceania to coordinate the Social Work Regional Resource Centre of Oceania (SWRROc), focusing on strengthening social work research and education informed by Moana-Indigenous approaches.

"Moana" (the ocean) is a word found in several Indigenous Polynesian languages. Aspirational Moana social work (Ravulo et al, 2019), reflecting rangatiratanga in relation to Moana peoples, is expressed in the following quote:

The ocean ... is our most wonderful metaphor for just about anything we can think of. Contemplation of its vastness and majesty, its allurement and fickleness, its regularities and unpredictability, its shoals and depths, and its isolating and linking role in our histories, excites the imagination and kindles a sense of wonder, curiosity, and hope that could set us on journeys to explore new regions of creative enterprise that we have not dreamt of before. (Hau'ofa, 1998: 406)

From this hopeful and aspirational position, I engage with the topic of Moana social work.

This section discusses Moana social work education in Aotearoa. It considers how Moana social work disrupts (makes waves in) the epistemic borderlands between the dominant Western social work approaches and Moana-Indigenous ways of being, doing, knowing, and becoming. It begins by explaining who Moana peoples are in the Aotearoa context and why it is essential to consider Moana-focused social work education in Aotearoa. A discussion of Moana social work approaches and initiatives in Aotearoa, especially those of the Social Work

Regional Resource Centre of Oceania, follows.

Moana in Aotearoa New Zealand

The term Moana in this chapter refers to the peoples and perspectives of Indigenous people in Oceania. Oceania covers about one-third of the globe, includes 26 nations, and is home to more than 1200 Indigenous languages. Colonialism has shaped the region in the last 200 years or more and continues to impact social outcomes and, therefore, social work education.

In contemporary Aotearoa, Moana refers to migrants from Oceania or the Moana since the signing of Te Tiriti o Waitangi in the 1800s. Other terms in usage are Pacific Islanders, Pasifika, Pasefika, Pasifiki and Pacific diaspora. For the purposes of this chapter, the term Moana excludes Māori, the Indigenous peoples of Aotearoa, and the tangata whenua. Yet it should also be understood that tangata whenua (Māori in Aotearoa New Zealand) and tangata Moana (peoples from the broader Pacific who have migrated to Aotearoa New Zealand in recent decades) have genealogical, historical, and cultural ties which pre-date Te Tiriti o Waitangi. From a historical and international perspective, Moana is inclusive of Aotearoa New Zealand Māori; within Aotearoa New Zealand, the place of Māori is politically distinct from Moana. For clarity within this chapter, Moana social work refers to Pacific - excluding Māori indigenous - social work knowledge and approaches.

Moana or Pacific social work is essential to Aotearoa social work practice and education. Moana peoples' historical and cultural ties with Māori provide an Indigenous rationale for the attention given to Moana social work in Aotearoa. Second, as mentioned earlier, it could be considered that Aotearoa's role as a colonial power in the Pacific also gives reason to focus on Moana social work in Aotearoa. Finally, in the late 1960s and early 1970s, Aotearoa called on Pacific neighbours to fill labour gaps but later targeted these communities in the infamous 'dawn raids.' Moana communities have experienced discrimination and there is a need to address social justice issues impacting Moana peoples - including disparities in health, housing and education outcomes (Hunter et al., 2016; Ryan et al., 2019; Tanielu, 2019). Today, Moana peoples comprise just over 8% of the population in Aotearoa, and the Moana population is youthful and mostly Aotearoa-born (Statistics NZ, 2019). Given the historical and current context outlined here, Moana social work continues to grow as part of the fabric of the social work profession in Aotearoa.

Moana social work education and scholarship

Moana social work education and scholarship in Aotearoa is a dynamic and flourishing space. Moana social work in Aotearoa refers not only to social work with Moana or Pacific communities but approaches to social work theory and practice which centre Moana/Pacific-Indigenous ways of knowing, doing and

being (Ravulo et al., 2019). At the heart of Moana social work is the elevation of ancient knowledge to address contemporary complexities and challenges (Mafile'o et al., 2019). This includes employing Moana words, proverbs, images, metaphors, and stories in healing approaches (Mila, 2017) and positioning principles such as love, relationship, and humility as central to social work (Mafile'o, 2019). Further, Moana worldviews need to inform and take centre stage in the social work education curriculum in the region and not be an add-on (Mafile'o & Vakalahi, 2018).

The acknowledgement of "Pacific social work" in Aotearoa was first evident in the literature in the early 1980s in an article on Pacific Island social work written in *Social Work Review*, the journal of the professional association of social workers. This emerged against the backdrop of the prior decades' waves of labour migration from Pacific Island nations, the government's Dawn Raids campaign and the rise of the Polynesian Panthers movement advocating for social justice for Moana/Pacific peoples (Anae, 2020).

Moana social work scholarship has been strengthened in recent decades with more social work educators of Moana/Pacific ethnicities across the range of tertiary providers in Aotearoa, and research and publications, such as *Tu Mau*, a special issue of Aotearoa New Zealand Social Work Journal focusing on Moana social work voices, research, and practice (Mafile'o & Crichton-Hill, 2018). According to social work education provider reports, Moana peoples are also a growing proportion of social work students in Aotearoa (SWRB, 2020). In 2020, 21% of social work students were of Pacific ethnicities (21.9%) relative to their composition in the general Aotearoa population (8.1%) (SWRB, 2020). Together with a growth in Moana-led health and social service providers in Aotearoa, the figures demonstrate the substantive contribution of Moana social workers in the sector and how this is set to grow; this growth brings the potential for Moana perspectives and practice approaches to flourish and develop in Aotearoa.

Moana social work education, research and practice in Aotearoa sits in the context of the broader Oceania region. In the early 1970s, in another part of Oceania, social work education was established at the University of Papua New Guinea (Lawihin, 2022). This establishment took place in an era of transition to independence from the Australian administration. It was in the early 2000s that the regional University of the South Pacific, based in Fiji but with campuses across its 12 member countries, established a social work major. Massey University in New Zealand precipitated and supported that move with an AusAID-funded *Introduction to Social Work Skills* short course. At the same time, the *Fiji Association of Social Work* was also established. This cursory historical overview suggests that Pacific social work is intricately interwoven with the region's colonial and migration histories. It is essential because Moana peoples and communities tend to be transnational, operating across national boundaries and maintaining strong links, including multi-directional flows of people,

resources, and culture (Godinet & Vakalahi, 2014; Mafile'o & Vakalahi, 2018). The interconnections with the region inevitably impact on and are impacted by Moana social work developments in Aotearoa.

Initiatives to address Moana self-determination in social work

In recent decades, several initiatives have strengthened Moana self-determination and social work's contribution to the broader movement to centre Indigenous approaches in social work globally and in Aotearoa. The Social Work Regional Resource Centre of Oceania (SWRROc) was established as an International Association of Schools of Social Work (IASSW) regional resource centre in 2017. Its purposes are to: develop and promote excellence in Pacific social work education and research; create and maintain a dynamic community of Pacific social work educators; extend uptake of postgraduate study and research in Pacific social work; facilitate mutual exchange of information and expertise on indigenous Pacific social work; and enhance the contribution of Pacific voices in international social work forums. SWRROc was established as a collaboration between Massey University, the University of the South Pacific, and Western Sydney University, through the established connections.

Activities to date have included symposiums, online and social media forums, and publications. Two symposiums were held at the University of the South Pacific Laucala campus in Fiji (in 2017 and 2020). These events provided a forum to profile and promote social work informed by Moana-Indigenous and local knowledges and workshops to advance collaborative projects. One such project was publishing an edited book on Pacific social work (Ravulo, et al., 2019) with co-authors from across the region, primarily Moana peoples. A summer studentship to compile an annotated bibliography of Pacific social work was also completed. Facebook and Twitter social media were established with more than 600 followers, connecting the region and beyond.

Maintaining balance and equity are two critical challenges in developing Moana social work education. There is an excellent degree of linguistic and ethnic diversity in the region. Initiatives need to hold space for, and not gloss over, ethnic specifics, yet there is also a need to form regional alliances. Navigating the balance is an ever-present challenge. This navigation is essential, for example, when social work education institutions in Aotearoa and Australia are better resourced to support research development, creating unevenness in Pacific social work knowledge production (Mafile'o, 2016). Caution is needed to ensure the voices of the "diaspora" do not dominate. Intentional action is needed to make space for voices from within small Pacific Island nations since the nature of social work in those contexts is quite different to social work within the Pacific diaspora in Australia and Aotearoa. To strive for balance and equity amongst different regional sectors, Moana social work initiatives must embrace diversity within and intersectionality in the borderlands between diaspora and homeland (Mafile'o &

Vakalahi, 2018).

By its very nature, Moana social work in Aotearoa is border-crossing – it is transnational. It operates in epistemic borderlands, bridging mainstream Western foundations in social work and Moana-Indigenous approaches. As such, there is an intersection of knowledge systems being continually navigated.

The fourth author introduces the development of partnerships between Māori and non-Māori within social work education located in mainstream institutional settings within Aotearoa.

Social work education partnerships between Māori and non-Māori in mainstream institutions (David McNabb)

I am a Pākehā in Aotearoa with ancestry tracing back to Scotland and England and forbears who travelled here after the Treaty was signed in 1840. What does it mean to be Tangata Tiriti - people of the Treaty from outside Aotearoa? This is a crucial question for members of the dominant White group holding power in Aotearoa. We are the ones who have benefited from colonization, especially from the taking of Māori land by the settler government after the Treaty was signed. Our challenge is to address the privileges we have gained from colonization and to become part of a new arrangement that seeks to fulfil the original promise of the Treaty where Māori exercise rangatiratanga. My family tradition included growing up within The Salvation Army Christian church, where I was strongly influenced by people who wanted to support others to address their personal issues and change societal structures that created those issues (McNabb, 2014).

Indigenous Social Work Education

Globally, there is an emerging context for pursuing indigenous social work and education, which aligns with the social work principles of self-determination and social justice. In 1992 the Aotearoa social work profession made an official commitment to honouring Te Tiriti o Waitangi (Nash, 2001), initially signed in 1840 between Māori chiefs and the British, with the prospect of a mutually beneficial partnership (Ruwhiu et al., 2016).

Researching Te Tiriti Commitment

I undertook doctoral research recently and interviewed a mixed group of social work educators and their leaders in Aotearoa about demonstrating their commitment to a Tiriti-based partnership approach and putting decolonising practices into operation. This group included both Māori and non-Māori educators and leaders. Further details about the research can be found in the relevant publications (McNabb, 2019a; McNabb, 2019b).

The findings from the research were reported under the following headings. Ngā Mōhiotanga - Knowing: Understanding Te Tiriti and Kaupapa Māori. Ngā

Whakaahuatanga - Being: Integrating a Tiriti-based programme identity. Te Whakatinanatanga—Doing: Operationalising Te Tiriti and Kaupapa Māori in practice (McNabb, 2019b).

Ngā Mōhiotanga - Knowing: Understanding Te Tiriti and Kaupapa Māori

Further to the staff's commitment to a Tiriti-based partnership approach to social work education, many staff found they did not have adequate knowledge of Te Tiriti, colonization, and contemporary Māori culture (McNabb, 2019a). This often led to staff undertaking major professional development programmes; their institutions supported some of this development as part of organisation-wide matauranga Māori learning commitments. Some staff discussed the difficulty of managing significant professional development alongside regular teaching and related duties.

Participants strongly agreed that Māori staff were critical to a Tiriti-based partnership, but there were too few. More Māori staff was the key request from educators and leaders (McNabb, 2019a). Unfortunately, no national strategy for Māori social work educator workforce development exists. It has been left up to individual Māori to negotiate their development and for departments to support emerging academics through master's level study.

However, non-Māori staff were essential allies in the partnership as the mission was not achievable by Māori alone; it was seen as a joint responsibility. Non-Māori staff had a long learning journey that required a focused commitment to decolonising. However, they could be diverted from that commitment at any moment, particularly by operational demands.

Leaders were critical to driving change and protecting the Tiriti-based partnership within programmes. Many challenges threatened the partnership journey, and it was often difficult to keep the momentum up over time (McNabb, 2019b).

Ngā Whakaahuatanga - Being: Integrating a Tiriti-based program identity

Being part of a diverse faculty with a commitment to implementing a Tiriti-based programme involved the challenge of taking on the identity of being either a Māori or non-Māori partner. Typically, this was most challenging for non-Māori to locate themselves as members of a Tiriti-based partnership (McNabb, 2019a). As members of the dominant Settler group, there was often less awareness of colonization and the Tiriti context, particularly for Pākehā.

Mainstream institutions always struggled to share power with Māori, not unsurprisingly given the legacy of colonization and the deep roots of institutional racism in Aotearoa. Māori staff experienced this most acutely and usually led the various challenges to institutional racism. Non-Māori colleagues were important in pursuing a partnership with Māori and being allies in the anti-colonization and anti-racism actions (McNabb, 2019a).

Māori staff invariably had challenges working in mainstream programmes. They were always a minority within the programme. They had multiple demands on them, including the responsibility to protect the Tiriti partnership, care for Māori students, be the voice for Māori and promote those interests, engage with crucial Māori partners, and challenge colonization and racism among staff and in the institution (McNabb, 2019a).

Non-Māori staff often found being a responsible Tiriti partner challenging (McNabb, 2019a). At a programme level, promoting a Tiriti partnership was made more difficult because the individual staff were at various places in their engagement with Te Tiriti. This included acknowledging and addressing both Settler privilege from the colonial context and White privilege relating to the dominance of the West. Settler privilege spoke to the advantage that all non-Māori staff had in living in Aotearoa on a foundation of breaches of Te Tiriti enabled by the British colonial government. White privilege spoke to the broader advantage White people enjoy through identifying with the dominant place of White culture in Aotearoa, where it is typically seen as 'normal' and, therefore, the preferred culture of power (McNabb, 2019a).

Te Whakatinanatanga—Doing: Operationalising Te Tiriti and Kaupapa Māori in practice

Many respondents reported challenges in operationalizing a commitment to upholding Te Tiriti and embedding Māori culture across their programme. Part of the challenge for staff was having adequate knowledge of Te Tiriti and Māori culture to teach it and integrate the knowledge across courses (McNabb, 2019a).

Given that most courses had a dominant Western knowledge base, the challenge was strengthening Māori knowledge while it was taught alongside Western knowledge. The additional challenge of including Moana and other indigenous knowledge also countered the Western bias. Some staff found ways of weaving together indigenous and Western critical knowledge within their teaching, which helped to promote indigenous knowledge and show how two or more sets of knowledge could be taught together (McNabb, 2019a).

Some staff brought their own ethnic and cultural experience to bear on this challenge and could incorporate their Māori, Moana, or migrant knowledge. They tended to speak of this as a benefit of this task. Staff from a range of ethnic and cultural identities used ideas of intersectionality for their teaching to address colonization and multiple oppressions both in the knowledge offered to students and in their practice as social work educators (McNabb, 2019a).

A further challenge for staff teaching Te Tiriti, colonization, and Māori resilience, was maintaining a safe classroom space. Pākehā students could challenge the history and legacy of Pākehā-led colonization and resist the notion of Pākehā and White identity with its related responsibilities. Māori students could deeply connect with the intergenerational trauma and pain of colonization and

its contemporary legacy. People spoke about the courage required to undertake these conversations about colonialism and racism. Some staff noted their careful approach to education on Te Tiriti, including using specialist trainers, processes, and pedagogy, such as Māori and Tangata Tiriti caucusing (McNabb, 2019a).

At a programme and institutional level, it was important for leaders to commit to Te Tiriti-based partnership and drive change over time. Many policies and systems were to be addressed and support staff to engage in their transformation process. Leaders required courage to sustain what was invariably a challenging journey for their team and their institution (McNabb, 2019b).

Our discussion section draws together the themes from the four authors above and focuses on the goal of decolonizing and indigenizing social work education in Aotearoa. We return to the core principle of rangatiratanga – sovereignty that belongs collectively to Māori and is the foundation for societal relationships in Aotearoa. It is also the foundation for social work practice and education in Aotearoa.

Discussion

Ā te wā, mā te wā, kua tai mai te rā, kia tūtanga tātou i roto i te mana o tō tātou rangatiratanga.

Now and in time, in this day we stand together in our self-determination.
Pirihi Te Ohaki Ruwhiu (2009)

Rangatiratanga - Māori Sovereignty - is paramount

Te Tiriti o Waitangi promised Māori that their tino rangatiratanga would be upheld. This must now be translated into action for its realisation. What does it mean to have rangatiratanga as the foundation for all social work practice and education in Aotearoa?

Māori approaches to social work are required because the dominant Western colonial systems have been unresponsive to Aotearoa's indigenous peoples (tangata whenua).

The two Wānanga based social work programs are examples of rangatiratanga. Thus, the programs have significant knowledge and experience in offering education that emphasises the teaching and learning of mātauranga Māori. These programs have produced both Māori and non-Māori graduates capable and competent to work with Māori. The programs are designed by Māori, for Māori, and are led by individuals who are Māori or know their positioning with Māori. They also participate in a Māori network or collective and in te ao Māori. Additionally, the programs celebrate the use of the Māori language, possess knowledge of custom and heritage, and promote the participation of whānau members and access to Māori resources.

The common themes of the Māori approaches to social work education and practice in Aotearoa are the reclamation of the expression of kaupapa tuku

iho (values inherited from tupuna Māori); the revitalisation of te reo Māori (language); restoration of tikanga, mātauranga Māori (culture, traditions and knowledges); drawing on fundamental principles that have been practised by our tupuna (ancestors) and contextualised in a contemporary setting.

At all levels, a commitment to rangatiratanga is required to position the themes identified above in social work education and the profession. Furthermore, a commitment to uphold the Articles of Te Tiriti o Waitangi is necessary. Doing so will contribute to decolonising social work education in Aotearoa. This includes reassessing how the SWRB ‘competency to work with Māori’ is measured in practice. To operationalize this commitment, the following question needs to be addressed, “What does a Te Tiriti-based approach to social work education look like?” Te Tiriti-based social work education development within mainstream programs has been slow and variable.

Non-Māori are essential in being genuine Te Tiriti o Waitangi partners with Māori in reimagining social work education. Colonialism, racism, white settler privileges and social injustice are critical aspects to be addressed to transform social work education and practice. The expression of rangatiratanga will address the racist attitudes and behaviours by building cultural capability and competencies to work with Māori whānau, hapū, iwi and the communities (Te Wānanga o Raukawa, 2022), thereby contributing to decolonise social work education. Freire offers a universal lens of rangatiratanga, “...the task of the oppressed is to liberate themselves and their oppressors as well” (Freire, 2005). This statement is about the fulfilment of the expression of rangatiratanga. How rangatiratanga informs social work education and practice within Oceania needs to be considered.

It is essential for the different groups that influence social work education to be aligned alongside the Wānanga on this mission and to collaborate on its being mobilised. This includes Polytechnics, Universities, independent providers, students, CSWEANZ, TWSWA, ANZASW, SWRB, unions and consumers, major employers, and the government.

The future is exciting for social work education with the prospect of a transformed sector where Māori express rangatiratanga, Māori whānau, hapū and iwi and their communities are more effectively served by social work graduates, and non-Māori are vital partners in the decolonizing and indigenizing mission of social work. Where Social Work Education programs privilege Māori knowledge and the practice of rangatiratanga that has been expressed through a Te Ao Māori lens of taonga tuku iho. This will lead to creating and identifying Māori theories, theorists, models of practice, and principles to be applied in social work practice within Aotearoa New Zealand.

Transformation is needed, not just tinkering

We face many challenges within Aotearoa that invite a response from social

workers. The social work profession is poised to become even more effective at addressing these challenges. If we are to do this, then the social work education sector will require transformation. However, change is invariably challenging to achieve as inertia is powerful. It would be tempting only to undertake small changes and keep most of the current system in place. It makes for an easier and quicker path, costing less time and money, with a result that could always be claimed to have been achieved after a significant review. Merely tinkering with a system is a very tempting option for a sector.

A more significant fundamental issue to be addressed is to provide a resilient education system that delivers for everybody and includes Māori. (Davis, 2023) We assert that the expression of rangatiratanga will offer a resilient education system.

The much harder option is transformation. It means returning to the fundamentals of social work education and what it should be about. This is likely to take significant time, effort, and resources. Where will this collective resource come from, and how can such a significant change process be navigated within a complex sector? Social work education occurs within Wānanga, universities, polytechnics, and private training providers in different institutional settings. The nature of social work programmes means that even though they are all recognised by the SWRB to a common set of standards, these are relatively flexible and suggest that even programmes within a common type of institutional setting, such as the universities or polytechnics, can still have significant differences.

The work of Te Pūkenga occurring now to amalgamate the diverse Polytechnic programmes into one national curriculum is a significant change process that has presented a range of challenges due to the current diversity of programmes across the nation.

Another dynamic in the sector is the current review of the programme recognition standards by the SWRB, which seeks a stronger foundation in Te Tiriti o Waitangi and practitioner competence to work with Māori, Pasifika, migrant and refugee background communities. The resetting of Te Tiriti-based and equity-focused standards, necessary for foundational transformation rather than just tinkering, will support the growth of the new social work era.

Institutional and sector-wide transformation needed

According to their institutional positioning, social work education institutions must deconstruct from the inside out. While individual professional reflexivity and positionality are an accepted part of social work, there needs to be more attention in social work scholarship to the importance of the institutional level, collective critical reflection by education institutions on their positioning in the broader historical, colonial, and cultural context.

The four contributors to this chapter represent four different types of institutions in the Aotearoa New Zealand context: an iwi (tribal) based institution,

a bi-cultural Indigenous institution, a polytechnic, and a university. The various positionalities of these institutions mean there are different issues each must work through. Te Wānanga o Raukawa, for instance, is to maximise their contribution to the long-term survival of Māori as a people and contribute to the mātauranga Māori continuum that binds Māori to one another across the generations (Te Wānanga o Raukawa, 2020) and this defines their orientation. A social work education programme in a university would need to deconstruct the legacy of Western science, strongly shaping their practices and processes. To decolonize and indigenize social work education, it is paramount that institutions deconstruct their Western biases in the broader context of the sector and scholarship. Doing so will provide more conducive institutional environments for grounded, authentic and transformative social work teaching, learning and knowledge development. One way to deconstruct from the inside out is through legislation.

To reiterate, the wānanga sector was born from an urgent need to provide a model of tertiary education more suitable for Māori. In doing so, it created a unique model of tertiary education that recognised the intrinsic value of tangata whenua to Aotearoa New Zealand and the imperative of being relevant, flexible, innovative, and supportive of learners for whom Māori tertiary education had previously not been an option (Selby, 2016).

The Wānanga have significantly contributed to Māori education in Aotearoa, including social work education. Before parliament, there is a bill designed to guarantee educational equity through the principle of rangatiratanga and Article 3 of Te Tiriti o Waitangi. If the bill is passed, it will mean that a Wānanga can become a bespoke crown entity or a non-crown entity. The bill will define the unique characteristics of Wānanga and what they offer as being distinctive from other tertiary providers (Davis, 2023).

A way forward

We acknowledge that in our roopu (group), we have four approaches to social work education and the tensions that come with each of our institutions and their political complexities. We know that we can work together for the good of our communities, so how do we move forward as an indigenized social work profession?

A way forward is to look through the lens of pūrākau, telling our own stories that draw on the wisdom of our Māori tupuna (ancestors). The pūrākau of Uepoto, the youngest child of Ranginui (Sky Father) and Papatūānuku (Earth Mother), spotted a glimmer of light in the darkness. His curiosity led him to examine what this light was and where it was coming from. Not all of Uepoto's siblings supported his exploration, but eventually, his siblings overcame their biases and worked with him to discover where the light was coming from. Together they overcame barriers, developed strategies and were able to bring light into their world. The value and wisdom that sits in our traditional knowledges. Pūrākau

are *hoa haere* (valued companions) in this journey. It shows that people with differences can work together for the same cause.

Conclusion

What ought the future of Aotearoa social work education be?

This chapter has demonstrated that the answer to this question requires looking back to move forward. The *pūrākau* above highlights the importance of working together for a united purpose. Building upon the premise of *rangatiratanga*, social work and social work education have the core purpose of uplifting and empowering people toward healthy Māori futures. *Rangatiratanga* must be visible in social work education and practice to ensure ongoing accountability to the wellbeing of *whānau*, *hapū*, *iwi* and their communities.

The guarantee of *tino rangatiratanga* (self-determination) for Māori can be achieved, in part, when *Tangata Tiriti* decolonize processes and biases that prevent them from honouring *Te Tiriti o Waitangi*. As *Te Tiriti* partners, *Tangata Tiriti*'s obligations to social work education require individual, institutional, government and cross-sector collaboration to ensure *rangatiratanga* is central to the interconnectedness of the challenges and the solutions needed.

For social work education in Aotearoa New Zealand, *Matauranga Māori* [Māori knowledge] must be prioritised, and the traditional dominance of Western knowledge must be surrendered. The *Wānanga* continue to assert their *rangatiratanga* within social work education and practice programmes and are making significant contributions to the wellbeing of *whānau*, *hapū*, *iwi* and their communities.

Equity for Māori, Moana/Pacific, and migrant groups must also be prioritised.

The expression of *rangatiratanga* is responsive to the needs of Māori and transforms social work education and practice in Aotearoa.

In conclusion, it will be challenging and a lifetime commitment to those working towards indigenizing social work education programmes. However, it will be worth it. These sentiments are expressed in the words of our *rangatira* *Tā Himi Henare* (Sir James Henare), a paramount chief from the northern tribe, *Ngāpuhi*.

Kua tāwhiti ke to haerenga mai

Kia kore e haere tonu

He tipu nui rawa ōu mahi

Kia kore e mahi nui tonu

You have come too far to not go further

You have done too much not to do more

Tā Himi Henare, Ngāpuhi Paramount Chief, 1989 (Taitokerau, 2008)

Acknowledgement

Māori colleagues gifted the Māori phrases for the headings used in the text and have been acknowledged elsewhere (McNabb, 2019a): Ngā Mōhiotanga - Knowing: Understanding Te Tiriti and Kaupapa Māori; Ngā Whakaahuatanga - Being: Integrating a Tiriti based programme identity; Te Whakatinanatanga—Doing: Operationalising Te Tiriti and Kaupapa Māori in practice.

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Kuputaka - Glossary

The key resource for developing this glossary is the online Te Aka Māori dictionary (www.maoridictionary.co.nz). In providing this glossary with brief translations, however, it is acknowledged that the meaning of a word within the cultural context cannot be explained in its fullness.

Ahurutanga	Warmth, comfort
Aroha	Compassion, love, empathy
Ata wetewete	Unpack, synthesize, analyse
Hoa haere	Partner, valued companion shaped by a common purpose
Hui	Meeting / gatherings
Kaitiaki	guardian, steward.
Kaitiakitanga	Guardianship, stewardship
Karakia	Ritual chant, incantation, charm, spell
Karanga	Formal/ceremonial call of welcome to visitors
Kaupapa	Issue, topic, theme
Kaupapa tuku iho	Inherited value from Tupuna Māori
Kōnae Ako	Paper/Module/Course
Kōrero	Discussion, conversation, narrative
Mana	prestige, authority, control, power, influence, status
Manaakitanga	Hospitality, kindness
Mana motuhake	Self-determination, healthy futures for Māori
Marae	Ancestral gathering places; classes were delivered at marae or in marae settings
Marau	Documentation setting out all aspects of a programme of learning / Curriculum
Mātauranga	Knowledge and enlightenment
Mātauranga Māori	Māori knowledge created from Māori experience, thinking and obligations to Te Ao Māori (Māori worldviews).
Mauri ora	Well-being, good health
Mokopuna	Grandchildren, descendent
Mōteatea	Traditional chant
Ngā Aria	Theories
Pākehā	New Zealander of European descent
Pepeha	A form of introduction that establishes identity and heritage

Pou	A stake in the ground. Positioning and representation of bodies of knowledge.
Pōwhiri	Ritual of engagement; welcome ceremony
Pūrakau	Narrative, ancient story
Rangatiratanga	Sovereignty, self-determination
Tā	Sir
Tamariki	Children
Take	Concern, topic
Takepū	Applied principles
Tauira	Student/learner
Tau kumekume	Tensions - positive and negative
Te Ao Māori	The Māori world and its representations
Te reo	Māori language
Te reo me ōna Tikanga Māori	The Māori language and its cultural practices
Te Tiriti o Waitangi	The Māori language version was signed by the majority of chiefs in 1840. An agreement made in 1840 between representatives of the British Crown and rangatira Māori.
Te Tohu Paetahi Ngā Poutoko Whakarara Oranga	Te Tohu: A valued qualification. Paetahi: Bachelor's degree. Poutoko: Symbolise our positions and bodies of knowledge. Whakarara: notion of parallel and thus the bicultural intent of the programme. Oranga: Wellbeing. Bachelor of Social Work (Biculturalism in Practice).
Te whakakoha rangatiratanga	The constant recognition crucial to successful learning outcomes, building respectful relationships
Tino rangatiratanga	Sovereignty, self-determination, leadership
Tupuna	Ancestor
Ūkaipōtanga	Source of sustenance, nurturing
Wairuatanga	Spirituality
Waiata	Song
Wānanga	Seminar, conference, forum, educational seminar
Wero	Challenge
Whakapapa	Genealogy, lineage, descent
Whakataukī	Proverb
Whānaungatanga	Relationship, kinship, sense of family connection
Whenua	Land, territory, domain

**Asia/Asia and Pacific Association
for Social Work Education
(APASWE)—Spirituality and
social work**

Bringing Spirituality to The Sphere of Social Work

Zulkarnain A. Hatta

Religion and spirituality are long-established practices of humankind. Humans are not only composed of the physical body and mind. Another important element—the soul—is housed by one's conscience or heart. However, little attention has been paid to religion and spirituality in social work curricula and practices worldwide, and many still view religion and spirituality with reservations. Without understanding people's religious and spiritual needs and the accompanying issues, social workers cannot effectively provide them with services. In this context, it is crucial to explore the place of religion and spirituality within the social work domain, especially in its curriculum and practice. Only by including religion and spirituality in the repertoire of social work knowledge can we enhance social workers' professional development.

In the following two chapters, spirituality is strongly linked to belief in a higher being with a central role in religious beliefs. The role of spirituality in the coping and recovery of clients illustrates how one's faith can be an instrument of healing, as viewed in an indigenized way toward healing and recovery. The inputs from these chapters can serve as a source of reference in social work curricula and practice. Most curricula in social work programs that offer courses in counseling, human behavior, and individual and family practice in social work still refer to and rely on modern psychology and psychoanalysis. In conservative societies, like in many Asian countries and evidenced by the following two chapters, belief in God—a higher being—is rooted in people's lives.

A publication dealing with the topic of spirituality is timely. Spirituality is an alternative to the progressive and evolutionary theories of the past few centuries. The means for human's liberation lie not only with pseudo-religions and psychotherapies but also with traditional religious knowledge, which is rich in many societies and cultures. Western social work is not a panacea for addressing the problems of many societies; spiritualities of various religions and local springs must be incorporated into the sphere of social work.

Chapter 3

Indigenizing spirituality toward the healing and recovery of human rights survivors: Through the lens of the social work helping process

Jowima Ang Reyes

Abstract

In June 2016, the War on Drugs launched by the Duterte administration engulfed the Philippines. Numerous reports on social media revealed the circumstances of death, pain, and suffering into which the families and relatives of alleged drug users and pushers were thrust. The full study, on which this chapter is based, focused on the grieving, coping, and recovery stages and processes that surviving family members were undergoing or had undergone in dealing and coping with the loss of loved ones. The identification and role of spirituality as part of their coping and pathway to recovery illustrated unique indigenized perspectives or interventions that could be further developed by social workers. This article focuses on the role of spirituality and its effects on the healing and recovery processes of the study participants. Specifically, it examines the experiences of family survivors engaged in the recovery pathway and how they experienced and gave meaning to the stages and strengths from internal and external sources; how spirituality serves as a catalyst for their coping and recovery as well as those of their families; and the strengths they discovered toward regaining their social functioning.

Keywords: spirituality, human rights, coping, grieving, recovery

Introduction

In the Philippines, spiritual practices and ethnic identity are intricately interwoven into the cultural meanings of identity, family, and communities. The role of spirituality in the coping and recovery of surviving family members illustrates how one's faith can be an instrument of healing when viewed as an indigenized way to heal and recover. Filipino Catholics adhere to cultural values that influence how they perceive and interact with society. A common cultural

expression among Filipinos is “*bahala na*,” which translates to “whatever happens.” This could be interpreted in a spiritual context as being intended to communicate that everything will be taken care of by God or a higher being. The historical origin of the word *bahala* is believed to stem from the Tagalog word for God, which is *bathala* (Lagman et al., 2014). This phrase can be interpreted positively as letting go but also from a fatalistic stance in response to life’s many challenges, implying that one’s life is in God’s hands. The expression *bahala na* may also help to explain the importance of religiosity and spirituality in the ways in which many Filipinos approach decisions concerning health and healing (Lagman et al., 2014).

Caringal et al. (2022) identified that spirituality has been considered an important aspect of palliative care. Observed among patients during illness, along with the use of the medical aspect of management, they turn to spirituality as part of self-care and coping: “94% believe that spiritual health is as important as physical health, 40% use faith to cope with illness, and 25% use prayer for healing” (Caringal et al., 2022). Caringal et al. (2022) found the following:

Palliative care patients identified with higher levels of spirituality are observed to have a better quality of life, highlighting the importance of supporting spiritual well-being as useful to maintain their well-being especially as they approach the end of life. Numerous studies on the importance of spirituality recognize the importance of addressing the spiritual pain of patients as part of total health care.

Spiritual beliefs and practices are defined as beliefs and outward practices that relate to or affirm the experience of one’s existence. They are essential factors in decision-making believed to affect people’s quality of life and well-being. The spiritual belief is that God or a higher power exists; therefore, death is not the end of the journey as we live on through our children. Caringal et al. (2022) stated the following: “[T]he act of praying is done individually or through attendance of structured religious devotions, rituals, or processions or external manifestations of piety by the use of candles, incense, statues, medals, rosaries, and others.” These spiritual beliefs and practices provide a sense of peace and comfort that enables individuals to seek a path for improving their well-being and social functioning through helping them to cope and eventually start their healing process. In general, Filipinos use spirituality and religiosity to cope with daily issues and life problems.

The coping strategies used after traumatic events differ from those used in normal life situations (Vessier-Batchen, 2007). In instances where a family member has been killed during a crime committed by an unknown assailant, the surviving family are nurtured and comforted by the community. However, if the death is related to drugs or criminal acts, then the surviving family members are

isolated and viewed in part as condoning the unlawful acts of the deceased. The stigma of homicide is perpetual and increased when law enforcement personnel must repeatedly examine the scene of death and question relatives, friends, and the community about it. In this study, conducted in the Philippines, the role of spirituality served as an important catalyst for change towards the healing and recovery of surviving family members.

To understand the coping process, Simmons (2014) classified coping strategies into the following three categories: (1) personal coping strategies; (2) the actions of others; and (3) faith. First, personal coping strategies encompass positive activities that people do for themselves, such as exercise, reading, and keeping busy, as well as negative activities like avoidance behaviors, overwork, and substance abuse. Second, the actions of others include external interactions with other people, social support, talking to others, companionship, and eliciting help when solving problems. Third, regarding faith, co-victims of homicide often discuss their post-homicide faith journey. This is a complex process that can either be reported by some who have acquired a deepened faith or by others who have experienced anger towards God for allowing or causing the death of their loved one (Simmons, 2014). The study revealed that all participants shared a deepened spirituality as they had found meaning in the tragic event of the loss of a loved one. Firestone (2016) further discussed how coping levels are rooted in the person's early childhood experiences. Even before one becomes conscious of the concept of death, one develops defensive strategies to cope with emotional frustrations and separation anxiety; confrontation with death magnifies and intensifies these same defenses, which then block or shield the person from emotional pain (Firestone, 2016).

Firestone (2106) identified three distinct levels affected by defensive reactions to personal trauma, separation issues, and death anxiety. First, at the individual level, reactions predispose the pathway that people choose, which can either be self-indulgent or self-nurturing and self-protective lifestyles. Second, at the interpersonal level, responses can trigger a retreat from love or living relationships, the generalization of reactions, and the subsequent avoidance of intimacy and sexuality. Third, at the societal level, inner fear reinforces the need to give up one's individuality or self, uniqueness, or identity and give in and conform, which includes one's beliefs or mores, eventually subordinating oneself to a charismatic leader or authority figure. Asaro (2001) discussed the process of coping with the murder of a loved one, where therapists may assist homicide survivors in the aftermath. Coping with the aftermath of murder is difficult and may last a long time, adding anxiety and stress to the family. Some strategies that have worked for others include the use of faith, personal coping strategies, and the actions of others. Assessment factors include emotional, cognitive, behavioral, physical, and spiritual factors.

Emerging themes and factors that affect survivors' coping

Jacobs et al. (2015) generated the following five themes from an in-depth study of 12 cold homicide survivors from four families, identifying them as factors that affect survivors' coping: (1) the time spent with related survivors; (2) behavioral changes, from being relaxed to becoming overprotective; (3) impacts on existing relationships; (4) internal and external pressures to stay courageous and strong; and (5) upholding of the difficulties of family traditions (Jacobs et al., 2015). Significant findings revealed that throughout the grieving process, family survivors need to be encouraged to participate actively in private and collective grieving (Jacobs et al., 2015). This may be in the form of ritualized activities to honor the deceased. Likewise, survivors must be able to recognize and address behavioral and emotional changes and issues as well as adopt an open communication pattern, wherein they can share and discuss perceived impacts on their relationships and reform or transform family traditions if needed (Jacobs et al., 2015).

Jacobs et al. (2015) also defined the impact of homicide as not exclusive to surviving family members alone. This is because a large number of people, friends, relatives, and even acquaintances feel the impact to various degrees and levels. Furthermore, adaptive coping was found to be significantly correlated with both individual and community resilience. The individual's resilience predicts the absence of anxiety among disaster victims and displaced survivors. The study also validated the importance of interventions that can facilitate positive adaptation by helping individuals to develop skills that would promote a sense of calm and feelings of self- and community efficacy, connectedness, and hope. Additionally, it highlighted the importance of community resilience in the dimensions of leadership, collective efficacy, preparedness, place attachment, and social trust, as well as the relationship between adaptive coping and individual and community resilience.

Recognizing family members as secondary victims

The multiplier effect, where the grief of one member triggers the grief of another, exists in all families. Having so many acutely grieving people under one roof is so intense that it, at times, is a wonder that the whole situation does not explode due to pressure from the accumulation of grief and pain. The presence of community shared losses and strength in numbers are comforting and supportive. The family must recognize the necessity of weighing the needs of a particular family member versus the needs of the family as a whole.

The loved ones of the deceased are co-victims of the homicide. As secondary victims, they experience trauma from the crime, yet they are not the focus of processes of the criminal justice system. Often, bystanders become privy to all

details of the deceased's death through media coverage of the proceedings, as investigators, prosecutors, and the coroner are often not at liberty to disclose information until the trial is over. For co-victims, this would mean that they often learn shocking details about their loved one's death in the public forum of the trial or through the media. The current study surfaced the idea that secondary victims have "no right to know" and "no right to have justice." Co-victims of homicide are sometimes not informed about changes to the case, including the plea bargain process and scheduling changes. It is common for families to prepare themselves for the proceedings only to face disappointment at its convoluted and often confusing processes. Because the state is the identified victim and not their loved ones, justice for the deceased is important but is not the primary focus (Simmons, Duckworth, and Tyler, 2014).

Elements that hinder and facilitate recovery

To understand the context and realities of surviving family members is to ascertain elements that have impacted their recovery process. Spirituality's role in the process is reflected in the narratives of respondents. The "death notification process" is often ill-conceived and poorly executed, and it predisposes co-victims to later complications in trauma and grief. The justice system, with family members of murder victims, holds vested interests in participating in the criminal justice or juvenile justice system, and understanding the complex issues of the legal system represents the community response to the crime. There must be a public acknowledgment of the crime and an opportunity offered for justice. Family members want to know exactly how, when, and why their loved one was murdered; how their loved one suffered; the truth about the events of the death; and the elements required to support the charge; furthermore, they expect to feel better if the case is successfully prosecuted (Spungen, 1997). Common among observed grieving and healing journeys are the need for open communication, identified positive family functioning, and role reorganization. Coping strategies that lead to recovery consider the family's dynamics before the death and the different categories and levels of coping's impacts. In the study, these themes serve as background for the analysis of the data presented by the respondents.

Methodology

As a qualitative method, phenomenology deals with the primary experiences of individuals. The process of healing and recovery involves the sequencing of significant events as well as the ordinary experiences that, over time, may bring about a feeling or condition of change and growth in a person's life. This study employed the specific phenomenological approach of interpretative phenomenological analysis (IPA), which is an approach to psychological qualitative research with an idiographic focus. The main aim is to offer insights

into how a given person, in a given context, makes sense of a given phenomenon (Smith and Osborn, 2015). As a qualitative approach, IPA aims to provide detailed examinations of personal lived experiences. It has the following primary theoretical underpinnings: (1) as an interpretative endeavor, the IPA researcher attempts to make sense of the participant attempting to make sense of their predicament (Packer and Addison, 1989; Palmer, 1969); (2) and IPA is idiographic in its commitment to examining the individual, detailed experience of each case, before moving on to more general claims.

IPA is particularly useful for examining pain as it pays detailed attention to enabling participants to recount as full of an account as possible of their experiences. Such an account is difficult to articulate; thus, the interviewer requires a combination of strong empathic engagement and highly attuned listening and probing skills to solicit the desired answers and sharing. Furthermore, the small sample size of most IPA studies is beneficial as it enables a micro-level reading of participants' accounts. IPA utilizes inductive, interpretive analysis; clearly illustrates what was presented; and, more importantly, is firmly grounded in a close examination of what participants have said (Osborn and Smith, 2015).

In congruence with IPA, this study approached participants' data with the descriptive levels of empirical phenomenological approach, which are described as follows: Level 1 was the original data from naïve descriptions obtained through open-ended questions and dialogue, while Level 2 considered the researcher's description of structures or themes based on a reflective analysis and interpretation of the respondents' stories (Giorgi, 1985, cited in Moustakas, 1994). This approach required "bracketing" or "phenomenological reduction," wherein biases, prior beliefs, and presuppositions are critically analyzed and set aside to distance oneself, experience the phenomenon as it is, and hear "what the text says to us" (Gadamer, 1976, cited in Moustakas, 1994).

Discussion

Spirituality is defined as "an inner belief system providing an individual with meaning and purpose in life, a sense of the sacredness of life, and a vision for the betterment of the world" (U. S. Department of Veteran Affairs, 2016). The testimonies of surviving family members and shared reflections described and illustrated the influence of their spirituality on the realization of their sense of worth and direction, and also the values placed on respect for human rights and the individual dignity of the person.

Each respondent shared the critical role of their spirituality in molding their decisions, helping them to choose their actions according to their spiritual values and learnings obtained from generational transfers or the parish support group. When a mother-participant was initially shocked and devastated by the sudden

tragic death of her son, she lifted her worries to God and prayed for His guidance as well as protection for the rest of the family. Another participant, a widow, held on to her spirituality to make sense of the death of her husband; however, despite the desperate situation they were in, she believed that the Lord would not forsake her and her family and that her faith was what she needed to survive.

The respondents' spirituality had influenced their mindset, enabling them to believe that as long as they kept their faith strong, all will be taken care of "in God's time." Among all of the responses that confirmed the role of spirituality in their recovery process, one participant clearly illustrated that by believing in the power of the holy spirit, one entrusts to it their fate, which increased their capacity to manage their fears and pain. The participants shared that if a person's faith is weak and they refused to surrender and completely believe in God's power and supremacy, then healing and recovery would be extremely challenging.

Connection to God

All of the respondents shared how their strong faith in God had given them "a connection to that which transcends the self." It was identified that this connection might be to God, to a higher being, to universal energy, to what is sacred, or to nature. Crucially, the participants identified their spirituality as the anchor that kept them afloat during trials and challenges. A strong belief that a higher being can see one's miseries will, in the end, let justice prevail. Consequently, the participants shared that when they lifted their worries and worst fears to God, this resulted in them believing that everything will be okay in the end. To illustrate the influence of spirituality on the lives of the participants, experts in the field of spirituality identified and discussed the three useful aspects of one's spirituality, namely beliefs, spiritual practices, and spiritual experiences.

All respondents endorsed the belief in God and His higher powers, which could be synonymous with an anchor that saves them from drowning in a sea of sorrow, without which they might not have resurfaced and have to begin again. Many of the participants would describe religion or spirituality as the most important source of strength and direction in their lives, such as resorting to the Bible and reading one's favorite verses to guide one's uncertain thinking and decision making. Because spirituality plays such a significant and central role in the lives of many people, it is likely to be influenced by trauma, in turn influencing the survivor's reaction to said trauma.

Influence of spirituality in managing trauma

The study's results provided evidence that trauma can be processed and lead to positive experiences and outlooks through one's strong spirituality. One respondent's initial reaction after the immediate death of a loved one drew out questions to God, such as "Why do such killings have to happen?" The initial effects ranged from a refusal to eat in a state of constant emotional crisis, which

manifested in behaviors like isolating oneself from the social environment. However, the participants realized that strengthening their faith by turning to worship and accepting the crisis made them stronger as well as more capable of facing adversities.

Furthermore, the study revealed that the participants' experiences increased their optimistic view and appreciation of the blessings they received in improving their lives. Their experience influenced a tendency for greater and more personal relationships or closeness to God; understanding and acceptance of the increased sense of purpose in one's life; and a new level of spiritual enhancement even following the tragic killing of a loved one. None of the participants shared manifested behaviors associated with losing one's faith, refusal or decreased participation in religious or spiritual activities, loss or changes in belief, an overwhelming feeling of being punished by God because of previous wrongdoings, or the complete loss of meaning and purpose of living.

The results also indicated that achieving a healthy spirituality is often associated with the process of coping positively and toward recovery. For example, participants were not identified as displaying extreme anger, rage, or a desire for revenge; instead, they resorted to the belief that everyone will eventually face their ultimate judgment and in His time all things will be revealed and accordingly judged and punished.

All respondents had adopted and believed that maintaining healthy spirituality helped them to cope and eventually regain their social functioning. An improved state of well-being manifested in their behavior; instead of drinking and smoking, one opted to spend time reading the Bible and attending a bimonthly support group organized by their local church for families of victims. This had helped them to expand their social network in the spiritual community, reinforcing the development of a spiritually focused recovery. Participants also manifested improved coping skills, such as the transition from feeling lost and uncertain in terms of direction to being confident in making choices and decisions for themselves and their families. The presence of strong spiritual support provided a sense of security through listening to spiritual counseling and lessons highlighted from the scriptures during mass. Notably, the results indicated that almost all participants initially manifested symptoms of biophysical effects brought forth by the traumatic event. After they adopted a healthy spirituality, these symptoms were found to have decreased or disappeared, such as experiencing constant headaches after the immediate death of a loved one followed by no signs of pain later. This is related to the effects of releasing anxieties and activating a relaxed response when saying a prayer, reflecting on Bible verses, or listening to inspirational spiritual life lessons.

The results of this study consistently emphasize the advantageous influences for extrajudicial killing (EJK) survivors to be part of a spiritual community that provides support and unconditional acceptance, especially the nonjudgmental

stance that promotes healing and recovery. All of the participants confirmed that being among caring individuals, especially their EJK co-survivors, had provided encouragement and emotional support, which they normally did not receive from people in their social environment as it has no spiritual context. Lastly, the presence of economic or financial support provided by one's spiritual community was instrumental to the recovery of the families.

Making meaning of the influence of spirituality on trauma experience

The recovery of meaning in one's life can be achieved through changing how one thinks, becoming involved in meaningful activities, or experiencing religious or spiritual rituals. Some researchers have suggested that traumatic events frequently challenge people's core beliefs about safety, self-worth, and the meaning of life. For individuals whose core values are spiritually grounded, traumatic events may give rise to questions about the fundamental nature of the relationship between the creator and humankind. Survivors may question their belief in a loving, all-powerful God when innocents are subjected to traumatic victimization. Thus, traumatic experiences may become a starting point for discussions of the many ways in which survivors define what it is to have "faith."

Some studies have identified the ambiguous nature and circumstances of death's effects on the family's mourning process, which complicate their adaptation as they suffer anxiety and depression while struggling to comprehend the destructive acts that led to their loss (McGoldrick, 2013). However, the present study reveals that it may not necessarily be an automatic result and influence over grieving as many factors play a role, including participants' disposition and use of internal and external resources to obtain appropriate support, achieve a healthy spirituality, and acquire resilience.

Aligning with the results of this study is the indicator of participants' families displaying a certain level of healthy family functioning that existed before the death of the loved one, thus promoting and facilitating the grieving process and experience of all members (Delalibera et al., 2015). All participants exhibited the ability to promote open communication; for example, when individual family members refused to eat and take care of themselves, being encouraged to talk about how they felt or simply being there for their loved ones influenced how the bereaved survivor responds. Thus, it is crucial for family members to hold open discussions about what the family must do and change to survive economically and emotionally due to the death of their loved one.

In a similar study, Rellias (2011) examined the systemic outcomes and consequences of the sudden death of a child, husband, or wife using different lenses for dealing and coping with the death, which either strengthens or deteriorates relationships. For example, upon the death of their child, one father resorted to drinking instead of confronting his pain or discussing it with his wife; then, the wife took on the role of breadwinner, thus taking on the burden

of the family's financial survival. Ultimately, this study corroborates with the reality of gender-varied coping styles of parents, which in effect influence the social functioning of a family. This suggests the validity of parental grief theory (Hopwood, 2010), which proposes the following three interrelated principles for responding to the sudden, accidental, or violent death of a child: (1) the connection and bond with one's partner; (2) a cultural belief upheld; and (3) practices and the parent's personal resilience influencing one's grieving capacity.

A lotus blooms in the murky water

"A flower that blooms in adversity is a rare one," as Coats, Cook, and Bancroft (1998) mentioned. The human spirit is like a glowing star that can shine bright even on the darkest of nights. This study revealed that all participants displayed behavior that indicated they could rise above their circumstances. Related to the other themes on resilience, 10 out of the 10 participants in their phase displayed an ability to overcome tremendous odds and difficulties and surfaced triumphantly, displaying the unbroken will of the human spirit and what it can achieve. The discussion on the human spirit lies in the understanding of how it is related to the spiritual or mental part of our humanity.

The human spirit is often intertwined with the meaning of the human soul. According to Helminiak (1996, as cited in Human spirit, n.d.), the human spirit is considered to comprise the mental functions of awareness, insight, understanding, judgment, and other reasoning powers (Helminiak, 1996). It is distinguished from the psyche, a separate component that comprises emotion, images, memory, and personality. Teske (2000, as cited in Human spirit, n.d.) viewed the human spirit as a social construct that represents the qualities of purpose and meaning, which transcend the individual human. It depicts the strength of the human spirit in guiding the reinvention of the family's social functioning. Faced with the absence of the deceased loved one, especially if the deceased had breadwinner status, a strong need exists to re-establish the balance and its functions redistributed among family members (Rando, 1991). Role reorganization is the key to recreating this balance and resuming the functioning of the family, as evidenced by wives stepping up as breadwinners to sustain family survival and mothers availing of church livelihood projects to ensure financial capital for their small-scale businesses, despite their inexperience.

Justice is never about revenge

Buddha once said the following: "Hatred will never cease by hatred; hatred will only cease by love." This study revealed that participants' quest for justice does not entail getting even or taking revenge. Despite the brutal consequences of the circumstances of EJK victims' deaths, a common interpretation was that the families would seek revenge to ease their pain. By contrast, this study revealed that revenge is not an option, whether this is affected by the reality of the fear of

retaliation, loss of confidence in the country's justice system, or fueled by strong spiritual guidance, all participants did not display this value or choice. Instead, what surfaced were prayers to God to take care of the surviving family and bring justice to the person responsible for the loved one's death in His time, whether it happens on Earth or in the afterlife.

This theme connects with the theme of spirituality as the strongest anchor. It focuses on one's belief that a higher being that is almighty ensures that, if not on Earth, justice will eventually prevail in heaven. Given the violent nature of death that tore at the very fibers of basic human rights, sudden loss of income sustaining the family's survival, and anguish endured by each member of the family, it is notable that revenge did not surface as an option for participants. This is due to several factors, such as the strong link of their spirituality, which influences their core perspective of believing in love begetting love; overcoming pain and hurt; and finding in one's heart the ability to let go of pain and accept that the circle of life depends on what path one chooses to believe and follow.

Martin Luther King Jr. emphasized that hatred evolves to a new level of hatred when he said the following: "Somebody must have sense enough and morality enough to cut off the chain of hate and the chain of evil in the universe; and you do that by love" (Salzberg, 2011). Participants displayed this kind of exemplar morality; instead of thinking to retaliate, one participant opted to end the hatred by lifting all of her concerns and worries to God. Although the participants expressed that they have fears of retaliation by surviving family members, they had realized that no revenge can bring back the lives of their deceased loved one. Still, the lack of desire to inflict harm on others remained the prominent finding under this theme. The predominant task undertaken concerns working together in widening the circle of concern towards realistic perceptions as well as decision making to deliberately choose our morality, which encompasses the human emotions of anger and hatred but towards forgiveness, acceptance, and eventually healing and recovery.

The human rights perspective is viewed as a professional responsibility of social workers. It is based on the belief that each person has innate worth and dignity and deserves to be treated with full respect despite varying circumstances. Fundamentally, each person has the right to life, to live their life while being allowed to progress, and to rise above their crippling situation. Based on the participants' sharing, seeking justice is not about blaming but rather honoring the memory of the deceased.

Resilience amidst atrocities

The American Psychological Association (2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (para. 4). Participants' responses indicated that resilience is viewed like a muscle that is trained to respond in a certain way,

especially if in an emergency mode. Indicators of resilience were identified by the participants themselves, including actions they had undertaken, such as keeping busy with work to take their minds off what they had experienced; focusing on taking care of the needs of their family; joining a church support group; and sharing their experiences with co-survivors, which had helped them to feel at ease. The strengths-based perspective, which was not originally included in my theoretical framework, appears highly relevant. The participants revealed how they had used their internal and external sources of strength, clearly highlighting the role of their faith and a deep sense of spirituality in rising above their circumstances and moving on from the broken state they had entered due to the tragic loss of their loved ones.

Furthermore, the participants identified activities provided and supported by community support, such as their church enhancing their ability to remain positive despite the many negative circumstances surrounding the death and constant threats to their security. Participants chose to live their lives by choosing activities that promote their well-being, which they indicated promoted their resilience in dealing with difficult situations. All participants engaged in church-sponsored activities (i.e., attending healing masses for EJK families, having communion with the church support group, receiving material aid, and receiving sincere concern from the group). They also actively attended human rights forums as either participants or speakers; they accepted the death of their loved one while setting the memory aside and coping by not thinking about the event.

In social work practice, transcending from the traditional helping process framework of problem-solving to a more proactive strengths perspective provides an alternative optimistic view on working with clients. The participants demonstrated their stance of focusing on what works well for them; on their abilities, talents, and skills in dealing with their concerns; and on tapping their internal and external resources to overcome problems or deficits. The participants displayed a strong sense of self-awareness in the identification of their potential. They had also established a strong sense of discipline in moving away from negativity toward positive outlooks and stances.

Creativity as the key to expression

Externalization through various creative modalities identified by the participants had promoted the expression of their inner beings. This study revealed that the participants were able to identify various creative ways of expressing themselves, thus legitimizing the wide spectrum of emotions as they journey towards recovery. Instead of using an array of negative emotions to express frustrations or anger, they had opted to utilize creative modalities like focusing on housework or using scrubbing while doing laundry to release frustrations. These choices and actions suggest the need to express oneself but emphasize a more constructive alternative for dealing with it.

All participants shared creative alternatives for releasing anger and pain to focus on their road to recovery. Despite occasionally entering into autopilot mode while dealing with their daily routine, the participants shared that creating a memorial and establishing a ritual to help their children cope with the death of their parent or sibling are innovative ways to provide opportunities for the children to express their love for the deceased even in their absence. In the aftermath, this process is expected to release enough tension to settle anxiety levels. An example surfaced from one participant's interpretation of their dream about the deceased wearing a yellow shirt. As the specific item of clothing was taken as a spiritual sign that the deceased was at peace, the family was happy that the deceased was able to accept his death and, through the dream, bid them goodbye.

Choice of creative modalities

Each participant had identified creative ways to deal with their challenges. Some were more visually inclined so used photos of the deceased to create a ritualized mode to express their connection. Talking to the deceased loved one enabled participants to recreate moments when he was alive and thus provided opportunities for them to express their thoughts and feelings. Three of the 10 participants had used their dreams and symbols to find answers regarding how their deceased loved ones are doing. All 10 participants agreed that there is a need to express the full spectrum of emotions, and the study revealed spiritual practices. The choice of what creative method to utilize depends on the participants, their initial exposure to creative options, and what had worked well in previous sessions.

Courage is not the absence of fear

A similarity among all participants was their ability to transcend their fears, such as a lack of finances or the loss of loved ones. This theme discusses the strengths gathered from the social support of co-survivors. Through the bimonthly sharing they attended organized by the church, each one listened to their worries and pain and comes out certain of the knowledge and belief that they are not alone, and that someone else has more problems than they do. The participants displayed courage when they agreed to be interviewed despite the risk. In line with this was their ability to trust others despite experiencing betrayal that had led to the premature death of their loved ones. This study revealed that participants interpreted courage with their ability to rise above their fears and in the pursuit of advocating and becoming the voice of their loved ones, correcting false misconceptions, and racing toward the achievement of one's integrity.

A purpose-driven life

Connecting all of the themes, this study revealed that participants' end

goal is to achieve a purpose-driven life. They were driven by the idea of being significantly involved in the lives of their surviving family members to function as their guide and inspiration. The desire to live and survive to continue the survival of the family propelled them forward. The participants also dreamt of quickly achieving economic stability, rising above poverty, and achieving stable (including financially) living conditions.

This study also revealed that the participants had found a meaningful existence in having tasks to focus on to take their mind off the tragedy. All 10 participants shared that their openness and willingness to share their experiences were influenced by a strong sense of confidence in the integrity of the person they were sharing their life with. The participants placed value on having someone listen to them unconditionally, without feeling as though they were condemned and judged as a failure. They sought the affirmation and realization of their purpose and need to continue serving others.

One participant shared her experience of the community blaming her for the life her son ended up with; initially, she refused to be affected as she knew that she had guided her son. Yet, she insisted that when her child was outside of the house, there are things that parents can no longer control. Finding the meaning of the event that subsequently led to the death of a loved one is the key to recovery.

Janoff-Bulman and Frantz (1977) revealed that time is not a particularly significant factor in recovering from a violent or traumatic death of a loved one. A crucial finding of this study was the significant factors in finding the meaning of religious coping and support group attendance. Parents who attended a bereavement support group were four times more likely to find meaning than those who isolated themselves and refused to accept any form of support group. Those who found meaning in the death of their children eventually achieved better physical health than those who did not.

Healthy spirituality, active participation, and attendance of bimonthly meetings conducted by the local church to support surviving family members provided a pathway and vessel for the initiation of the families' recovery. The participants shared their sense of enlightenment whenever their co-survivors affirmed their support and friendship, placing value in having a friend with whom they can hang out—one who understands their situation without the need to have it explained. Hearing stories of other family survivors, the participants realized that there are circumstances far worse than what they had suffered, and they appreciated the opportunity to recover and be heard. One of the most important findings was that the participants saw God's helping hand in the people who had come to their aid and the family they could receive and become. Together, they offered their experiences to God.

Each participant had found the meaning of the death of their children or spouse, which had paved the way for them to begin their recovery. This manifested in their visions of acquiring a more peaceful, happier future, being

capable of meeting the needs of their families, utilizing their inner strengths while also placing importance on their external source of strengths, and practicing a healthy spirituality and resilience to allow “the lotus to bloom” amid adversities.

Positive social interactions with a church support group facilitate recovery

The comfort derived from the social support of fellow survivors, such as engaging in positive experiences, facilitated the participants’ road to recovery. Interacting with fellow survivors supports the acceptance of death; active participation in support groups aids recovery; recovery is self-directed through the selection of positive influences; and positive social support aids recovery. Some translated excerpts from the respondents’ narratives are provided as follows:

When father (priest) heard what happened to us, he went searching for us one by one, and the parish lent us money to help us start up our small business. (Linda)

When our survivor’s groups was formed, it was the only time we experienced visiting different places, we used to stay only at our homes. (Linda)

When I joined XXXX, I learned that I need to let go of all the pain. (Linda)

When we conduct sharing sessions, we are all seated in a circle; father would crack some jokes and we would all laugh. (Pinang)

I know some acquaintance, but I am not related to them, so I mingle with people here in church. (Ana)

We eat together; the priest would tell jokes for us. (Miling)

We are currently here as a support group, sharing stories, people we talk to like yourself ease our stress. (Tessa)

Self-discovery of strengths and purpose facilitated by church support groups

Church support groups facilitate the stabilization of anxiety and the realization of inner strength. Support groups cultivate comfort, belongingness, and gratitude for relatively better circumstances. Mutual learnings and support from such groups are highlights of recovery brought about by the sense of understanding among fellow family survivors of the war on drugs, leading to the cultivation of solidarity. The start of healing is described and characterized by the ability to laugh and positivity cultivated by the church support group. Some translated excerpts from the respondents’ narratives are provided as follows:

Referring to their pain and grief) (the programs prepared by Father XXXX were ways instrumental to helping us heal. (Pinang)

Like what Father XXXX has been doing, they are here to support us. (Pinang)

I feel that I am not alone. (Pinang)

I developed a routine. Feed the children, go to work, come home, eat, go to sleep but since we actively engaged and worked with our priest, I am able to smile again. (Pinang)

Common social activities organized by the church tend to cultivate positivity
Regarding this theme, some translated excerpts from the respondents' narratives are provided as follows:

Like on Feb 17, we were told that we will watch a movie, then for the children, they will be treated at us in a famous Filipino fast-food restaurant. According to Father XXXX, he will also accompany us that day. (Pinang)

Without those activities, one will always recall what you have been through (referring to the various church led activities). (Pinang)

I felt like crying, one can share our pain. Our group member appreciates the fact that we are not alone, we are all here, sharing the same experiences. (Pinang)

I drew strengths from them (referring to support group members. (Ritchell)

Renewed spiritual strength

Spiritual guidance is critical to recovery. According to the participants, their survival had been anchored in their faith's stabilization effect on their lives. Making meaning of their spirituality served as a guide for positive thoughts, aided recovery, and was viewed as instrumental to recovery. Some translated excerpts from the respondents' narratives are provided as follows:

We also attend mass, he is our spiritual guide, that is also a need. (Linda)

We do not know what to do if God is not in the center of our lives. (Linda)

I pray to God that they help me instead. (12.669, Miling)

We are all together, we became more prayerful, we all together with mama Mary. (Miling)

Yes, we need the Lord, spiritual. (Pinang)

Intensity of respondents' spirituality gave them courage to lift their worries to God, facilitating their recovery

Regarding this theme, some translated excerpts from the respondents' narratives are provided as follows:

Quoting a bible verse: Come to me all of you who are suffering, and I will give you rest. (Pinang)

I am having my eyes checked because when I wake up at three in the morning, I read the Bible. (Pinang)

[Cries again but can still continue] The Lord has given us hope despite losing a loved one, I pray that he takes away the sorrow and pain from our hearts. (Tessa)

[F]or me, I hope there will be more people to help, they helped me not forget about my faith, I am extremely busy but now I am conscious every first and third Sunday. (Maria)

I mingle around our community and in our church. (Miling)

Recovery is facilitated by strengthened faith

Regarding this theme, some translated excerpts from the respondents' narratives are provided as follows:

Children learned how to pray the rosary. (Roma)

I did not get mad to God, there are times I asked God why these things had happened, why my son got killed. I pray that God will not forsake us, I find my faith strengthened as I go to church to serve HIM. (Roma)

I won't allow myself to be affected, I continue on to pray to GOD and lifted everything to him. (Neneng)

Faith overrules thoughts of revenge against alleged murderers

The respondents shared how they lifted their worries to God, believing that if justice does not prevail on Earth, then all will be judged when faced with our

creator. Regarding this theme, some translated excerpts from the respondents' narratives are provided as follows:

When they reach judgement day, they will pay for their deeds, for now life has to go on. (Neneng)

I did not get angry to God, because I feel that if it was His will, I will accept it, but it hurts. (Neneng)

What happened to him, perhaps it is his destiny. He seems to be at peace. (Neneng)

Never give up, keep praying, your prayers if not granted today, will be granted tomorrow. (Maria)

[F]aith in God, that became our guiding light from the dark. Before we did not see any light when my son died, it's like we did not have any electricity in the house [smiles]. (Pinang)

Being mindful in choices and areas for rechanneling negative thoughts into positive aspects

Nanay Maria asserted that the affect-effects of the internalization of spiritual lessons of the tragic death of her son had helped her to cope. By taking proactive stances in encouraging her children to strengthen their spirituality through her role modeling, she hoped that they will also gain the spiritual strength to cope. Regarding this theme, a translated excerpt from this respondent's narrative is provided as follows:

Yes, I teach them, told them to go to church. I make them come with me and often times we form groups, their friends also attend mass, told them to listen to the word of God and they will. If they refused to take communion, I told them to do so. (Maria)

Metaphors illustrate constant belief and faith in God, facilitating survival

Symbolic meaning to circumstances affirms God's love. Nanay Pinang's experience reflect this, as her faith served as a strong anchor to her survival. She resonated with the belief that God will not forsake her. Whether it is fatalism or sheer fate, one thing is definite—the road to recovery was not merely a dream to her but would soon become a reality. Regarding this theme, some translated excerpts from respondents' narratives are provided as follows:

There was light outside, but when I entered the house it was dark inside. I

can see the light from afar but seemed impossible for me to have it, but when I started attending my father's (priest) group, I slowly can feel the light shining upon me. (Pinang)

We will not be forsaken by God, during my son's burial, there was no vehicle, but later a bus arrived. (Pinang)

Conclusion and recommendations

Social work practice in the Philippines should be indigenized by using the faith dimension of the client system in the creation of an indigenous theoretical and conceptual framework that is culturally inclusive. This framework should consider the unique influence of people's spirituality on their beliefs, decision making, and concept of wellbeing.

It is therefore essential that spirituality—as one of the factors in understanding the recovery phase of surviving families of human rights victims in the Philippines—is recognized as equally influential. It can provide an indigenized interventive model for social workers in working with client systems whose culture and beliefs are largely shaped by their spirituality.

Like any other social problem, drug use is a worldwide problem that attacks the stability of the core of society—namely the family. Numerous narratives of pain and anguish are suffered by the victim's families, with their hopeless turmoil fed by the knowledge of no recourse being available to bring back the lives of their beloved. These include the inhuman manner of deaths, voices of the many souls silenced forever, impacts on the lives of the family members who are left to pick up the pieces in the aftermath, and numerous innocent children left orphaned to fend for themselves in an uncertain future.

Social work organizations in the Philippines can review and document studies and determine the application in introducing an alternative Filipino social work framework or intervention for working with survivors of human rights atrocities and various disasters or even develop a Filipino framework for social work practice by using spirituality as the main theoretical influence. With the emerging popularity of the role of spirituality in coping with the challenges encountered by clients, further studies are required towards developing a scientific social work framework that uses the person in the environmental context. Spirituality can be employed as a theoretical base in the conduct of the social work helping process in conjunction with the client's cultural background, values, and practices emphasizing how this translates to the person in the environmental context. Further research should explore the breadth and depth of the influence and impact of spirituality on people's overall social functioning and well-being. Specifically, in ASEAN countries, predominantly known for their devoted practices of spirituality, this can be an indigenized way of developing a unique social work

helping framework that is culturally aligned with the context and practice of the people.

Homer J. Yabut published a paper titled “The Development of the Filipino Spirituality scale.” The research had the objective of developing a scale to measure Filipino spirituality as it would lead to further process and outcome research that could advance the field. Perhaps along this line, social workers embark on documenting or reviewing current recordings and documents to extract important findings on the use of spirituality as a theoretical base in the conduct of the social work helping process. This would be valuable for the assessment phase, wherein the discussion of the person in the environmental context highlights the spirituality of the client and how this influences the total mindset. This could be helpful for the planning of interventions wherein activities and rituals are the chosen media to complement clients’ belief and practices. The evaluation phase would at best be an affirmation of what worked well and provide a deeper sense of enriched spirituality, which could serve as a guide for further improving these people’s state of overall well-being.

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Chapter 4

Living spirituality in social work practice in Indonesia

Toton Witono

Abstract

Spirituality is defined variously in relation to the search for meaning, life purpose, values, inner experiences, transcendence, and connectedness with others and God. In Indonesian, this term is well known as *ruhani* or *ruhaniah* (an Arabic term), as opposed to something physical. It is used interchangeably with religion or religiousness. In the context of social service, the terms spiritual and spirituality are understood to concern the concepts of the mind, piety, morals, a vertical relationship with God, the inner aspects of being human, among others. In brief, spirituality is not defined but rather lived in praxis and daily life. Such living spirituality is not clearly expressed in social work practice, especially in interactions between practitioners and their elderly clients. Each one practices different components or features of spirituality. To what extent living spirituality is implemented in practice depends on the capability of practitioners to understand the spirituality of their clients and of themselves as well as their ability to articulate. In general, spirituality is not an issue, nor is it taught in schools or training. It is not uncommon for social workers or welfare practitioners to be unfamiliar with this dimension and scarcely use—for instance—forms of spirituality-based assessment and intervention developed by Western scholars or their modified versions. Their living spirituality sourced from either religious or nonreligious beliefs, teachings, and traditions may illuminate their practices. Unfortunately, such practices have been scarcely uncovered, let alone written about and published. Therefore, they represent a significant research challenge for scholars and researchers to explore.

Keywords: spirituality, living spirituality, social work, practitioners, elderly

Introduction

Indonesia is an archipelago state with 17,491 islands and 270.2 million people as of 2020. This country is also rich in local languages and cultures. There are approximately 718 local languages, 300 ethnic groups, and 1,340 ethnicities. Moreover, besides six formal religions, there are approximately 187 indigenous

belief systems. With such enormous treasures, it is interesting to explore the spirituality and/or religiosity embedded in Indonesian traditions and culture, including in the formal religions,

For Indonesian people, the term spirituality is interchangeably used with religion or religiosity. It is well known as *ruhani* or *ruhaniah* (an Arabic term), as opposed to everything beyond physical. It is the inner aspect or the unseen faculty of human as well as inspiration from the inner side. Some people acknowledge spirituality as much more concerned with religious rituals and is reflected in a number of components, i.e., religious affiliations and practices, beliefs, values, the way they respond to sufferings, fear, and hopes. These aspects are also much expressed in religious teachings and traditions that are conducted either individually or communally with groups.

Unfortunately, spirituality is not an issue and also not taught in schools or training. It is not surprising if social workers or welfare practitioners are unfamiliar with this dimension and scarcely use, for instance, forms of spirituality-based assessment and intervention developed by Western scholars or its modified versions. In particular, this paper aims to disclose how spirituality is comprehended and lived as well as how it is used in helping profession practice.

Spirituality in the social work literature

Spirituality has no fixed definition and is understood variously in terms of time and place. This term is not the same as religion but is interchangeably used with religiousness. According to Gall et al. (2011), the factors that shape the understanding of spirituality as well as religiousness are religious heritage, culture, generation, and nationality. In the social work literature, spirituality is comprehended around the search for meaning, life purposes, intimacy, connectedness, one's relationship with God, transcendence, and the sacred, among others.

Some experts who include spirituality in social work, such as Sue Spencer (in Hugen, 2001), Max Siporin, and Edward Canda (in Canda, 1986), have perceived that spirituality can be expressed in both religious and nonreligious traditions. Such an understanding has also been proposed by experts and authors of social work in the years since. To name just a few, Sheridan (2009), Swinton and Pattison (2001), Gilbert (2007), and Canda and Furman (1999/2010) have proposed that spirituality can be articulated in both religious and nonreligious contexts. Some experts from outside of social work but who are frequently quoted also have the same conception, including Atchley (1997); Koenig, McCullough, and Larson (2001, as cited by Lydon-Lam, 2012); Hill and Pargament (2003, as cited by Lavretsky, 2010); Pargament (2007); and Huguelet and Koenig (2009).

In the literature, many definitions of spirituality have various prominent components, such as the search for meaning and life purpose, relationships or

connectedness, and the sacred (Sheridan, 2009; Canda and Furman, 1999, 2010; Miley, 1992, as cited by Zastrow, 2017; Hodge, 2001; Reed, 1992, as cited by Lydon-Lam, 2012; Swinton and Pattison, 2001, as cited by Gilbert, 2007; Lindsay, 2002, as cited by Healy, 2005). Other features related to spirituality include transcendence, one's mission in life, material values, altruism, an awareness of the tragic, fruits of spirituality (Loue, 2017), spirit, values, and existence. Zastrow (2017: 96) included a sense of identity and a value system together with the personal search for meaning as the key components of spirituality. Kirst-Ashman and Hull Jr. (2006) noted that meaning, purpose, and values are related to something beyond physical boundaries and connect individuals to something higher than themselves. While the sacred is partly referred to as "ideas of God, higher powers, divinity, and transcendent reality" (Pargament, 2007: 32), the concept of the sacred can also be taken from nondeistic ideas; personified concepts of God in Judaism, Christianity, and Islam; as well as naturalistic concepts of indigenous people (Atchley, 2008: 12).

Spirituality from an Indonesian perspective

The term spirituality is not that acknowledged by Indonesians. However, they are more familiar the original terms for spirituality, namely *ruhani/ruhaniah* and *batin/batiniah*, which are Arabic terms. Their spirituality is not only explored from their perspectives or how far they comprehend and explain its meaning but also from how it is conducted in daily life, in forms of faith and beliefs, behaviors, manners, deeds, and symbols.

The exploration results revealed that common perceptions in society color practitioners' and clients' perspectives on spirituality. It is understood by most as being not so far from the concept of religion or religiousness, piety, morals, and a vertical relationship with God. Some others recognize this dimension as the inner aspect of human and intrinsic motivation, though this recognition seems to have been the result of informants' interactions with interviewers when they requested an example or illustration in relation to spirituality. In brief, spirituality is everything opposed to something physical (*jasmani/jasmaniah*).

In the context of social service, education/training, regulation, and the policies of the agencies for which social workers work are supposed to shape and color their perspective on spirituality. Nevertheless, the findings indicated the contrary—namely that no significant difference exists with the aforementioned common understanding. This is not surprising since spirituality has not yet become an important issue in social work in Indonesia, which is why this research was not adequate for constructing a conceptualization of practitioners' spirituality, as Canda (1986) did for social workers in North America.

Other expressions of spirituality in Indonesian perspective are drawn, for instance, from the regulation of social services for the aged. One of the efforts to

improve vulnerable elderly people's well-being is religious and mental-spiritual services in forms of religious guidance and the provision of means to support religious activities. In brief, spirituality as comprehended by practitioners refers much to religious rituals and several expressions of spirituality. It also seems that policies regarding social services for the aged have some small impacts.

From the aforementioned explanations, a tendency exists for the term "spiritual" to be used as an equivalent word with mental or psychological aspects. Moreover, the spiritual aspect is frequently exemplified with a range of external expressions of religion. Furthermore, spirituality and religion (religiousness/religiosity) are interchangeably used in the practice of helping professions, in regulations, and even in academic discourse and publications. Indonesian scholars prefer to use the term religiosity or religiousness rather than spirituality.

Living spirituality

Although their comprehension is not appropriate with the universal understanding, this is the search for meaning and life purpose (Hinnels, 1995). This is not to say that Indonesians have no concept of spirituality. They might not understand or define the spirituality that they live both in daily life and in interactions between practitioners and elderly clients. Hinnels (1995) classified it in the level of praxis or experience. In brief, for Indonesian people, including in the context of social service delivery, spirituality is not comprehended, nor is it defined. Rather, it is lived and experiential. In this paper, this kind of spirituality is referred to as living spirituality.

In the context of Indonesian society, living spirituality is strongly manifested in religious teachings and traditions/rituals, either individually or collectively with the community. The source of their spirituality is from religion and nonreligion. Such living spirituality is not clearly expressed in the context of social work practice, especially in interactions between practitioners and clients. Manifestations/expressions of living spirituality are quite different between practitioners and elderly clients.

Living spirituality of practitioners

Practitioners' living spirituality is reflected by the following themes: motivation to serve clients; religious affiliations and practice; belief and values; meaning-making and benefits or wisdom-finding; and some other components of spirituality. To illustrate, the first theme is articulated briefly as follows.

In general, living spirituality is influential in shaping how welfare practitioners are motivated to deliver services. Practitioners' motivation to serve elderly clients revolves around their dedication to work, which is concerned with humanity and

social care, religious drive (i.e., for the sake of God without expecting rewards and/or entitlement; Arabic term: *lillahi ta'ala*); and personal motivation. In relation to personal motivation, almost all informants regarded clients like their own parents or grandmothers/fathers. Such relationships are hoped to create a higher quality of social services. Regarding elderly clients like relatives intensifies practitioner–client interactions, amplifies clients' trust in practitioners, and in turn makes the service provision more effective. However, this can probably be accused of being a violation as such personal and subjective feelings could be contradictory to one's professional values. According to Shulman (1991), the dichotomy dictates that a worker should behave differently as an individual compared with when he/she deals with the client, where they are supposed to employ professional attitudes.

Living spirituality of elderly clients

Elderly clients' spirituality was explored based on their life experiences or suffering and the ways in which they have responded. Their living spirituality is expressed in the following aspects: religious affiliation, practice, and beliefs; hope and fear; existential problems; connectedness (relationships and intimacy); spiritual tasks or needs; and religious coping. The following passage enlists the feature of connectedness as an example.

Connectedness involves vertical relationship with God and horizontal relationship with others. Within this feature, it consists of relationship, intimacy, isolation, and prayer (Arabic term: *doa*). These elements are interwoven.

Most older people feel that their vertical relationship with God manifests when they are praying (*shalat*). Moreover, when praying at midnight (*shalat tahajud*), they feel the close presence of God. Additionally, *doa* can be a means for expressing and complaining about problems. Some of them genuinely believed that whether their *doa* will be answered depends on the perception of their intimacy with God. *Doa* is also actually related to the feature of hope and fear, especially regarding the end of their life as well as their relationships with relatives who are still alive and those who have passed away.

Meanwhile, horizontal relationships refer to elderly people's connections with family or significant others around them both directly and indirectly. In terms of indirect connections, their connectedness is demonstrated by way of recalling others or feeling them through inner contact, including with the deceased (Arabic term: *almarhum*).

Themes/categories of elderly clients' spirituality can be the basis of spiritual tasks of aging. Spiritual tasks/needs of aging refer to the study of MacKinlay (2006), who adopted Erikson's theory of psychosocial development. A spiritual task does not mean a phase or task that should be completed before leaving this world. Moreover, the tasks must not be sequential, but they can overlap.

One phase can occur again or even be revised in some chances and life events (Mathews, 2009). MacKinlay (2006: 22) stated that tasks “are not simply tasks that the person completes and then moves on.” She called it “the process of becoming.” Table 1 presents spiritual tasks retrieved from the feature of connectedness that contributes to elderly people’s well-being:

Table 1: Spiritual tasks of aging

Theme	Spiritual tasks of aging (Connectedness)
Relationships, intimacy, and isolation	▪ Realize the importance of relationships and intimacy with God and others ▪ Preserve vertical relationships with God through worship and prayer ▪ Build positive horizontal relationships with others (beloved persons, family, or others) ▪ Reserve relationships with relatives (including those who have passed away) ▪ Avoid negative relationships or disputes with other clients ▪ Cope with feelings of isolation, disconnection with family by doing positive activities, hobbies, or creative pursuits individually or together with others
Prayer	▪ Express hopes and desires to God by praying for self-goodness ▪ Pray for a good and honorable end of life (<i>husnul khotimah</i>) ▪ Pray for the goodness of close individuals, both those who are still alive and who have passed away ▪ Always pray for close individuals with the purpose of having inner attachment and connection (<i>continuing bonds</i>)

Source: Witono (2017, 55).

Living spirituality in practice

In practice, it was difficult to determine that practitioners use forms of spirituality-based assessment and/or intervention developed by Western scholars. This is because they were not taught either in school or in training so they are unfamiliar with spiritual models. To what extent living spirituality is applied in practice depends on both the capability of practitioners to understand the spirituality held by clients and by themselves as well as their initiative regarding how it is articulated in interaction (Witono and Fahrudin, 2020).

Minimal records and documentation were found concerning spiritual

assessment. Some superficial identifications of clients' formal religion and religious living were found, such as rituals, prayers, scripture reading, and the way they conduct rituals. Most practitioners were also unfamiliar with well-known methods of spiritual assessment from the West. Accordingly, in the phase of spiritual intervention, most practitioners did not employ any particular techniques. By contrast, they made use of standard methods, such as reminding, asking or inviting, giving advice, accompanying, and teaching elderly clients how to pray or proclaim the name and attributes of God (Arabic term: *dzikir*). However, several methods or approaches seem to be like the initiatives of some practitioners, which are shaped by their knowledge of religion and personal capability. For example, one practitioner promoted a "humane" or "genuine" approach for the purpose of raising elderly clients' awareness of death and dying (Witono and Fahrudin, 2020).

The spiritual assessment conducted by most practitioners was simply based on commonsense. They did not make use of particular techniques, like the several methods introduced by Hodge or a number of methods for certain contexts and clients. To mention some, a method developed by Mohr and Huguelet (2009) is fairly relevant for clients with severe illness. Nichols and Hunt (2011) exemplified some exploratory questions to delve into the spirituality of sufferers of chronic illnesses.

Despite the seemingly unsystematic approach, it appears to be suitable—to some extent—for use with a model scheme of spiritual assessment offered by Moore (2003: 560). Similarly, regarding one of the principles of evidence-based practice, Hodge (2011) spoke of how to practice spirituality-based intervention ethically and professionally. The first thing to do is to make sure, by means of assessment, whether spirituality is relevant to the clients, and that they show their interest in it. They should be convinced with informed consent, which should be understood as a continuous process that can be cancelled by the client at any time (Hodge, 2011: 150-51).

The approach's suitability is related to the relevance of spirituality for clients by way of considering whether it is the practitioner who asks the client about religion and spirituality or vice versa. In short, the fit between the practitioner's methods and the experts can create new modifications of spiritual assessment that are more suitable for implementing in the Indonesian context.

All of the aforementioned techniques, regardless of whether the practitioners considered them religious-/spiritual-based methods, might be included in spiritual intervention. As Canda and Furman (2010) noted, any type of intervention in social work can indeed be used in spiritual practice as long as it is done within the frame of values and the helping profession's context that are spiritually sensitive. The most important aspect is that practitioners must be conscious and intentional

of spirituality in doing practice, although they should not explicitly start speaking with clients.

In line with this explanation, Hodge (2011) defined spiritual intervention as “therapeutic strategies that incorporate a spiritual or religious dimension as a central of the intervention” (Hodge, 2011: 149). Experts have developed many techniques and therapeutic methods using spiritual intervention. Among the numerous examples, Holloway (2007) considered the work of Canda and Furman to be the most complete and detailed. In their book *Spiritual Diversity in Social Work Practice* (published 1999, revised 2010), Canda and Furman elaborate complete examples of helping techniques that are spiritually oriented, which vary from practice with individuals, families, and groups to organizations and the community.

Connectedness with loved ones who have passed away manifests through prayer, local traditions of praying or religious rituals (*tahlilan*, *yasinan*, and *haul*), hanging their pictures on the wall, keeping their inheritances, and remembering or eulogizing the deceased (reminiscence). These manifestations create a strong and endless connectivity of the inner with the deceased. Allan (2005) referred to them as “continuing bonds.” Such beautiful bonds can be a source of motivation, preserve hopes, and provide a way to fulfill spiritual needs.

Revising the person-in-environment concept

The following passage actually explains one of some contributions of living spirituality to social work, especially the concept of person in environment (PIE), as the most prominent approach in social work. The idea of revising the person-in-environment (PIE) perspective in social work has been promoted by some experts, including Besthorn and Canda (2002), Zapf (2007, 2008), Canda and Furman (2010), and Robbins et al. (2012). Zapf (2007) urged that the area of the person is not only limited to the self but also extends to relationships between individuals and between the individual and the environment. Moreover, the concept of the environment is not supposed to be restricted to a social environment; rather, it should be expanded to involve the universe. Canda and Furman (2010) recommended that the person is not exclusively focused on the ego and the environment is not merely social relationships. Rather, the two concepts must be revised by broadening individual needs toward the need of self-transcendence, while the social work goals of social support and social justice should be extended to harmony and global justice for the universe.

Besthorn and Canda (2002) used the perspective of deep ecology to revise the PIE concept. They insisted that person/human and nature/environment are inseparable terms. Accordingly, the opposition between person and environment should be changed to a complementary relationship, even a unity between the

two. Zapf (2008) was also in line with Besthorn and Canda (2002) in applying deep ecology to broaden the PIE concept. All things considered, deep ecology, ecofeminism, and new perspectives of dynamic systems theory are useful for helping to revise the metatheories of social work practice. Therefore, social work can address global issues of system transformation, mutuality, and global ecological well-being toward justice for the global society as well as harmony between the local and global natural environment (Robbins et al., 2012).

In the Indonesian context, the idea of integrating spirituality into the concept of PIE by broadening the concepts of person and environment is applicable for one feature of spirituality—namely connectedness. The concept of person can be broadened through expanding elderly clients' concept of self to their self-transcendence capability through a series of negative life events, such as endless suffering and illness, and disability caused by aging-related factors. These hardships are a test, reminder, or fate from God that should be accepted with patience, and the individuals should even feel thankful. Their self-transcendence was also revealed through the way they stopped wishing for something more from their life, as they are done with themselves or their worldly needs (Witono, 2017).

Connectedness with loved ones who have passed away manifests through prayer, local traditions of praying or religious rituals (*tahlilan*, *yasinan*, and *haul*), hanging their pictures on the wall, keeping their inheritances, and remembering or eulogizing the deceased (reminiscence). These manifestations create a strong and endless connectivity of the inner with the deceased. Allan (2005) referred to them as “continuing bonds.” Such beautiful bonds can be a source of motivation, preserve hopes, and provide a way to fulfill spiritual needs.

Revising the concept of the (social) environment is also applicable for relationships. This spirituality component should be perceived not only with the individuals surrounding them (family, relatives, and people who are still alive), but also as preserving the inner connections with relatives who never see them by praying and with the beloved who have passed away (Witono, 2017). This is in accordance with the concept of continuing bonds (Allan, 2005). In addition, one's vertical relationship with God is real proof of the possibility of expanding the concept of the environment beyond the narrow concept of social connectivity.

Conclusion

In the Indonesian context, spirituality is understood as a concept of religion, or religiosity, piety, morals, and one's vertical relationship with God. Some people refer to the inner aspect or the unseen faculty of humans as well as inspiration from inside. Others acknowledge spirituality as being much more concerned with religious rituals and reflected in several components, such as religious affiliations and practices, beliefs, values, and the way one responds to suffering, fear, and

hope. These aspects are also significantly expressed in religious teachings and traditions that are conducted either individually or communally with groups.

Living spirituality is like a gemstone that is still in the form of the raw materials, such as stones or boulders. In Indonesia, where indigenous beliefs/cultures are preserved and religious traditions/rituals are lived, it is like a hidden treasure to mine and discover. The study's results offer a major resource for enriching social work practice and even constructing spiritually sensitive social work models that are appropriate for the local context.

Besides professional social workers, Indonesia has numerous state-owned human resources in the delivery of social services. These individuals may unconsciously use living spirituality in practice. Here, unconsciously means not realizing that one is using it or using it unintentionally. Their spirituality may, in fact, illuminate their practice, which might not be taught or trained in schools/universities or training centers because of a lack of curriculum or syllabus concerning spirituality or religiosity. However, so many practices, in both institutional settings and the community, are actually spiritually sensitive social work practices. Unfortunately, such practices have not been explored, written about, or published yet.

Today, some segments of society are concerned about how religion is being practiced. For example, a tendency exists among religious adherents to emphasize religious expressions more than spirituality. It seems that they are more focused on extrinsic aspects than intrinsic ones. Rituals and religious symbols are perceived as more valuable than spiritual things. Therefore, the polarization of society is growing due to people's different personal views and worldviews, faiths and beliefs, and political choices, creating tension in society. Attitudes of intolerance, fundamentalism, and radicalism are increasing. Furthermore, people are ignorant about saving the world and addressing the environmental crisis. It is therefore unsurprising that many questions remain to be answered, including the following: Who should address these phenomena? How should social workers and practitioners play their roles, especially those who provide care through spiritually sensitive practice? In a nutshell, practitioners, scholars, trainers, and researchers face many challenges.

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Asia—Buddhist Social Work

Chapter 5

Buddhist Social Work: Its Birth and Achievement Thus Far – Not Indigenized, But Indigenous Social Work

[Appendix: Contribution to the Development of Social Work]

Tatsuru Akimoto

The term “Buddhist social work” has been used to convey three different meanings: (A) Western-rooted professional social work performed by Buddhists, (B) Western-rooted professional social work modified and indigenized with Buddhist elements, and (C) “Intrinsic” or “indigenous” Buddhist social work, which does not begin with Western-rooted professional social work but begins with Buddhism. The current study focuses on the third meaning, Buddhist social work.

Over the past decade, a group of university professors, Buddhist monks, researchers, and NGO leaders from Buddhist-majority countries in Asia have been exploring this new field, Buddhist social work. Some originated from the social work community and others from Buddhist communities. A great deal of international research and numerous meetings (forums, workshops, expert meetings, etc.) were conducted, from which reports, papers, and books were published, ideas were exchanged, and opinions were sent by email. This chapter describes a brief history of the field’s birth and achievements. The purpose is twofold: (1) to introduce Buddhist social work—providing minimum basic information for mainstream Western-rooted professional social work colleagues who may not be familiar with this field, and (2) to leave a factual record of the initial stage of the field’s journey for current and future Buddhist social work colleagues who will pursue and promote research and practice in the field.

In most villages and districts of overwhelming majority of the 200 countries and regions in Asia and in the world, few or no Western-rooted professional social workers practice. The numbers do not exceed the “tokenism” level, if at all. However, Buddhist temples, monks, and nuns have been consistently tending to villagers’ difficulties and problems and every day suffering, from morning to night, in a variety of ways: providing consultation and counseling; addressing personal, family, neighborhood, and community problems and conflicts; assisting children, people with disabilities, and older adults; coordinating housing, food,

and clothing; facilitating education; assisting with disasters; and promoting environmental preservation.

They have been engaged in the same or similar work and activities as Western-rooted professional social workers, although they have not named their work social work, and their values, knowledge, and skills may be different. Thus, we will temporarily refer to their work and activities as Buddhist social work. Without a name, concept, or definition, we cannot conduct research with delineated boundaries and subjects, and without research, we cannot provide a reasonable name, concept, or definition.

Our Sri Lankan colleagues developed a plan to teach and train Buddhist monks in the field of contemporary [Western-rooted professional] social work so that they could serve villagers better and more effectively. As soon as we began explaining Western-rooted professional social work to the monks and followers, they responded that they had been practicing the same or similar work for the past 2500 years. Western-rooted professional social work has been developed and practiced merely within the past 100-150 years. (Akimoto, et al. 2020: 65)

Some of the things we achieved during this process include: (1) elucidating the first shoots from the seeds that were sown; (2) providing us with first-hand accounts of the current situation of Buddhist “social work” in the 12 Asian countries with a Buddhist majority (in the form of a series of published reports for each country); (3) forming the Asian Buddhist Social Work Research Network among colleagues in those countries, (4) constructing the ABC Model, which pertains to the meaning or definition of the term “Buddhist Social Work”; (5) formulating a working framework and definition of “Buddhist Social Work”; and (6) once defined, identifying the next steps to be taken for the future development of Buddhist social work.

Birth

Buddhist social work's birth mother: Western-rooted professional social work

Various colleagues in Asia have referred to Tatsuru Akimoto, the current author, as the father of Buddhist social work, who sowed the seeds and continued watering them to the present time. However, its true origins lie in Western-rooted professional social work. Fifteen years ago [sic; 2014], the International Association of Schools of Social Work (IASSW) and International Federation of Social Workers (IFSW) revised their international definitions of social work.

The Asian and Pacific Association for Social Work Education (APASWE) (with its President at the time, Tatsuru Akimoto) organized the APASWE International Definition of Social Work Review Project. During its discussion in Asia, two participants in particular referred to Buddhism in relation to social work: Nguyen Hoi Loan, Assoc. Professor at the University of Social Sciences and Humanities, Vietnam National University (USSH-VNU), Hanoi, and

Anuradha Wickramasinghe, the Chairman of the Small Fishers Federation of Sri Lanka.

Nguyen Hoi Loan

The APASWE conducted a workshop inviting all 11 national associations and their alternative bodies in the region (October 4, 2010; Japan College of Social Work). After the meeting ended, the president flew to countries that could not attend due to their lack of national associations to listen to their input and ideas. The first country he visited was Vietnam. In our meetings, Nguyen Hoi Loan said:

In Vietnam, social work cannot function effectively without considering Buddhism. The elements of Buddhism have infused every corner of the lives of people, not only Buddhists but also non-Buddhists, Christians, and atheists—values, the sense of beauty, the way of feeling and thinking, morality, behavior, and customs. Buddhism came 2000 years ago and has always been with us. (Akimoto, et al. 2020: 65)

Later, he submitted the research proposal “The Participation of Buddhism in Social Work” to the APASWE president. The APASWE, Asian Center for Welfare Society-Japan College of Social Work (ACWeS-JCSW)¹ (where the APASWE president office was located), USSH-VNU, and Buddhism-based Shukutoku University in Chiba, Japan (as the counterpart organization of USSH), jointly conducted the three-year Vietnam and Japan research project. (2012-2014) (cf. Sakamoto, ed., 2013: 128-133) The research project’s second report (2014) contained T. Akimoto’s introduction, “Social work ≠ Professional social work: Social work as an entity in a society—Understanding in eyes of people in community.” (Akimoto, 2014a: i-iv)

Anuradha Wickramasinghe

Having some disagreement with IASSW/IFSW’s understanding of the social work definition, ACWeS-JCSW, with APASWE’s co-sponsorship, designed and implemented “(Professional) Social work and its Functional Alternatives Research.” (2012-13) Cambodia, Fiji, Indonesia, Malaysia, and Sri Lanka joined the project. A research member of Sri Lanka, Anuradha Wickramasinghe chose Buddhism as a functional alternative to professional social work, while other teams chose NGOs and other entities. He interviewed monks, government officers, educators, and other community members, including the top religious and governmental leaders, and developed a plan to establish the Institute of Social Work Education for Buddhist Monks at the university level. He sent a large delegation composed of the supreme chief monk, two ministers, the Secretary of

¹ The then director: T. Akimoto.

the Minister of Buddhism and Religious Affairs, and other members to ACWeIS-JCSW, seeking support and cooperation with their plan. The delegation visited Shukutoku University.

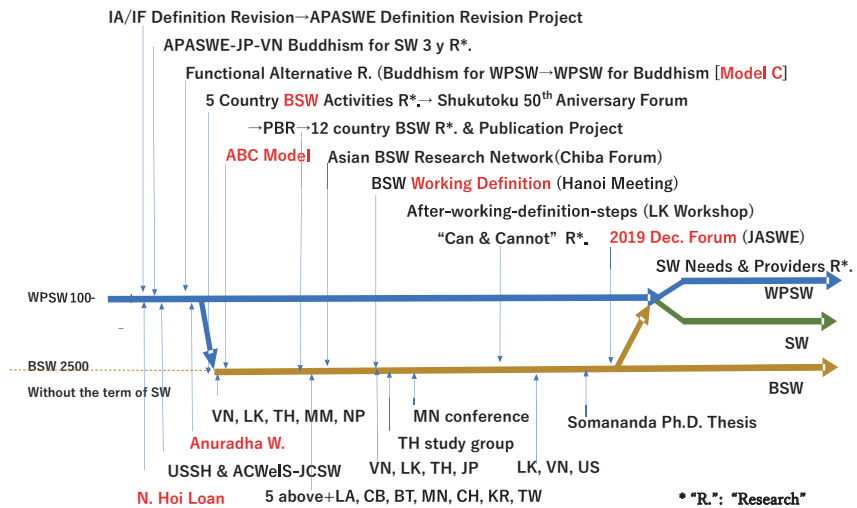
Shukutoku University 50th Anniversary: 5-country research, “Buddhist ‘Social Work’ Activities in Asia”

This is the third element triggered the birth of Buddhist Social Work.

Based on the previously mentioned Vietnam-Japan three-year research experience, Shukutoku University established the Asian Center for Social Work Research² to commemorate its 50th Anniversary, inviting Tatsuru Akimoto as Director. He immediately organized a five-country research project, entitled “Buddhist ‘Social Work’ Activities in Asia” (Akimoto, 2015) to successfully lead the upcoming 50th Anniversary Forum of the establishment of Shukutoku University and the death of Ven. Ryoshin Hasegawa, the founder of the university (October 2015).

This research was intended to grasp the current situation of social work-like activities practiced by Buddhist temples and monks. Numerous activities are listed in Sri Lanka, Vietnam, Thailand, Myanmar, and Nepal. See the various

Figure 1: Initial History of Buddhist Social Work



Note: “Can & Cannot” R.: “Buddhist Social Work Can Do While Western-rooted professional social work Cannot” Research

“SW Needs & Providers” R.: “‘Social Work’ Needs and ‘Social Work’ Providers” Research

² The Japanese name was Ajia Bukkyō Shakai-fukushi Gakujuutsu Kōryū Sentā. (The literal English backtranslation is The Center for Buddhist Social Welfare Academic Exchange.)

activities listed in the research report mentioned above (Matsuo, 2017: 101-115) in ARIISW Research Series No. 0. In this study, the term “Buddhist social work” was used for the first time.

Development

Organization of ARIISW with a hub function

Shukutoku University established the Asian Research Institute for International Social Work (ARIISW), in place of the previous Asian Center for Social Work Research, as a hub for international research in the region, and to house the Center for Buddhist Social Welfare Research Exchange (cf. Footnote 2). Three full-time researchers and four part-time office members were also recruited. The Japanese Ministry of Education, Culture, Sports, Science and Technology’s grant, as well as the university’s annual budget, made ARIISW active in research, meetings (forums, workshops, expert meetings, etc.), publications, and other leadership activities.

Baseline statement: Research Series No. 0

The baseline article for exploring the journey of Buddhist social work by T. Akimoto was published with the title, “The globalization of Western-rooted professional social work and exploration of Buddhist social work” in ARIISW Research Series No. 0 *From Western-rooted Professional Social Work to Buddhist Social Work*. (Gohori, et al.: 2017) It began by expressing dissatisfaction and disagreement with Western-rooted professional social work and their social work definition, and put the most part of the scenario to go with for its initial period (the first several to ten years) in writing. It conveyed its working framework and definition, The ABC Model, and the conscious distinction between before and after contextualization, as well as other expected points in dispute. It also included “Rough drafts of the Buddhist social work” by H.M.D.R. Herath, Peradeniya University, Sri Lanka, and Ven. Karma Sangbo Sherpa, Vice-chairman of Lumbini Development Trust, Nepal, and a role-play debate between Western-rooted professional social work and Buddhist social work shared by Sopa Onopas, Secretary General of Social Work Professions Council, Thailand, and H.M.D.R. Herath, to explore their commonalities and differences.

Research: The expansion of “Buddhist ‘Social Work’ Activities in Asia” research

(a) *The expansion of subject countries and the publication of the ARIISW Research Series*

The Shukutoku five-country research project “Buddhist ‘Social Work’ Activities in Asia” (above; p. 96) was expanded to include all 12 Buddhist-majority countries³ and regions in Asia. The results were published with various additional articles whose topics were chosen by each team in the form of a series of books by country. For example, the Sri Lankan volume includes topics on “Disproving Weber’s statement as Buddhism is an asocial religion” (Narada, 2020: 153-168) and “Conflict resolution” (Shanthawimala, 2020: 169-175).

ARIISW assigned Josef Gohori as the Series Chief Editor. Volumes No. 1 Mongolia, No. 2 Vietnam, No. 3 Laos, No. 4 Thailand, No. 5 Sri Lanka, and No. 6 North America were published by 2020. Volume No. 6 includes interviews with North American colleagues who shared various interest with our Buddhist social work study/journey and the record of a small group discussion with ARIISW researchers. Volumes No. 7 China and Taiwan, and No. 8 Cambodia and Myanmar, were also published in 2022. [Volumes No. 9 Nepal and Bhutan and No. 10 South Korea and Japan were published in 2023 and 2024 respectively.]

Exploring Buddhist Social Work (ARIISW Research Series)

- No. 0 *From Western-rooted Professional Social Work to Buddhist Social Work*. Gohori, J., Akimoto, T., Fujimori, Y., Kikuchi, Y., and Matsuo, K. (eds). 2017.
- No. 1 (Mongolia) *Growth of the Buddhist Social Work Activities in Mongolia*. Gohori, J., and Ogawa, H. (eds.). 2018.
- No. 2 (Vietnam) *Vietnam Buddhism: From Charity to Buddhist Social Work*. Nguyen, H. L. (ed). 2017.
- No. 3 (Laos) *The Current Situation of Buddhist Social Work in Lao PDR*. Shibuya, S., and Sanesathid, O. (eds). 2018.
- No. 4 (Thailand) *Buddhist Social Work: Roots and Development of the Social Welfare System in Thailand*. Matsusono, Y. (ed). 2019.
- No. 5 (Sri Lanka) *Buddhist Social Work in Sri Lanka—Past and Present*. Akimoto, T. (ed). 2020.
- No. 6 (North America) *Towards New Horizon Beyond the Buddhist Social Work*. Gohori, J. (ed). 2020.
- No. 7 (China/Taiwan) *Buddhist Social Work in East Asia: Chinese Buddhism and Taiwanese Buddhism*. Fujimori, Y. (ed). 2022.
- No. 8 (Cambodia and Myanmar) *Buddhism and Social Work in Cambodia and Myanmar*. Gohori, J., and Matsuo, K. (eds). 2022.
- No. 9 (Nepal/Bhutan) *Buddhism and Social Work in Nepal and Bhutan*. Gohori, J. (ed). 2023.
- No. 10 (South Korea/Japan) *Buddhist Social Work in East Asia: South Korea and Japan*. Fujimori, Y. and Gohori, J. (eds). 2024.

³ Nepal is not a Buddhist majority country but was included because of its importance in Buddhism.

(b) *From the collection of good practice cases to census-type research for representative measurement*

The Shukutoku five-country research “Buddhist ‘Social Work’ Activities in Asia” (above; p. 96) was expanded from a collection of good practices to a test of their representativeness. Census-type research was originally planned in Sri Lanka at the national level, but implemented at the district level, because of the lack of resources, in the sub-districts of Anuradhapura and Polonnaruwa in the North Central Province. Researchers visited all 406 temples in the subject areas and found that most temples had a monk/nun or a few who were engaged in Buddhist social work activities, all of whom practiced Theravada Buddhism. The research was originally designed as practice-based research (PBR) for program/curriculum design. The researchers identified the following activities as social work with their respective frequencies. (Table 1) Casework, group work, and community work activities were identified. (No. 5, 2020: 63-66)

Table 1: Identification of Social Work Activities of Interviewed Buddhist Monks and Nuns

<Activities>

1	Participate in all the social events related to birth and death among families. Even for weddings, the community informs monks regarding blessings
2	Organize early learning centers/youth clubs/women organizations
3	Head of community organizations
4	Behavior and character development classes for young people, family visits, settle family disputes/work as arbitrators/settle social disputes and communal disputes, work as justice of the peace
5	Participate in disaster-prevention activities, relief work, and house construction. Organize labor for house construction for poor families, clothing donation, food donation, medicine donation activities. Provide clean water and kidney donations. Organize blood donations. Provide food and medicine for patients in cancer hospitals
6	Buddhist counseling activities and physiological healings
7	Herbal and Ayurvedic treatments
8	Elderly homes (sic), children’s homes, homes for people with disabilities
9	Run free medical camps. Visit hospitals and provide medicines, organize education tours for young kids and older adults, organize eye clinics
10	Visit prisons, advise prisoners, inquire and negotiate with authorities on prisoner welfare, counseling for prisoners
11	Engage in village development activities. Work as proxy to support and obtain support from the government or any other private institutions for families or villages
12	Introduce water management practices for agriculture

13	Seed distribution. Organize plowing, planting, disease prevention, and crop harvesting activities
14	Teach in schools, universities, and monks and nuns' colleges and schools for vocational training for children who dropped out of school

Source: The first and second columns of Table 3-1.3, No. 5, 2020: 64-65.

<Frequency>

*100% of the interviewed monks [hereinafter same] and nuns participate in all social events related to birth and death among families. Even the wedding, community informs monks and nuns of blessings.

*91% of monks and 94% of nuns organize early learning centers, youth clubs, and women's organizations.

*100% of monks and nuns are the heads of community organizations.

*73% of monks and 68% of nuns are engaged in behavior and character development classes for young people, family visits, the settlement of family disputes, working as arbitrators, the settlement of social disputes and communal disputes, and working as that justice of the peace.

*100% of monks and nuns participate in disaster prevention activities, relief work, and house construction, and organize labor for house construction for poor families, clothing donations, food donation, medicine donation activities, provide clean water and kidney donations, organize blood donations, and provide food and medicine for patients in cancer hospitals.

*100% of monks and nuns participate in Buddhist counseling activities and physiological healing.

*13% of monks participate in Herbal and Ayurvedic treatments. (No nuns were engaged.)

*4% of monks were involved in running homes for older adults, children's homes, and homes for disabled people.

*72% of monks and 12% of nuns visited hospitals and provide medicines, organize education tours for young children and older adults, organize free medical camps and eye clinics, and provide purified water for the community to prevent deadly kidney disease hospitals.

*13% of monks and 4% of nuns visit prisons, advise prisoners, inquire about and negotiate with authorities on prisoner welfare, and practice counseling for prisoners.

*100% of monks and 88 % of nuns engage in village development activities, work as a proxy to support and receive support from the government or any other private institutions for village families.

*62% of monks engage in the introduction of water management practices for agriculture, seed distribution, the organization of plow, planting, disease prevention, and crop harvesting activities. No nuns were engaged.

*22% monks and 6 % nuns were teaching in schools, universities, monks, nuns' colleges, and schools for vocational training for school dropout youngsters.

Source: No. 5, 2020: 63-64.

The Thai team also conducted quantitative research encompassing all 1337 temples in Chiang Mai Province. The questionnaires were post-mailed; 232 responses were received. (Ando, 2019: 111-142)

Asian Buddhist Social Work Research Network

Participants in the ARIISW-led Buddhist social work research activities formed the Asian Buddhist Social Work Research Network for information, ideas, and opinion exchanges, and research cooperation in the future at the 2nd Forum held in Chiba, Japan, in March 2017. It started with approximately 20 members; however, as of the end of 2021, the number of network members reached 70, and 250 scholars and cooperators are in close contact.

ABC Model

The first theoretical achievement was the construction of the ABC Model⁴, which clarified the three different usages of the term Buddhist social work. (Figure 2 and Table 2). In the early days of the journey, the Asian Research Institute for International Social Work (ARIISW) at Shukutoku University identified three different variations of Buddhist Social Work to formulate them as the ABC Model.

Model A: Buddhist social work is Western-rooted professional social work performed by Buddhists. Nothing differs from the social work performed by typical professional social workers. Only the actors are different. For example, in

Figure 2: ABC Model of Buddhist Social Work

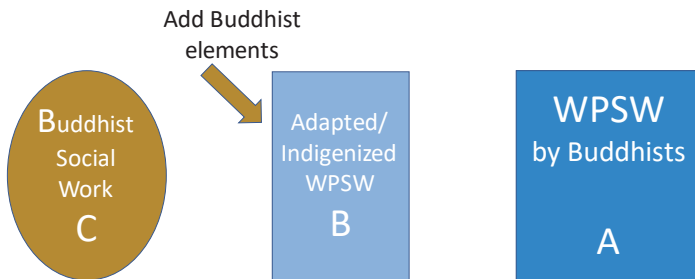


Table 2: Three Meanings of Buddhist Social Work

Model A	WPSW	Performed by Buddhists
Model B	WPSW	Modified or indigenized with Buddhist elements
Model C	BSW	“Intrinsic” or “indigenous”

⁴ It was achieved in the Tatsu Akimoto-led free discussion session with Josef Gohori and Yui Kikuchi in ARIISW.

a community in California, priests, brothers, and sisters perform social work at a church. Observing it, a Buddhist monk in a nearby temple thinks that it is good and follows the same practice.

Model B: Buddhist social work is a modified or indigenized model. Buddhist elements (values, knowledge, and skills) have been incorporated into Western-rooted professional social work. This fits the Western-rooted professional social work model. Based on differences in culture and tradition, social work must be indigenized. However, indigenized social work is still Western-rooted professional social work.

Model C: Buddhist social work differs. It began not with Western-rooted professional social work, but with Buddhist work. It is “intrinsic” or “indigenous”⁵ Buddhist social work.

Many Western-rooted professional social workers may have encountered the term Buddhist social work in Model A—for example, in the NASW Encyclopedia of Social Work together with Christian, Jewish, Islamic, and Hindu social work under the section of Faith-based Social Work.

Model A was the understanding until some years ago, and Model B is a popular understanding today. As long as we remain at the levels of Models A and B, we are accepted and even welcomed by mainstream Western-rooted professional social work. However, once we begin to discuss Model C, we are rejected by mainstream social work in an assertive tone of voice that says “it is not social work,” and “prohibited” from using the term social work. (Akimoto, et.al., 2020: 65-66)

We focused on Model C: Buddhist social work—not indigenized social work (Model B Buddhist social work) but indigenous [Buddhist] social work—for four reasons. Otherwise, it would not be intellectually interesting. University professors, or university participants, pursue something new and different.

⁵ The meaning of “indigenous” is not necessarily identical to that of the United Nations and the mainstream Western social workers. They may define them[indigenous people] as “native people,” who “live within geographically distinct ancestral territories (IFSW; Commentary note of IASSW/IFSW Global Definition),” such as Maori, Inuit, and Ainu in case of Japan. We refer to Buddhist people in Asia as indigenous people and apply our finding of Buddhist Social Work’s ABC Model to indigenous social work in general. Indigenous people in our usage here are not necessarily associated with Western colonization and hegemony, nor are they confined as the minority in their current countries (cf. above Commentary note); however, they must have originated in the community, society, area, region, or nation historically, although “how old” they must go back has not been rigidly specified. Indigenous social work includes Buddhist social work, Islamic social work, Hindu social work, various non-religious social works, Bhutanese social work, Vietnamese social work, Thai social work, and each nation’s social work, as well as social work by indigenous people per the meaning of the United Nations and IFSW’s definition above.

Today, many people, if not all, talk about “indigenization,” or Model B, as they previously talked about Model A, describing Buddhist monks as “Free social workers.” Second, if not undertaken, we will not have our own social work based on our own culture, tradition, life, and society. Each society will feature its own individualized “social work.” Without it, society cannot sustain itself. Thirdly, unless we construct Buddhist social work with the same status as Western-rooted professional social work, not under it, we cannot demote the current social work, Western-rooted professional social work, to a relative position from a perceived sole absolute monarch position. Consequently, Western-rooted professional social work and Buddhist social work stand in parity.

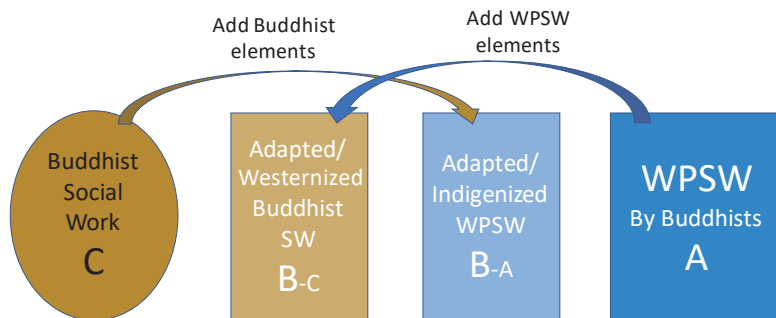
Finally, even when we discuss Model B, it is unclear which indigenous [Buddhist] elements (values, knowledge, and skills)⁶ to include without overlapping with Model C, at least conceptually. Words, terms, and concepts that are used today as Buddhist features or in reference to a different culture tend to be commonsense patchwork pieces or impulses in daily life, and have not been rigorously examined.⁷ For example, are “cause and effect,” respect for others, compassion, help without expecting reciprocation, and coexistence genuinely Buddhist features of our society? We must holistically understand what Buddhist social work is.

We are interested in understanding indigenous [Buddhist] social work and its present and future development, and not the “indigenization of” nor “how to indigenize” of Western-rooted professional social work. (Akimoto, 2021:16; cf. Akimoto, 2020: 67-68)

The above ABC Model Figure 2 has been further developed into the following figure to ensure a better understanding of Buddhist social work. There are two Model Bs: Western-rooted professional social work, to which Buddhist elements are added (B-A), and Buddhist social work, to which Western-rooted professional social work elements are added (B-C). The relationship between Western-rooted professional social work and Buddhist social work has been shown to be more impartial and appropriate.

⁶ IASSW/IFSW’s Global Definition refers to “indigenous knowledge” as one of the foundations that underpins social work engagements with interest in their “invaluable contribution to science,” but not to the indigenization of social work directly. (Commentary note)

⁷ Most of what they mention as the feature or uniqueness of their culture or “Buddhist social work” is common to other cultures such as “Islamic social work,” “Christian social work,” or even “Western-rooted professional social work.”

Figure 3: Refined ABC Model of Buddhist Social Work

Working framework and definition

In December 2017, an expert meeting was held in Hanoi to discuss the curriculum design and definition of Buddhist social work. Colleagues from Vietnam, Sri Lanka, Thailand, and ARIISW participated in the meetings. Two definitions were formulated—one based on Model B (Akimoto and Hattori, 2017: 7)—by attendees who participated in this group for the first time, and the other on Model C. Model C is defined as follows:

Working Definition of Buddhist Social Work

Buddhist Social Work involves human activities¹ to help² other people³ solve or alleviate⁴ life difficulties and problems⁵ based on Buddha-nature⁶. Buddhist Social Work always finds causes to work on in the material or social arena, as well as in the human or inner arena, working on both arenas in tandem⁷. Its fundamental principles include compassion, loving kindness⁸ and mutual help, and interdependency and self-reliance⁹. The central value comprises the Five Precepts¹⁰. The ultimate goal is to achieve the wellbeing¹¹ of all sentient beings¹² and peace¹³.

The small numbers on shoulder footnotes, which have been omitted here and include various interpretations, opinions, ideas, and proposals, as well as questions and objections submitted during the discussion, were recorded. (See the expert meeting report. Akimoto, T. & Hattori, M. (2018). *Working Definition and Current Curricula of Buddhist Social Work*. Faculty of Sociology, VNU University of Social Sciences and Humanities, and Asian Research Institute for International Social Work, Shukutoku University: 3-6)

It may appear to resemble the IASSW/IFSW Western-rooted professional social work Global Definition in composition. It was intentionally adopted in consideration of its communicability with Western-rooted professional social

work colleagues. However, features or the essence of Buddhist social work can be identified, for example: Buddha-nature, the focus on one's inner arena, compassion, loving kindness and mutual help, and interdependency and self-reliance as fundamental principles; five precepts; and the well-being of all sentient beings and peace as the ultimate goal. Behind it lies such philosophy and teachings of Buddhism as self-help and relief to others, non-self/empty-mind, not reducing sufferings temporarily but solving the root-cause with a long-term view, etc.

Comparative differences with the Western-rooted professional social work International and Global definitions (2001; 2014) are apparent—binary/oppositional thinking, individualism, self-actualization, self-centeredness, social justice and human rights, having a profession and being a professional, who must have a job, for money and living, etc.

This working definition was drawn from *The Working Framework of Buddhist social work* (below), which was constructed before the definition of its preparative work.

The Working Framework of Buddhist Social Work

1. **Ultimate goal:** Achievement of the well-being of all sentient beings and peace and happiness
2. **Immediate goal:** Alleviation and solution of sufferings of human beings
3. **Its operationalization:** Sufferings → Difficulties and problems in life
4. **Their concrete expression or the scope of service/help:** poverty, orphanage, disabilities, old age, diseases, HIV/AIDS, disasters, etc.; conflicts, civil wars, and wars
5. **Understanding of their causes:** (a) problems on the societal side and (b) problems on the human side, for example, greed and selfishness. [The cause of many social problems is capitalism and the human problems behind them].
6. **Approach:** To alleviate and solve an individual's life and social problems. To take action at both the individual and society levels. [Community/social development is included.]
7. **Fundamental Principles:** Care and compassion, loving kindness, mutual help, interdependency and self-reliance, building and bonding of human relations, etc.
8. **Central values:** Five precepts*
9. **Subjects of practice (Actors):** Buddhist temples, monks/nuns, lay Buddhists, and general people [Buddha nature resides in all people.]
10. **Objects that the subjects work upon:** Human beings in the broad political, economic, social, and cultural context, all sentient beings, and gods; human relations; institutions, organizations, and systems.
11. **Viewpoints lying at the foundation:** Buddhist views, philosophies, and teachings

- * “The five precepts constitute the most basic moral code in Buddhism. They consist of the determination to refrain from: 1 Taking life 2 Stealing and cheating 3 Sexual misconduct 4 Lying 5 Alcohol and all substances drugs.” (Ajahn Jayasaro. (2013). *WITHOUT and WITHIN Questions and Answers on the Teachings of Theravāda Buddhism*. Bangkok: Buddhist Indapanno archives. p. 200.)

Where are we now?— Steps to take

Steps to take now, after establishing the Working Definition, are as follows:

1. To test and refine the working framework and definition

The framework and definition are the working framework and definition, respectively, and are tentative in nature for improvement. Created through extraction and examination during discussions of participants, they must be improved or even replaced through testing and examination by Buddhist theories and teachings, empirical research, historical review, and practice. The effort of the test and examination through empirical research has started with the ARIISW’s initiation of two joint research projects: (a) “What Buddhist Social Work Can Do While Western-rooted Professional Social Work Cannot Research”⁸ and (b) “Social Work’ Needs & Providers Research.”⁹

2. To contextualize the discussion to date, in ① research, ② education (programme and curriculum design), ③ policy and programme development, and ④ practice.

For the formation of the working definition, we intentionally discussed

⁸ The purpose of the research was to extract and test the difference, features, and core elements of Buddhist social work empirically.

The methodological requirement to select two communities with similar conditions—one with Buddhist social work and the other with Western-rooted professional social work—did not seem appropriate, and observational research was difficult. It was difficult to find communities where Western-rooted professional social work was in practice. While government agencies were supposed to be practicing Western-rooted professional social work, the actual practices implemented were diluted, “modified/indigenized,” and may have been far from Western-rooted professional social work due to the lack of resources, knowledge, and experience. As a byproduct, we reconfirmed that Western-rooted professional social work could not be found in most communities and districts. Some characteristics were not empirically, but carefully extracted. Sri Lankan, Vietnamese, and US researchers participated in the research.

⁹ In most villages and communities, no Western-rooted professional social work (ers) existed, even though people there have various difficulties and problems or “social work” needs. Then, where or to whom do the people go for help or to fill their social work needs? Certainly, people go somewhere or to certain people for help. Vietnam, Sri Lanka, and Thailand researchers participated.

excluding contextual factors. We focused on the core elements across the differences to maintain a consolidated body, thus, preventing fragmentation. Each country or society has a different culture and tradition, and diverse political, economic, and social conditions. Buddhism itself may vary—Theravada, Mahayana, and Vajrayana, with many different sub-sects in each—and some people even believe that Buddhism is not a religion but a social philosophy or a congregation of teachings for living.

Regarding program and curriculum design, each participating country discussed a different approach based on its specific contextual conditions in the Hanoi expert meeting [2017] and the Sri Lankan workshop [2019].

3. To start and/or promote independent activities and journey by country in research, education, practice, strategy, and organization.

Thus, central leadership is necessary. However, this is the time when each team/country takes initiative. A team/country or a few may experience a lull at certain points in time, while other teams/countries continue to serve and promote Buddhist social work. After a while, countries that took a break may awake and return to actively participate. Someday, Buddhist social work will survive, grow, and flourish in full bloom.

Before and during the February 2020 Sri Lankan Workshop, the need for independent activities was emphasized and encouraged: Thailand had started study group activities among two Buddhist universities and community people, Mongolia promoted cooperation among internal organizations (faculties and departments) of universities and organizations in communities and organized international conferences twice. Sri Lanka showed a deep interest in both theory and practice arenas. Vietnam has conducted independent research. Ven. Omalpe Somananda Thero of Sri Lanka sent an application for the ARIISW Visiting Researcher Scholarship Program for his Ph.D. thesis on the application for and replacement of *Sutta Pitaka*¹⁰ for Western-rooted professional social work.

In December 2019, the Forum (at the Japanese Association for Social Work Education, Tokyo) was reported and summarized. While Buddhist Social Work has continued to grow to the current day, it has just begun. It will take several years to grow into a full-fledged tree. Before then, we may need to experience reincarnation once or twice....

¹⁰ *Sutta Pitaka* is a part of the collection of basic scriptures of Buddhism called *Tripitaka* (“three baskets”). The *Sutta Pitaka*, the first part (basket), contains philosophical texts, teachings, discourses, and stories that Buddha taught to various audiences. The other two parts (baskets) of *Tripitaka* are *Vinaya Pitaka* (contains rules and principles of monastic life) and *Abhidhamma Pitaka* (contains analysis and comments). In his research, Somananda focused primarily on Pali Canon which represents early Buddhism.

A note to people who have already started their journey to Buddhist social work**• Buddhist-rooted Social Work, not Buddhist Social Work**

We began our journey with the term “Buddhist social work” and have been walking with the term until today, including this chapter. However, more appropriately speaking, the term should have been replaced with “Buddhist (or Buddhism)-rooted social work” in most cases, including in the left circles (Model C) in the ABC model figures on pages 102 and 104. We have used “Western-rooted (professional) social work,” including the right circles in the same figures, avoiding “Western social work.” The reason is the same. “What is Buddhist social work?” would be difficult to answer as is “What is Western social work?” There are numerous understandings and interpretations on Buddhism itself—Theravada, Mahayana, Vajrayana, with countless subsects under each and by country. Some people may even refuse to refer to Buddhism as a religion. Some call it social philosophy, or a system of teachings for living (c.f. p. 107). Each person should be able to discuss social work based on the Buddhism that they understand and interpret.

• Buddhist social work, not Buddhism itself

We have been exploring Buddhist social work, not Buddhism itself. However, many students have simply named Buddha himself as the best and supreme social worker, cited his first speech to his disciples and repeated sufferings, the Four Noble Truths, and the Eightfold Path, etc. in their papers and presentations. Without distinction, we do not need to discuss Buddhist social work. To deepen our exploration, we delineated a part from the whole. We remain uncertain whether this thinking and approach are allowable as Buddhism, but on the condition to be “allowable,” Buddhist social work embarked. (Akimoto, 2017: 31-32, 40)

Appendix: Contribution to the Development of Social Work

- Rejection of social work=Western-rooted professional social work or monopoly of social work by Western-rooted professional social work
- To make social work that of the word—neither globalization nor the indigenization of Western-rooted professional social work.

Our Buddhist social work study/journey was and is for Buddhist social work, and will continue for hundreds of years. However, it contributes to Western-rooted professional social work and social work as a whole, beyond Buddhist social work.

Buddhist social work originated from Western-rooted professional social work. (p. 94). Without Western-rooted professional social work, Buddhist social work could not have emerged. Debt must be repaid. We would like to return the gift of gratitude.

A return to Western-rooted professional social work

What do we return? The content of the gift is a suggestion “to be modest.”

Western-rooted professional social work, which had its roots in Europe and matured in North America, now wants to become that of the world (the third stage). This is all right. But how? By disseminating and promulgating itself over the entire world with the understanding and belief that “Social Work=Western-rooted professional social work.”¹¹

However, this method is inappropriate or impossible. It is typical globalization in the sense that the center forces its own (including values and standards) to the peripherals. Some people have even referred to the expansion of Western-rooted professional social work as “social work imperialism/colonialism.”

Western-rooted professional social work cannot serve all people in the world because (1) the culture and tradition in each society are different; (2) political, economic, and social conditions are also different (e.g., postindustrial society vs. preindustrial society, even accepting the convergent theory); and (3) the resources of Western-rooted professional social work are insufficient. It could never serve and assist all 7.7 billion people [2019] in the world’s 200 countries and regions, and has actually not served most of them thus far. Buddhist social work has demonstrated this.

The establishment of Buddhist social work outside Western-rooted professional

¹¹ In the 2014 IASSW General Meeting, the IASSW/IFSW Global Definition of Social Work was discussed for approval and approved: is → could neglect the Robert Rules of Orders

Tatsuru Akimoto made a motion to replace “is” in the first sentence, “social work is a profession.....,” with “could be.” However, the chair and other leaders ignored the motion and neglected the Robert Rules of Orders.

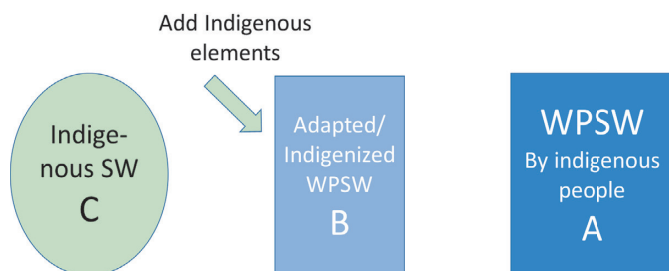
social work means the rejection of the above equation or the monopolization of social work by Western-rooted professional social work. It resituates Western-rooted professional social work to a relative position, one that is equivalent to other variations of social work, rather than one that is sole and absolute and rejects other forms of social work.

Replace “Buddhist social work” with “Indigenous social work.”

Now let us replace the term “Buddhist social work” in the main body above of this chapter with the term “Indigenous social work” and generalize the discussion on Buddhist social work to one on Indigenous social work in general. Buddhist social work has been deemed as a form of Indigenous social work. The meaning of “indigenous” here is not necessarily the same as that of the United Nations and IFSW.¹²

The parallel arguments regarding Buddhist social work expressed thus far could be applicable to indigenous social work in general. For example, in Figures 2 and 3 (pp. 101, 104), “Buddhist” has simply been replaced with “indigenous” in the ABC Model.

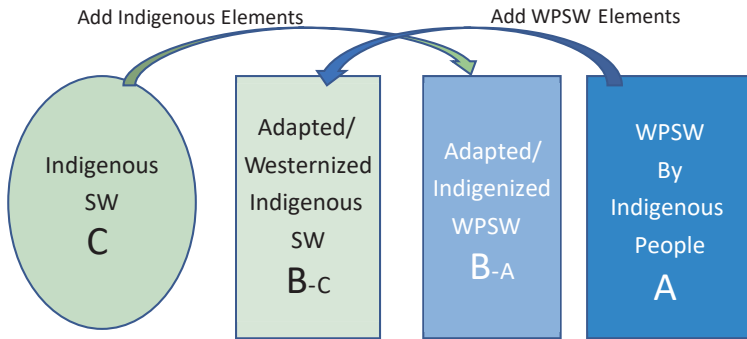
Figure 4: Buddhist Social Work’s ABC Model transformed into indigenous Social Work’s General Model



Three (or four) meanings for indigenous social work can be proposed. Model A is Western-rooted professional social work performed by indigenous people. Model B-A is Western-rooted professional social work modified or indigenized with additional indigenous elements. Model B-C is indigenous social work modified with Western elements. Model C is “Intrinsic” indigenous social work. Both the highly lauded acceptance and the harsh rejection by mainstream Western-rooted professional social work are the same as for Buddhist social work presented in the previous section. (p. 102)

Models A and B-A are not new. Specifically, writing and discussion under

¹² See Foot note 5, p.102.

Figure 5: Refined ABC Model of Indigenous Social Work—A generic model

Model B-A have been popular in social work discourse. Here, we focus on Model C. Our interest is in “indigenous social work,” not “indigenized (Western-rooted professional) social work,” and “indigenization of Western-rooted professional social work” (Model B-A). Various indigenous social works exist in the world, although they may not have used the language “social work,” nor are they conscious of it.

Unless people begin with their own indigenous practices in their own community, they can never fulfil their own social work. In the next stage of social work, it becomes that of the world for the first time, connoting all these equally. We, via social work, could serve and help all people in the world and fulfil our social work mission. (cf. Akimoto, et al. 2020: 20)

Worldwide social work can never be achieved through the dissemination and promulgation or globalization of Western-rooted professional social work alone, nor through indigenization. This can only be achieved by understanding “indigenous” social work in all parts of the world and embracing them into the concept of social work.

The discussion of Buddhist social work, including the ABC Model, would contribute to the development of Western-rooted professional social work (the horizontal blue arrow line in Figure 1) and social work as a whole (the horizontal green arrow line).¹³

We humbly request Western-rooted professional social work to be more modest. In the previous section, we (1) established that Buddhist social work falls outside of Western-rooted professional social work based on our own culture, life, and society, and (2) resituated Western-rooted professional social work from the position of the sole absolute form to one that is equivalent to other types of social

¹³ Actually, many additional arrow-lines should be drawn next to the blue and brown lines. The central green arrow social work line would connote all of them.

work. In this section, replacing Buddhist social work with Indigenous social work to generalize the discussion, we clarified (1) what social work at the third stage¹⁴ (or social work that is mutually acceptable to the entire world) looks like and (2) how it can be attained.

Some people are interested in making social work something truly of the world, i.e., a common asset of the entire world. For the reader's reference, we leave a letter addressed to Western-rooted professional social work:

¹⁴ From the perspective of non-Western-rooted professional social work, it is the first step of another form of social work. (Akimoto, et al., 2020: 20)

21 December 2019

Dear Western-rooted Professional Social Work,

We respect your efforts and achievements thus far and look forward to further developments.

However, please do not proclaim that the only Western-rooted Professional Social Work—or the work of professional social workers—is the sole definition of social work, disregarding alternate forms of “social work” practiced by other people. You are not entitled to monopolize social work. Other forms of social work can also exist.

On Earth, vast numbers of people experience difficulties and problems in their lives. In most countries, regions, areas, and districts, you are not present, or your form of social work is not appropriate for them. You seem to pacify non-Western-rooted Professional Social Work people with the term of “indigenization,” but indigenized social work is still Western-rooted Professional Social Work.

Social work is social work, regardless of who practices it by relying on various forms of indigenous social work. Otherwise, we cannot deliver the social work that we love to the overwhelming majority of people suffering in the world.

Social Work would like to serve people. We would like to make social work something true in the world. Let us lead social work to its next stage together, and not to the globalization of Western-rooted professional social work.

In solidarity,

Tatsuru Akimoto, Yusuke Fujimori, Josef Gohori, Kana Matsuo
Asian Research Institute for International Social Work (ARIISW)
Shukutoku University
The 4th ARIISW International Academic Forum
Tokyo, Japan

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Chapter 6

Buddhist social work: From now on

Josef Gohori¹

Introduction

In the previous section, Akimoto thoroughly reviewed the journey of Buddhist social work. Based on field surveys, comparative studies, many discussions, and analyses, and even empowered by the working definition, Buddhist social work is still a very young and immature concept. Even the research series highlighting activities in more than 12 Asian countries and regions is entitled “Exploring Buddhist social work.” We are still exploring, questioning, and describing this concept. Therefore, it is no surprise to state clearly that the very first mission (which has already begun) is systematization.

Keeping in mind the points and issues summarized in the previous chapter, we should continue to focus on the role of Buddhism in rapidly changing Asian societies. As an organic part of the culture and daily life of many societies in the Asian region, Buddhism and Buddhist monasteries have been providing and involved in many social and community activities for more than 2500 years. We may recognize these activities as a functional alternative to social work (cf. Akimoto, 2014), and during previous research activities, we have extracted and identified many indices showing that Asian Buddhism has ways and methods of assisting people’s lives, underpinned by Buddhist teaching and philosophy.

Because various activities provided by Buddhists throughout Asia are still not recognized and (aside from some interest in socially engaged Buddhism) almost no previous research has been conducted on this topic in the field of social work and social welfare, it is necessary to identify the actual state of Buddhist social work activities in mainstream Asian countries. To do so, we have begun to collect basic data that is essential to complete the picture of the present state of Buddhist social work activities in Asia. In addition to joint research, we have organized international academic forums, workshops, and expert meetings and have already published 17 academic books mapping Buddhist social work activities all around Asia, a part of the research series entitled “Exploring Buddhist Social Work.”

¹ A part of the “Buddhist Social Work” section, composed of Dr. Akimoto’s text and this manuscript. Reviewed and revisited version. December 2022.

Impact on social work education and practice

Joint research, as well as the above-mentioned forums and research book series, have a huge impact. In Sri Lanka and Thailand, our counterparts have begun educational activities focused on Buddhist monks and nuns to develop and establish a curriculum for Buddhist social work². In Vietnam, a project focused on drug addiction, combining Buddhist therapy and intervention by Buddhist monks, was launched by our colleagues. In Mongolia, after two decades of following the Western-rooted model of social work, influenced by the Buddhist social work joint projects, scholars and researchers started to shape social work education and practice to fit the Mongolian Buddhist tradition and be culturally relevant.

Moreover, recognizing various activities provided by Buddhist temples, monasteries, and Buddhist followers in Asian target countries and regions as Buddhist social work has led to the emancipation and re-thinking of these activities. This raises a question about the indigenous content of social work, in relation to the essential content of social work.

Therefore, we may clearly state that research on Buddhist social work should be continued because of its great impact on the further development and enhancement of social work practice and education in the entire Asian region.

Asian Buddhist Social Work Research Network

In 2017, we launched a research network combining scholars, practitioners, and students. Presently, more than 70 members from more than 12 countries are united in the network, and approximately 250 scholars and collaborators are registered to receive news and publications. The Asian Research Institute for International Social Work (ARIISW) at Shukutoku University in Japan has played a crucial role in maintaining network activities and serves as a hub. As a host of academic meetings and workshops or as a planner and organizer of field research activities through my affiliation with the above-mentioned research institute, I have been coordinating with our counterparts and colleagues from all other countries.

Future research should focus on fostering and developing research networks. I would like to emphasize that neither the research nor the network could have been accomplished without the pivotal role of Japanese scholars and institutions. However, in the past months, an increasing number of colleagues from various countries, especially Mongolia, Sri Lanka, Thailand, and Vietnam, have demonstrated increasing leadership. To continue the international and

² Both institutions, Mahamakut Buddhist University in Thailand, and Buddhist Pali University in Sri Lanka, are Buddhist universities, however, courses are opened for laypeople.

interdisciplinary project on Buddhist social work, it is necessary to foster a research network and empower the role of coordinators at the local level.

Despite the COVID-19 pandemic, the network has proven its flexibility and perseverance. We organized a webinar series that highlighted Buddhist social work activities during the pandemic. We should mention that not only the research network, but also Buddhist social work itself, demonstrates a high capability to respond when necessary. Regardless of the many restrictions, Buddhist temples in Thailand and Sri Lanka were ready to assist people in extremely difficult times. This response became the main topic of the session held as part of the international conference Open Mind Mongolia 2021, jointly organized by the National University of Mongolia and the Asian Research Institute for International Social Work, Shukutoku University in September 2021. I would like to emphasize that this was the first time the organizer released calls for papers widely without requesting co-researchers or counterparts involved in joint projects to participate. To the organizers' surprise, 12 presentations from Sri Lanka, Vietnam, Japan, Mongolia, and Thailand were submitted. It was necessary to split presentations into two sub-sessions; however, it was still not enough time to discuss the content of all presentations more deeply. At the 2021 International Conference, we could see that a huge interest and potential in this field was shared not only among the co-researchers involved in previous activities. Accompanied by many audiences and keynote addresses from Nepal and the United States, the participants realized that Buddhist social work has been recognized internationally. However, listening to the presentations, it is clear that the concept needs to be refined and systemized. It is obvious that the common axis is not yet shared in order to provide a solid foundation for debates and discussions. Moreover, the working definition of Buddhist social work should be tested and verified to provide a sufficient framework and foundation for multiple approaches in related fields. This point is discussed in the following paragraphs.

Systematization of Buddhist social work

Based on previous research, we have already achieved a working definition of Buddhist social work, and we have made certain efforts to create a picture of the present state of Buddhist social work activities in the Asian region. However, the concept, theory, and practice have not yet been systematized and conceptualized. Systematization might be a lengthy process; however, at this stage, it is necessary to focus on the following four categories.

Theory

The Buddhist teachings and philosophies that underpin Buddhist social work activities must be reviewed and systemized. Some values and concepts, such as loving-kindness or interconnectedness, have already been recognized as crucial

in this field but have not yet been systemized. Moreover, in further discussions, differences between regions and schools should be highlighted to extract theories and values that are broadly acceptable in all mainly Buddhist countries in Asia.

Education

We created a picture of the present state of various activities provided by Buddhists in the Asian region. However, it is necessary to clarify how the knowledge and skills of Buddhist Social Work have been accumulated and transmitted, which are both essential parts of the education process. Identifying and clarifying this issue may help us not only to design the Buddhist social work curriculum, but also to design the theory and concept of Buddhist social work.

Practice

We are already aware of the spectrum of various activities provided by Buddhists, Buddhist monasteries, and temples. But the question of “How?” remains unanswered. Participant observation surveys and emic and ethical approaches must be employed to clarify how Buddhist social work has been practiced.

History

Without clarifying historical development, the systematization of the Buddhist social work concept is not possible. We need to identify the history of Buddhist social work activities in all target countries more deeply by referring to specific historical documents.

All four categories are essential for proceeding with the conceptualization and systematization process of Buddhist social work. Without a clear concept and definition and clearly identified knowledge, theories, and methods, Buddhist social work will never be recognized as a distinctive field within the social work framework. In recent years, the indigenization and indigenous content of social work have been highlighted in the U.S., Australia, New Zealand, and other regions. Addressing the same indigenous issue in mainly Buddhist countries in Asia, focusing on Buddhist social work is crucial for the further development of social work in the entire region. Without Buddhist social work, the picture of distinctive and self-confident Asian social work will never be complete.

Searching for the essential part of Buddhist social work³

While systemizing the concept of Buddhist social work, we should keep

³ This part is an edited version of the article entitled “Beyond the comparative study: An attempt to touch the essence of Buddhist social work.” Published in 2020.

in mind the following features, all of which correspond to the core part of this concept.

The subject

Many times, we have heard that Buddhist followers help not only clients, but also living beings. However, Huong (2020) reported a clear difference between client-centered social work and Buddhist practice, which does not distinguish between humans, animals, or plants. This kind of ultimate equality is deeply related to the Buddha's teaching, reflecting the Buddhist worldview and value system, which is different from the hierarchy we recognize from monotheistic religions, such as Christianity and Judaism. Needless to say, this value system has been shaping the way society is constructed and is recognized by its members. It allows people in Vietnam and Sri Lanka to recognize mangrove forests or animals as members of society, and as subjects of social work.

This factor may bring us to the debate on universalism and relativism (Ives, 2017). Although this empirical study does not provide enough evidence to meaningfully participate in and contribute to this debate, we should be aware of the research of Hofstede and others. They have proven that in many cases and various areas (not only in social work) we often tend to use systems, theories, and methods developed in different environments, societies, or cultural backgrounds that are not compatible with the subject (Hofstede, 2001). You may argue that as a social worker (using the environmentalist approach), you should respect the clients' culture and network around them (which will help you adjust your methods of practice to fit the client). However, when souls of the dead or ancestors are also members of society, as seen in Huong's report or as reported from Japan (Smith, 1993; Gohori, 2016), you may notice that the "social" part of the system that we call "social work" is too different to be accommodated or adjusted. Based on a completely different structure, different value systems and patterns of behavior have been derived. Once we accept this different version of "social," social work will never be the same as we know it. This broadly shared emphasis on co-existence, based on the principle of equality in Buddhism, may enrich the Euromerican perception of society, likely revealing some common factors with the ecological approach or green social work adopted by Dominelli (2012).

Rights or responsibilities, that is the question.

As suggested by Waruni Tennakoon (2020) in Sri Lanka, both governmental and non-governmental agencies, following the Western-rooted professional social work concept, emphasize clients' rights, while Buddhist social work practice focuses on clients' responsibilities and behavior. Recognizing an individual as a self-reliant entity with a bundle of rights pushes Western-rooted professional social work into the role of someone who primarily protects and advocates one's

human rights. Alternatively, Buddhist practice, following the teaching of the Noble Eightfold Path (*Ariya atthaṅgika magga* in Pali)— particularly the right speech, right view, and right conduct, and the Five Precepts (*Pañcasīla* in Pali)— starts from one's responsibility for their actions and behavior.

These ethical principles clearly distinguish between what is right and what is not. This may result in criticism or judgment from those who are conducting it ineffectively (such as consuming alcohol). Thus, one is required to correct one's behavior first, as seen in temple-based activities for clients suffering from substance addiction. This may be a delicate topic in the sense of friction and tension between secularism and Christian values in bioethics.

I would like to clarify that this paragraph has nothing to do with criticizing the concept of universal human rights. This discussion focuses on the different paradigms that must be considered. In the case of Buddhist social work, before claiming one's rights, individuals should take responsibility for their actions. One must first follow ethical principles based on Buddhism and then request their rights. This paradigm has been observed broadly in mainly Theravada-Buddhist societies, such as those in Sri Lanka and Cambodia.

Needs and strengths

Sri Lankan's research team reported Western-rooted professional social work and Buddhist social work as practices that focus on diametrically different directions. Waruni Tennakoon (2020) suggests that while Western-rooted approaches tend to improve individuals' skills, the Buddhist approach provides opportunities, positions, and roles that can be active in the community. Moreover, while the main interest of Western-rooted professional social work activities lies in clients' needs, Buddhist activities have been reported to focus more on clients' strengths. One may say that the strengths approach is one of the core components of Western-rooted social work. Therefore, it may be unacceptable for many scholars to recognize it as a characteristic of Buddhist social work practices. One may say that, with its latest methods, theories, and ethical codex, Western-rooted professional social work is not present today in Sri Lanka or Vietnam. This is true, however, we must admit that the way social work is being taught and practiced in Sri Lanka or Vietnam by both governmental and non-governmental (mostly foreign-based or international) agencies is social work. Cox (2013) reinforces that social workers and educators in non-Western countries should be aware that the social work they practice or teach is based on or significantly influenced by Western-rooted social work. Focusing on needs rather than strengths may depend on the actual state and local environment, and may be underpinned by logical justification. However, it is difficult to affirm that this is not Western-rooted social work. Nevertheless, it is. If we use an example from history, we must admit that the role of social work in residential schools in Canada for indigenous people is based on racism, discrimination, and violating basic principles and ethical

considerations. Yet, it was social work. Social workers were involved in this dark chapter of Canadian history. Human activities are always incomplete and imperfect while following ideals (perfect state) or constantly attempting to realize the ideal (perfect) state. Therefore, we should be aware of this paradox.

Professionalism

In most reports referring to activities and practices provided by Buddhists in the Asian region, the authors described Western-rooted social work as professional-based, whereas Buddhist social work activities were reportedly conducted on a mostly volunteer basis. Western-rooted social work is based on the relationship between the social worker (professional) and the client, whereas Buddhist practice occurs on a natural basis within the community and is underpinned by the principle of coexistence in most cases. Social work professionals have a license and receive a salary. In contrast, a person involved in Buddhist social work activities has no license and earns no salary. Various scholars argue that this is evidence that Buddhist social work is neither a profession nor an academic discipline. However, I am afraid that this understanding (or definition of social work) is too narrow to encompass all activities that should be recognized as social work, and this interpretation is too weak to classify Buddhist social work as simply a charity (or volunteer) activity.

In this section, I provide two pieces of evidence that support this idea. The first is how relationships are maintained in clinical practice. As Huong suggested, to be more effective, professional social workers in the U.S. are able to interact with clients only during a certain period (the shorter, the better). By contrast, Buddhist practice is based on a non-ultimate relationship that connects two or more living beings. In other words, the relationship between clients and social workers is replaced by one composed of two equal living beings. Moreover, this relationship does not end after the intervention. It never ends.

The second point concerns the ethical framework. Professional social workers follow an established code of ethics. However, a person providing Buddhist social practice is supposed to follow the five precepts and other rules implemented in the Buddha's teachings. In some sense, these rules may be stricter than professional ethics.

Both aspects require further consideration; however, we may say that the essence is not the simple difference between professionalism and non-professionalism. The profession is sometimes considered to be a highly leveled and transcending volunteer and community-based activity. However, at the same time, the emphasis on providing professional service creates some limits in determining Western-rooted social work. As Loan (2020) pointed out in his report, Western-rooted social work activities with substance-addicts show a high dropout and relapse rate. In contrast, Buddhist activities that consider the community and the social welfare of the community, and based on the principle of loving-kindness

and compassion (as emphasized by Loan), demonstrate remarkable effectiveness.

Monks' social role

As seen in the report from Sri Lanka and previously reported cases from Thailand, Buddhist monks are respected within the community and society. This cultural aspect affected the structure of society, giving the monks the position and instruments to operate in the community.

A Buddhist monk is not allowed to own anything and is expected to follow strict rules to maintain everyday life. As a result, people in the community respect and (very importantly) trust monks and temples. This allows Buddhist monks to organize various social activities and collect the financial support necessary to run them.

In various countries, Buddhist temples are open to everyone 24-hours a day, assisting both Buddhists and non-Buddhists. Fujimori (2020) reported that in tsunami-affected areas in Japan, Buddhist monks are recognized as persons one can talk to, while the same is not valid for social workers active in the same area. This may indicate the special role and position of Buddhist temples (as community places) and monks in Asian Buddhist cultures and societies.

Conversely, we must be aware of the inequality created by placing Buddhist monks in high-ranked and respected positions in society, as seen in many regions of South Asia. These traditional social roles and positions affect the relationship between monks and people in the community and are reflected in how Buddhist social work is practiced. Moreover, particularly in Theravada Buddhism, the number of monks overwhelms the number of nuns (women). This gender gap, making Buddhist social work a “man-’s world,” should be further examined. This is not only because of gender equality and other related concepts and policies being highlighted presently in the social work field, but also because of the gender roles characteristic of Buddhist social work activities⁴.

Shared values and principles

If we talk about human rights, we suppose that we are talking about the same, and that there is a universal principle common to all ethnicities and cultures. However, as I have already pointed out (Gohori, 2019), this does not mean that these principles are understood and interpreted in the same way globally. This brings us back to the question of universalism; however, in this section, I focus on a different vector. In her report, Huong described how Buddhists cope with mental health issues by applying Buddhist teaching (or philosophy) based on the understanding that the world we see is not real. Meaning, the things and phenomena we experience are not real. Based on the concept of non-self

⁴ These issues should be examined while keeping in mind cultural competency and other concepts that respect and reflect the local cultural and society.

(*Anattā* in Pali), Buddhist practice works in different forms of existence. This was misinterpreted by some scholars, such as Weber (Narada, 2020), and recognized as nihilism, which is often a repeated mistake and evidence of a lack of understanding. The principle of the non-self is anything but nihilism. It may sound like a doctrine that is not compatible with modern society; however, a brief review of recent research in quantum physics (Lanza, 2010) shows that Buddhism follows the rules, evidence, and basic principles of the universe. Moreover, the Euromerican perception and philosophical and social constructs, both based on human experience, may be just illusions and mistakes repeated for too long to become a shared truth.

This debate slightly exceeds the area of social work, crossing over to the fields of physics, religion, and philosophy; however, the above-mentioned basic principles necessarily influence not only the methods of practice but also the goals of Buddhist social work. In Western-rooted professional work, practitioners tend to aim to assist clients in solving problems in their everyday lives from a short-term perspective. Even in the case of mindfulness and other Buddhism-based therapies, practitioners within the so-called Western framework focus on changing the client's behavior, feelings, etc. to reduce stress or help the client overcome life crises or problems. In contrast, Buddhism focuses on long-term goals that aim to solve the causes of various problems, and not the problem itself. Applying the teaching of the cause of *dukkha* (suffering), Buddhism indicates how to permanently resolve the cause via enlightenment.

In Western-rooted professional social work, we may name the person-in-environment approach as one of the representative frameworks; in contrast, Buddhist social work, which uses concepts such as non-self or empty-mind, has adopted different principles and obviously differs from person-centered or individual-centered approaches.

What's next?

The first volume of the International Journal of Buddhist Social Work was published online in August 2022. This is undoubtedly one of the directions Buddhist social work will follow in the future. While some articles and papers were acknowledged in academic journals related to social work, social sciences, or philosophy, there was an obvious need for a platform that enables sharing and exchange in this field. This is a necessary step toward developing Buddhist social work as an independent field. Academic activities crystallized in the form of journals might contribute to the systematization and refining of the definition.

The question is whether Buddhist social work can stand alone. It is possible to build a sufficiently solid framework to support this new field. Even if the international journal and other activities are successful, the need remains to interact with the two fields from which Buddhist social work originated. Of

course, the first is Buddhism. For many practitioners and scholars, Buddhist social work is an extension of Buddhist practices. The term “Engaged Buddhism” has been popular in both hemispheres of the globe and is broadly recognized. In some regions and communities, the way Buddhism interacts with the community and involves people’s lives has not changed for centuries. In Buddhist social works, it is necessary to show this difference. An important keyword should be profession. Many scholars (Oyut, 2022; Loan, 2022) have argued that not only a professional license but also high-level professional skills and knowledge are crucial for the further development of Buddhist social work. In rapidly changing societies, practitioners in the field of Buddhist social work should be equipped with a set of skills and knowledge underpinned by Buddhist teaching to address individual, family, and community issues. Somananda (2022) points out that many temple activities are performed ad hoc, and sometimes they only increase the dependency of clients. The above-mentioned systematization process focusing on theory, practice, education, and history may help establish the practical and theoretical framework of Buddhist social work, revealing a clear difference between engaged Buddhism and charity actions. To proceed with this process, interaction between academic scholars and practitioners (monks) is crucial. Not only research, but also the exchange and sharing of methods, know-how, and experience are important to establish Buddhist social work.

Undoubtedly, the second field is social work. Akimoto describes and thoroughly examines how Buddhist social work contributes to social work practice, education, and research. Being strongly influenced by Western-rooted professional social work, social work, as defined by the global definition, has encountered indigenization or decolonization in the past. Observing some actual debates, one may say that indigenization or indigenous social work has been highlighted for a long time and remains in focus. Exploring Buddhist social work and related issues might not only enrich this debate, but also demonstrate one aspect of how to perceive and recognize social work in the Asian context. Buddhist social work might be one of the many directions of social work in the future.

Another context exists in social work that is both religious and spiritualistic. In some regions and countries, this might be a delicate issue; however, coping with religion- or faith-related issues or focusing on clients’ spiritual experiences are fields where social work still requires a lot of work. In addition, Buddhist social work may contribute significantly to this field. One of the pioneers in this field, Edward Canda, pointed out the potential of Buddhist social work (Spiritual Diversity in Social Work Initiative, Kansas University).

As proposed by Akimoto a few years ago, Buddhist social work remains a child. Thus, it has great potential to grow. Alternatively, it has been attempting to find and establish a place in society around the world. As an immature adolescent, it may soon begin a rebellion. This may change the current status quo we are

currently experiencing. However, one thing remains consistently clear—it is Buddha's teaching that supports and underpins this concept. Following this central value, Buddhist social work undoubtedly continues to contribute to the happiness and well-being of all sentient beings. This is for certain.

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**From North America—Experience
of Decolonization, Indigenization,
and Spirituality in North America**

Chapter 7

Ethically and Culturally Appropriate Applications of Buddhist Based Therapeutic Mindfulness in Professional Social Work Settings

Edward R. Canda

Introduction

Therapeutic mindfulness practices have become very widespread in social work, mental health, education, and other human service settings (Canda & Warren, 2013; Dylan & Coates, 2016). They are commonly employed in conjunction with evidence-based cognitive and stress management therapies, such as Dialectical Behavior Therapy (DBT) (Bein, 2014; Haynes, Follete, & Linehan, 2004; McKay, Wood, & Brantley, 2007) and Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 1990; Wisner, Jones, & Gwin, 2010). Although the mindfulness practices are rooted in Buddhist meditation traditions, they are typically removed from that context and applied by social work professionals to support therapeutic goals such as reduction of symptoms related to distress, pain, depression, anxiety, poor impulse control, and suicidal ideation (e.g., Baer, 2010; Coholic, 2011; Dylan & Coates, 2016; McBee, 2008; Siegel, 2010). Therapeutic mindfulness practices are also applied to social workers themselves to promote personal and professional development and to relieve stress and compassion fatigue (Lucas, 2017; Neff & Germer, 2018; Pyles, 2018).

Therapeutic mindfulness is applied in many service contexts, including children and youth, schools, family therapy, immigration and refugee services, community and environmental activism, strengthening therapeutic relationship qualities, elder care, death and dying/hospice services, mental health recovery, and medical social work (Canda & Warren, 2013; Hick, 2009; McBee, 2008). It can support clients to achieve their goals, reduce debilitating symptoms of anxiety, depression, and stress, and promote their well-being as well as broader social and ecological justice. These goals can be congruent with the Buddhist tradition's goal of relieving suffering and promoting insights and enlightenment; however, there can also be losses of deeper spiritual/existential benefits and distortions of values associated with original Buddhist purposes and contexts for meditation. There

is also the possibility of violating social work values related to social justice, culturally appropriate and humble practice, and cross-cultural misappropriation of helping practices (Canda, Furman, & Canda, 2020; Canda & Yellow Bird, 1996). Therefore, this chapter presents a concise reflection about these concerns and guidelines for social workers and other professional helpers to consider when engaging in therapeutic mindfulness practices.

Therapeutic Mindfulness

Therapeutic mindfulness practices help people to cultivate mental qualities characterized by clear awareness of self and environment in the present, moment to moment, with a gentle, nonjudgmental acceptance (Canda & Warren, 2013; Keefe, 2017). Mindfulness opens a space in mind for clear, choice-based responses, rather than actions determined by detrimental habits and triggers of reactions. Clients learn to become unstuck from unconstructive and distracting thoughts, feelings, and habitual reactions (Gockel, 2010; Orsillo, Roemer, Lerner, & Tull, 2004; Shier & Graham, 2011). Mindfulness can deepen insights into life and consciousness itself. Clients are taught exercises to promote these qualities, such as quiet sitting/walking, breath awareness, scanning the body and sensations with clear awareness, and learning how to be aware of the contents of consciousness without being attached to them. These exercises are often connected with evidence-based practices such as Cognitive Behavioral Therapies (Bindseil & Kitchen, 2017; Goleman & Davidson, 2017; Tirsch, Silberstein, & Kolts, 2016). They may also serve as preparation for compassionate activism for social and environmental justice (Pyles, 2018).

I use the term ‘therapeutic mindfulness’ to highlight a distinction between mindfulness practices conducted by human service professionals for therapeutic purposes versus mindfulness practices that are specifically Buddhist in context, form, and purpose. As an example of this distinction, Kabat-Zinn said (as quoted in Boyce, 2005).

“People are just suffering. They’re not looking for enlightenment or meditation or to become Buddhists or to give up their culture... The challenge we are faced with in mindfulness-based stress reduction is how to make use of a vocabulary, structure and format that will invite people into the deep practice of meditation in a way that lets the practice be American. That has happened in every country Buddhism has ever gone to. There are many differences between the Buddhist traditions, yet the heart of it is dharma. At this stage, for Buddhism to become Buddhism it may have to stop being Buddhism. Meditation is not a collection of techniques that belongs to any group. It is a way of being. After all, the Buddha was not a Buddhist.”

Kabat-Zinn has propagated mindfulness related therapies as inspired by Buddhism, attempting to be true to its values, while not being limited to a

traditional Buddhist format.

Many of the developers of therapeutic mindfulness practices were themselves trained in Buddhist meditation, which influenced their innovations. For example, Kabat-Zinn studied and collaborated with Buddhist teachers in various traditions, including Zen Master Thich Nhat Hahn (Vietnamese), Zen Master Seung Sahn (Korean), and the Dalai Lama (Tibetan). Marsha Linehan, founder of DBT, became authorized as a Zen Master (Roshi) in 2012, and integrated Catholic and Buddhist identities and meditation practices with guidance by two Zen teachers who were also Catholic priests. She views Zen as a non-religious practice that includes people of diverse spiritual traditions and cultures (Linehan & Sargent, 2017). She finds similarity between the Zen notions of *kensho* and *satori* (i.e., awakening to one's true nature) and Catholic mystical experience of oneness fostered by meditation and contemplation. She notes a difference between the Zen teacher's guidance for students to get unstuck from current patterns of behavior through meditation, hopefully opening to an experience of oneness, and a behavioral therapist's role to help reduce symptoms of mental disorders. However, she says, both help people to focus on the present moment, to become free of the illusion of independent egoic existence, to cultivate nonjudgmental awareness and compassion, and to relieve suffering.

Professional social work therapeutic applications are commonly engaged without explicit reference to Buddhist traditions, beliefs, rituals, or moral precepts (Bindseil & Kitchen, 2017; Dylan & Coates, 2016). Indeed, they are typically applied in non-religious settings, such as schools, mental health centers, medical settings, hospice services, and substance abuse treatment programs and may or may not address spirituality or spiritually sensitive social work. A major advantage of this is to make the benefits of mindfulness widely available to people of diverse religious and nonreligious backgrounds.

Buddhist Mindfulness

Sati (Pali) or *smṛti* (Sanskrit) is the Buddhist term typically translated as mindfulness. In the Buddhist context, it refers to qualities of concentration, clear attention, remembering to be aware of each present moment, and reflection on life in the light of the Buddha Dharma (Thera, 1962; Nilsson & Kazemi, 2016; Tirsch, Silberstein, & Kolts, 2016). Right Mindfulness (*samma sati*), i.e., keeping the mind from falsifying or distorting influences, is the seventh component of the Noble Eightfold Path. This Path is a foundational guideline in all schools of Buddhism for correct conduct of life that can dissolve the causes of suffering, open up a sense of compassion toward all beings, and bloom the flower of enlightenment. Cultivation of mindful mind is critical to the Buddha Dharma. As the scripture, *The Dhammapada*, says, "The mind is restless. To control it is good. A disciplined mind is the road to Nirvana... No hate can hurt, no foe can harm, as

hurts and harms a mind ill disciplined” (trans. Lal, 1967, pp. 49-50). Reduction of unwanted symptoms is not the primary goal of Buddhist mindfulness practices, though this can be a byproduct. The goal is to cultivate clear mindedness on the path to liberation from the delusion of separate egoic identity, inappropriate clinging to desires, and inappropriate aversions to what is undesirable. As the Vietnamese Zen Master, Thich Nhat Hanh (1987), described,

“If we’re really engaged in mindfulness while walking along the path to the village, then we will consider the act of each step as an infinite wonder, and a joy will open our hearts like a flower, enabling us to enter the world of reality” (Thich Nhat Hanh, 1987: 12).

Mindfulness is a key practice within a total Buddhist path of spiritual disciplines, moral precepts, lifestyle, and mutual support in community (*sangha*, Sanskrit; Canda & Gomi, 2019). Buddhist mindfulness practices can be applied therapeutically in an explicitly Buddhist manner, in many settings such as temple-based meditation and community service programs, Buddhist-sponsored social service agencies, Buddhist hospice and end-of-life care settings, Buddhist chaplaincy, and socially engaged Buddhist activism. Indeed, Buddhist mindfulness can be applied in any service setting when there is a match between a qualified Buddhist social worker or other helper and an interested client.

It should be noted that spiritual cultivation practices that promote qualities of mindfulness exist in many traditions, not only Buddhism (Canda, Furman, & Canda, 2020; Lynn, 2010; Margolin, Pierce, & Wiley, 2011; Yellow Bird, 2013). When these are the basis of therapeutic practices, then these traditions and the values related to them likewise need to be honored. A clear and thorough example is Christian Mindfulness as propounded by Chow Trammel and Trent (2021).

Cautions about Distortion and Misappropriation in Therapeutic Mindfulness

The mission and ethics of professional social work call us to be careful about how we utilize mindfulness practices that derive from Buddhist sources. Social workers are committed to promoting well-being and justice in a culturally appropriate and humble manner, not only to support individual well-being but also to counter discrimination, oppression, and injustice. We need to remain vigilant regarding our profession’s history and current complicity in colonialist, hegemonic, and culturally inappropriate practices, including misappropriating and distorting religiously derived therapeutic activities, such as mindfulness (Canda, Furman, & Canda, 2020; Canda & Yellow Bird, 1996; Lavoie, 2019). In particular, we need to avoid distorting fundamental purposes of Buddhist mindfulness.

For example, therapeutic mindfulness might be applied to people who are experiencing reactivity to harm, trauma, and injustice, and to lessen symptoms

of distress. This could be valuable to reduce harm for the person, but it could also be an enforcement of conformism. Consider the situation of a school social worker teaching a student to be mindful and not 'act-out' in disruptive ways, while ignoring the student's life context of poverty, racism, and trauma. If service stops there, it would be promoting the person's conformity and non-resistance to dangers and structural conditions of discrimination and oppression.

As another example, some human service organizations offer mindfulness training for its workers to help them cope with work related stress and vicarious trauma experienced when working with clients' own experiences of trauma. This could enhance the workers' sense of well-being and reduce distress. However, if this is done merely to increase the workers' compliance with excessive workloads, to dull sensitivity to distressing aspects of organizational behavior, or to defuse legitimate staff complaints about organizational policies and behaviors, the so-called mindfulness could be experienced as organizational abuse of workers.

There is also a danger of contradicting basic principles of Buddhist mindfulness through distorting the practices. For example, if mindfulness is applied in a reductionistic way, only to reduce negative symptoms and to support clients' egoistic desires, it would violate the moral context of mindfulness. Mindfulness should help to dispel egotism, to promote a sense of compassion toward all beings, and to encourage acts of kindness and compassion in daily life.

Guidelines for Appropriate Adaptation of Buddhist Mindfulness to Professional Social Work Practice

These cautions encourage us to consider some guidelines for culturally and spiritually appropriate adaptations of Buddhist mindfulness. These are not intended as rules, but rather as encouragements for care-full reflection about ways that each social worker can share the benefits of mindfulness to relieve suffering while avoiding distortions and misappropriations. This is consistent with the Buddhist concept of 'skillful means' (*upaya*, Sanskrit). 'Skillful means' is reflected in the symbolism of the thousand-hands-and-eyes Bodhisattva of Compassion, which is depicted as a being of compassion with faces turned to every direction with clear perception and empathic sensitivity, and with hands reaching out in every direction, holding tools of many different kinds, to help relieve the suffering of all beings in all situations (Canda, Furman, & Canda, 2020).

First, we can promote therapeutic mindfulness within the context of helping clients to cultivate well-being holistically and reciprocally with others (Lee, et al., 2018; Pyles, 2018). This is similar to Right Mindfulness as a support for cultivating a morally attuned non-egotistical lifestyle, encompassing correct perception, conduct, and meditation. It fits the Buddhist ethical principles of compassion and nonviolence (*karuna* and *ahimsa*, Sanskrit).

Second, while promoting personal growth, problem solving, and symptom relief, we can avoid exacerbating unhealthy egotism and self-preoccupation. This is similar to the Buddhist concept of 'interdependent co-arising' (*pratityasamutpada*, Sanskrit) which recognizes the interconnectedness of all beings and gives rise to compassion for all. Thich Nhat Hanh refers to this concept elegantly as 'interbeing'.

Third, when social work professionals promulgate mindfulness, we should avoid self-aggrandizement in terms of prideful self-promotion and overly commercialized, exploitive profiteering, as with enforcement of rigid rules for mindfulness market control and expensive mindfulness training certifications or mental health services (Forbes, 2019; Purser, 2019). This is related to the Buddhist concept of Right Livelihood in the Noble Eightfold Path, which refers to engaging in gainful work to support self and family without exploiting and harming others.

Fourth, we need to carefully consider how and when to refer to Buddhist origins of mindfulness during teaching, training, and working with clients. It may indeed be compassionate and skillful not to use explicit Buddhist terms with clients for whom these would not be relevant, understandable, or helpful. This can facilitate reaching out to a wide range of religious and nonreligious clients in a wide range of cultural and organizational settings. However, when it is relevant, especially when training professionals, it is more authentic and honest to respectfully and knowledgeably acknowledge the Buddhist roots of mindfulness and to discuss what is changed, lost, or gained by transferring mindfulness into therapeutic uses. In all cases, one should at least implicitly maintain congruence with Buddhist principles, even if they are unspoken.

If we are not actually using a Buddhist-based mindfulness therapeutic practice, it could be helpful to avoid confusion by using a different and more precise term, such as awareness training, stress management, or therapeutic mindfulness.

If we are using Buddhist-based mindfulness practices, then it would be wise for the social worker to be immersed in Buddhist philosophy, traditions, and practices thoroughly over a long course of time. It would be respectful to obtain permission, guidance, and encouragement from Buddhist teachers and friends for how to practice mindfulness personally and professionally.

In the larger social context, social workers can demonstrate sincerity and respect by collaborating actively with Buddhist-based social services, under the lead of Buddhist monks and community leaders, and supporting Buddhist communities, including refugees and immigrants, as they may need (Canda, 2002; Canda & Phaobtong, 1992; Gohori, 2017). An outstanding example of international collaboration for Buddhist social work can be found in the prolific activity of the Asian Research Institute for International Social Work of Shukutoku University, Japan (<https://www.facebook.com/ariisw.shukutoku>).

Conclusion

These guidelines can be summarized as social workers being careful to promote genuine mindfulness rather than distorted unmindfulness under the guise of mindfulness. The following distinctions may be helpful.

Mindfulness promotes acceptance of what is real and present in each moment, rather than acquiescence to harm and perpetuation of injustice. Mindfulness promotes nonjudgmentalism rather than uncritical mindedness. For example, it is important to partner with clients in assessment of harmful behaviors and to critique injustice, but it is not appropriate to demean, stigmatize, shame, or deride clients. Mindfulness promotes compassion and nonviolence rather than passivity or complicity. It promotes empathy rather than enmeshment or lack of appropriate professional boundaries. It fosters relief of stress, pain, and discomfort rather than dulling people's perceptual acuity, insights, or awareness of the personal or structural causes of problems. Mindfulness promotes maximum human potential, including spiritual development, as relevant to clients' goals, beliefs, and comfort level. It does not promote egocentrism or pleasant feelings to the detriment of mature personal development and social/ecological welfare.

Canda, Furman, and Canda (2020) suggested ways to engage in mindfulness within spiritually sensitive social work, which may be practiced within Buddhist or non-Buddhist social work contexts. People can learn how to pay attention to each moment with a gently focused, consistent awareness, regarding specific objects, an inner focus, and throughout the flow of daily life. Intentional breathing can be practiced with clear awareness of inhalation and exhalation, and with a sense of gratitude. Intentional breathing can be aided by counting breaths or synchronizing breaths with mantra, prayer, or a brief word or phrase of significance to the person.

Equipoise is an important quality. This can be practiced by keeping the body in an unstrained, coordinated posture, whether sitting or walking; keeping the mind balanced in equanimity, unswayed by extremes or preoccupations; and maintaining balance in care for body, mind, spirit, relationships, world, and overall wellbeing. In order to accrue benefits and to develop proficiency, it is important to maintain consistency of daily practice. When working with clients, it is important to consider indications and contraindications regarding likely benefits and risks for particular people and to obtain ongoing feedback about what is working well or not well. Mindfulness can be joined with many kinds of therapeutic activities, such as artistic expression, music listening and performance, walking, moving, and dancing, chanting, singing, and group dialogue (Land, 2015). And mindfulness can become a quality of daily life, enhancing all activities and relationships.

My fervent wish is that respectful, genuine collaborations between professional social work and the tradition of Buddhism can flourish mindfulness

and help all beings to blossom beautifully like lotuses flowering from the muddy water of suffering.

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Chapter 8

Reconciliation and Social Work Practice in Canada

Nicole Ives

This chapter discusses changes in Canadian social work education stimulated by the Truth and Reconciliation Commission (TRC). First, an historical summary of social work in Canada is provided related to Indigenous peoples. In the Canadian context, “Indigenous” refers to First Nations, Métis, and Inuit Peoples. Elements of Canada’s settler colonialism history are unpacked, illustrating how colonialism has (mis) shaped and (mis) informed contemporary social work practice. Second, implications for social work education and practice are presented through discussion of five Calls to Action of the TRC, focusing on a reconciliation path of the School of Social Work (SSW) in Montreal, Quebec, Canada (or, more hopefully, a path leading towards “reconciliation”, a term applied to the Canadian context by TRC Commissioner Chief Warren Littlechild). Reconciliation lies at the intersection of reflective- and action-based reconciliation. As Solverson (2018) cautions, “while cursory reconciliation rhetoric is easy and self-affirming, meaningful reconciliation is necessarily difficult and uncomfortable” (p. 2). The final section is devoted to a discussion of how authentic Indigenization, or reconciliation, in social work can be practiced on the ground in communities and whether social workers could be effective and “do no harm” if they fail to question social work practice’s “transportability across cultures and languages or its relevance to the contexts in which it is being transplanted” (Gray & Hetherington, 2013: 27).

Historical contexts

Contemporary social work practice that is respectful, relational, and supportive of holistic client well-being relies on critical reflection on social work’s history in Canada and acknowledges that the social work profession has had a predominantly negative history with Indigenous Peoples in Canada. Reports on Indigenous children’s living conditions from inside Residential Schools were available to social workers (e.g., Bryce, 1922; Caldwell, 1967) but it was not until 2009 that the Canadian Association of Social Workers (CASW; founded in 1926) apologized for social work’s involvement in the residential school system (CASW, 2019). CASW issued a Joint Statement with the Canadian Welfare Council in

1947 to a joint committee of the Senate-House of Commons on revisions to the Indian Act between 1946-1948 (CASW, 1947). Although the submission was considered “somewhat critical of residential schools”, CASW

supported their implementation and funding for providing ‘the educational requirements of children of nomadic families’ (CASW, 1947: 6)... Emphasis was placed on addressing the needs of the entire community with the hopes of cultural assimilation” (CASW, 2019: 5).

Social workers were actively involved in perpetuating oppression against Indigenous Peoples, removing Indigenous children from their homes, families, and communities, and placing them in non-Indigenous settings during the 1960s, 1970s and 1980s during “the Sixties Scoop” (Sinclair, 2007). Today, child welfare social workers place Indigenous children in foster care at rates substantially higher than non-Indigenous children (Fallon et al., 2021).

Contemporary issues facing First Nations, Métis, and Inuit communities stem directly from colonially engendered cultural genocide experienced by generations (Elias et al., 2012; Kubik, Bourassa & Hampton, 2009). Social workers must make a decision; maintaining the status quo by not engaging in the hard work of reconciliation is still a choice. We cannot continue to teach and “talk about the residential school and 60’s scoop eras as if they were safely packed away to ensure they do not shape current practice” (Blackstock, 2019: 142). Experiences of cultural genocide have caused enormous trauma for First Nations, Métis, and Inuit Peoples. However, as Dene/Métis spoken word poet tunchai redvers (2019) wrote, “even though trauma is in my blood, giving up is not” (2019: 93). As social workers, we must follow Maya Angelou’s call to “do your best until you know better. Then when you know better, do better.”

Addressing social issues effectively within Indigenous communities through helping and healing was present before colonization by English and French settlers, yet the importance of such foundations has been overlooked historically by the social work profession. Exploring Indigenous helping and healing traditions centres on learning from oral histories passed down through centuries. Indigenous Elders, traditional healers, and helpers use their knowledge, abilities, spiritual paths, and experiences to support those in need. Their approaches to helping include role modelling, storytelling, ceremonies, and sharing circles (Arnaqu, 2015; Hart, 2009). Contemporary Indigenous social work is “a form of social work which seeks effective culturally appropriate research, education, and practice. In this sense it is a decolonized form of social work” (Grey & Hetherington, 2010: 27).

Indigenous scholars and Elders have described foundational Indigenous worldviews which offer insight into how Indigenous Peoples have experienced and continue to experience helping and healing (e.g., Hart, 2002; Kulchyski, McCaskill, & Newhouse, 1999; Lavallée, 2008; Tagalik, 2015). Dr. Michael Hart (2002), a Cree scholar, describes the Medicine Wheel as a relevant medium for

social work practice for individuals and communities. As individuals seek *mino-pimatisiwin*, a Cree concept of “the good life”, they journey toward the centre of the Medicine Wheel, integrating wholeness, balance, connection, harmony, growth, and healing. When they are healthy in their journey, they are in a position to help others on their path. Inuit have a similar concept called *maligait*, which is Inuktitut (one of Canada’s Inuit languages) for “living the good life” (Karetak, Tester, & Tagalik, 2019). *Maligait* includes working for the common good, respecting all living things, maintaining harmony and balance, and continually planning and preparing for the future. Indigenous approaches to helping and healing are holistic, which emphasize the importance of relationships and traditions of reciprocity. Thus, unlike the English and French approaches to relief provision which were largely punitive, receiving assistance is not stigmatized. Instead, it is considered “as a natural part of everyone’s life and is central to the health of families and communities” (Baskin & McLeod, 2020: 222).

Across Canada, churches played a foundational role in the development of private charity organizations providing assistance to those evaluated as “in need”. All types of assistance were provided by these charity organization societies (COS) or religious entities either through outdoor relief, where material assistance was given to individuals and families in their own homes, or more punitively through indoor relief, where assistance was provided in an institutional setting (poorhouse or workhouse). Regardless of where assistance was given, relief provision was guided by two major ethics regarding poverty (Ives, Denov & Sussman, 2020). First, poverty was individual in nature, and thus was believed to be a result of an individual’s “flaws” of character. Second, people in poverty were seen as being either “deserving” or “undeserving” of the relief there were given. Receiving charity was a privilege, not a right; thus, it was only bestowed upon those evaluated as “deserving.” The label of “deserving” was conferred upon those who were seen as being in poverty through no fault of their own, such as widows, orphans, people with chronic illnesses, and older adults, but only if they were not engaged in “immoral activities” (e.g., substance abuse) contrary to subjective moral standards held by relief providers. The label of “undeserving” went to those considered able to work but unemployed (e.g., unemployed men, unmarried women); this group was sent to so-called houses of industry (i.e., workhouses or poorhouses) for the “moral uplift of the poor” (Finkel, 2006: 50). Workhouses, however, were little more than places to punish people for being poor. In the late 19th and early 20th century, moving toward more organized initiatives for relief, charity organization societies and Settlement Houses were established across Canada. While COS members assessed families in poverty as dysfunctional within a well-functioning society, followers of the Settlement House Movement saw poor families as doing everything possible to survive within a societal system in need of reform. During this time, Social Gospel Movement brought together theological and social movements focused on social development and change

(Ives, Denov & Sussman, 2020).

Implications for social work education and practice

Within contemporary social work practice in Canada, it is imperative to engage in challenging discussions of whether social work can be used to heal ruptures that past events, attitudes, and behaviours have caused. Teaching “generic” social work practice will not heal these wounds; rather, perpetuating the perception that a “generic” practice exists sustains the colonial perspectives that brought about the harm in the first place and ignores historically caused contemporary trauma. Discussions must directly address issues of power and an examination of who benefits from the continuation of unjust systems. One way to engage in this discourse is by adopting a decolonizing approach to social work that “necessitates a confirmation of Indigenous wisdom’s place in social work curricula, requires social workers to reflect on their privilege in relation to their social location, recognizes the importance of Indigenous rights not only to Indigenous Peoples but also to non-Indigenous Peoples, and addresses issues of power” (Ives & Loft, 2013: 244) within professional social work. Central to a decolonizing approach is illuminating past offenses to facilitate healing and forgiveness. This is the purpose of a TRC.

In 2008, as part of the Indian Residential Schools Settlement Agreement, the Truth and Reconciliation Commission of Canada was established. The TRC (2015a) was mandated to work with Residential School survivors and others to publicly expose the truth about Canada’s residential school system and facilitate methods of reconciliation among former student survivors, their families, and communities as well as with all Canadians. To facilitate healing and restitution for First Nations, Inuit, and Métis Peoples in Canada, the TRC (2015b) compiled a comprehensive list of 94 Calls to Action. Four of the TRC of Canada’s Calls to Action focused on Indigenous child welfare, justice, education, and newcomers to Canada. Three examples from McGill University SSW’s reconciliation path are described below in relation to Calls 28, 1, 10, 16, and 62.

Under the Justice category, Call 28 explicitly names Canadian law schools as the target group but the call content was directly relevant for social work schools as well (in addition to all other disciplines whose graduates interact with people). Call 28 calls for a requirement that “all law students...take a course in Aboriginal people and the law, which includes the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, Indigenous law... This will require skills-based training in intercultural competency, conflict resolution, human rights, and antiracism” (TRC, 2015b: 3). Responding to Call 28, in 2016, we required all undergraduate social work students to complete First Peoples’ and Social Work course before graduation. Changing the course from an elective to a required one ensures that all

social work students are exposed to the history and legacy of residential schools, including how intergenerational trauma has shaped Indigenous communities today.

Call 1 under Child Welfare calls for social workers and others involved in child welfare to be “properly educated and trained about the history and impacts of residential schools”, ensure “that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide more appropriate solutions to family healing” and require “all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers” (TRC, 2015b: 1). Under Education, Call 10 calls for new legislation to fund and support “improving education attainment levels and success rates” of Indigenous Peoples and “developing culturally appropriate curricula” (TRC, 2015b: 2). Higher education, like Canadian institutions more broadly, is still grappling with how to effectively enact decolonizing strategies. McGill University’s SSW has been on a path of reconciliation, and, more recently, the School has actively sought to employ decolonizing strategies. Responding to Calls 1 and 10, we have greatly increased Indigenous content throughout the social work curriculum, making conscious attempts to integrate rather than simply add on. In 2007, the School created Indigenous Access McGill, a program to support Indigenous students in social work through student support and curriculum development. Our initial focus was the recruitment and retention of students from underrepresented Indigenous communities. Since its founding, the SSW has graduated 23 Indigenous students; 12 students are currently enrolled in Bachelor of Social Work, the Master of Science in Couple and Family Therapy, and the PhD program. Students have represented the Kanien’kehá:ka (Mohawk), Ojibwe, Inuit, Métis, Mi’maq, Wendat, and Cree Nations.

In 2008, the SSW sought the guidance of Indigenous scholars Gord Bruyere and Michelle Reid from Nicola Valley Institute of Technology in British Columbia (see Bruyere’s three chapters in Sinclair, Hart, & Bruyere, 2009). They joined with faculty to identify ways in which Indigenous knowledges and histories could be integrated into the curriculum, not consigned to particular sessions nor solely focused on negative outcomes of colonization. We wrestled with how to create space within the School and in the curriculum where Indigenous students saw themselves reflected positively. With initial pilot funding from Health Canada, we developed a course entitled Indigenous Field Studies, which was founded on Indigenous ways of knowing, learning and being, grounded in local contexts of the Kanien’kehá:ka (Mohawk) Territories of Kahnawá:ke and Kanesatake, near Montreal, Quebec. Since the course’s inaugural session in 2010, Social Work has brought together students and faculty from Law, Medicine, Anthropology, Nursing, Management, Indigenous Studies, Education, and other disciplines to address a critical gap in students’ knowledge about Indigenous cultures and

worldviews. The success of this course is evidenced by several markers: it was approved as a permanent course in 2015 with funding; it has been offered to over 200 McGill undergraduate and graduate students from the disciplines described above; and its reach signifies a meaningful exposure of McGill students and faculty to Indigenous knowledges that can inform their respective disciplines and create linkages to areas of practice in a community context. For example, every year, we invite Darren Bonaparte to provide the inaugural session during our week on Kanien'kehá:ka territory. His session focuses on wampum as historical documents, taking the students through the history of the Haudenosaunee Confederacy through a presentation of wampum belts that he has recreated. Students are exposed to alternate ways of encoding knowledge that “flip the narrative” of a Eurocentric view, as one student put it.

Inulirijiit: People who work in social services

The TRC Calls to Action bring the voices of Residential School Survivors from the past into our present-day challenges as educators and provide us with a clear path for the reconciliation necessary to break colonial patterns of assimilation. In Nunavik, Quebec's Inuit territory, there are 14 communities connected only by air or sea in the summer and air or skidoo/dogsled in the winter. For all Nunavik's communities, there are only two Inuit social workers. Thus, nearly every social worker is from outside the community, and, most importantly, outside Inuit culture. Colonization continues to prosper in Nunavik because of the educational barriers that exist for Inuit. There is no post-secondary education offered entirely in Nunavik, forcing Inuit youth to relocate to Montreal for further education opportunities.

Most relevant social work education delivered in Nunavik are Calls to Action 16 62ii., and 62iii., Education for reconciliation. Call 16 calls “upon post-secondary institutions to create university and college degree and diploma programs in Aboriginal languages” (TRC, 2015a: 2). Call 62 calls upon the federal, provincial, and territorial governments, in consultation and collaboration with Survivors, Aboriginal peoples, and educators, to: (a) Provide the necessary funding to post-secondary institutions to educate teachers on how to integrate Indigenous knowledge and teaching methods into classrooms; and (b) Provide the necessary funding to Aboriginal schools to utilize Indigenous knowledge and teaching methods in classrooms.

McGill SSW has been involved in efforts over the last several decades to bring social work education to Nunavik. In 1987, SSW developed a 30-credit Certificate Program in Northern Social Work offered by McGill's Continuing Education Department. The Certificate was designed for people already employed by social work agencies in Nunavik. There was also a Certificate in Aboriginal Social Work offered in the Kanien'keha:ka (Mohawk) communities of Kahnawake

and Kanesatake. Certificate courses in both programs were grounded in the curriculum of the Bachelor of Social Work degree, tailored collaboratively by non-Indigenous stakeholders and Kanien'keha:ka and Inuit to address issues relevant to their students' communities. The last cohort of certificate students was in 2005–2006; an Inuk certificate student who was missing one course completed the program in 2008. Although students were eligible to transfer their Certificate credits into the BSW degree program if desired, the remaining credits for the BSW degree would need to be completed on McGill's campus in Montreal in the mainstream program. Leaving their home communities and transitioning to an urban environment without few supports, facing linguistic challenges for those who have Inuktitut as a first language, and having no access to country food (a term to describe food that makes up a traditional Inuit diet) or cultural activities for extended periods severely restricted access to post-secondary education (Ives & Aitken, 2008). The Certificate programs provided us with stories of challenge and resilience, of what worked and what did not.

The TRC Calls to Action created the context for the Nunavik Regional Board of Health and Social Services to provide significant funding to invest in relationship building between Inuit and non-Inuit entities to address education gaps. The SSW's response is *Inulirijiit*, an Inuktitut word given by the Nunavik Regional Board meaning people who work in social services. SSW faculty are working and learning together with Inuit instructors in an experiential process, weaving together the BSW curriculum as delivered on the Downtown campus in Montreal with Inuit knowledge, history, and culture. This integration is the foundation of our approach, with the Montreal-based BSW program refocused in collaboration with Inuit educators to ensure its relevance for social work practice in Nunavik. All BSW courses (including all required course credits, which is two-thirds of the program) were transformed to reflect Inuit values and practices; integrate Inuit *Qaujimajatuqangit* (described as knowledge always known by Inuit); highlight Inuit resiliency and strengths; center Elders' knowledge; weave in the impact of colonialism and its physiological, social, economic, and cultural consequences; and directly address personal, collective, and intergenerational trauma. Specific issues of importance to communities have also been included, such as the grieving process, a trauma-informed approach, substance abuse in the region, issues around child protection, the importance and role of confidentiality and dual relationships (particularly given the sizes of Nunavik's communities and the physical proximities of families), and collaboration across professional silos.

Most schools or faculties of social work in universities, following Akimoto's (2017) typology, are either Model A structured, where social work follows western-rooted social work relatively uncritically and resembles practice in other places regardless of context, or Model B structured, where social work practice accepts a western-rooted model while seeking "to improve it by making it more complete and more appropriate for their own societies" (Akimoto, 2017: 23). I

consider Indigenous Access McGill, the Indigenous Field Studies course, and Inulirijiit “Model C” initiatives situated in a Model B School within a Model A-B university. As an independent approach, Model C moves from indigenization as “the adoption and adaptation of theories and practices in social work in ways that are relevant to the local (indigenous) context” towards authentization, an approach to social work theory, education, and practice development derived from locally based contextual realities (Ives, Denov, & Sussman, 2020: 399), and, hopefully, reconciliation. It is in this space that social work practice becomes an authentic reflection of “social work is born in people’s lives and the cultural of a society...grow[ing] in response to their experiences” (Akimoto, 2017: 4).

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Chapter 9

Decolonization and the Medicine Wheel: An Indigenous Model of Contemplative Wellness

Michael Yellow Bird¹

I begin this chapter with a “land acknowledgement” that I am residing on Treaty 1 territory, the traditional lands of the Anishinaabeg, Cree, Dakota, Dene, Métis, and Oji-Cree Nations in Manitoba, Canada. These are not my homelands.² A land acknowledgement honors and expresses gratitude to the original Indigenous peoples who lived and cared for lands, the ancestors, the people who presently live here, and the future generations yet to come.³

While such acknowledgements have become more widespread in North America and have a place in decolonizing practices, a major shortcoming is that most statements do not promise to right the historical wrongs of human, cultural, and land rights violations, and the marginalization experienced by Indigenous Peoples. However, Indigenous Peoples have gently pressed the settlers living on their territories to examine and respond to the troubling histories of colonization. During different periods of colonization, settler governments entered into treaties with Indigenous Peoples in North America and, more often than not, Indigenous Peoples were forced off their lands which were taken and made available for settler use and ownership. This proved to be detrimental to the well-being of Indigenous Peoples since land provides for current and future generations, is connected to spiritual beliefs, traditional knowledge and teachings, and is fundamental to cultural survival and reinforces nationhood (OCED, 2020).

In this chapter, I discuss traditional contemplative practices of Indigenous Peoples that promote healing and wellness, inspire resilience, and provide a

¹ Thanks to Professor Emeritus Edward Canda, the University of Kansas, for significant suggestions and editing of this manuscript.

² I am an enrolled member of the MHA Nation (Mandan, Hidatsa, and Arikara) in North Dakota, USA.

³ I wish to dedicate this chapter to our ancestors that believed in and protected the “old ways,” to all that passed into the spirit world long before their time due to the diseases of Western “civilization,” to those that continue to struggle to heal from the traumas of colonization, and to those that continue the work of decolonization.

means of decolonizing the traumas of settler colonialism while promoting the Indigenization of social work. I begin with a discussion of the concepts of colonization, decolonization, and neurodecolonization. I will next discuss the Medicine Wheel and its connections to health and wellness. I point out how colonization creates a chronically stressed and traumatized mind and body. Finally, I propose six traditional Indigenous healing practices that promote mindful decolonization and resilient coping.

Colonization, Decolonization, and Neurodecolonization

Colonization refers to the invasion and subjugation of one group by another. It is perpetuated after the initial control over Indigenous Peoples that is achieved following invasion and conquest (Clarke and Yellow Bird, 2021; Yellow Bird, 2013; Waziyatawin and Yellow Bird, 2012). Colonization occurs in four stages.

The first stage is the period of invasion where external peoples enter the territories of Indigenous Peoples for the purposes of conquest, exploitation of resources, lands, and people, and to establish residence and control. Stage two is the period of contamination. Foreign diseases are spread among the Indigenous populations along with the economic, social, and political ideas, values, and beliefs of the colonizer. Death, sickness, and surrender by Indigenous Peoples to colonizers marks the third stage of colonization. Those that survive the first three stages become the colonized. The ideas, beliefs, values, and practices of colonization become part of their lives.

During colonization, Indigenous Peoples still face tremendous marginalization, discrimination, exploitation, cultural loss, and social, political, and economic inequities. However, many also learn to cope, function, and thrive in the colonized situation. Many become part of the colonial state, some even helping to maintain the processes and structures of colonization.

The United Nations Declaration on the Rights of Indigenous Peoples has acknowledged that “Indigenous Peoples have suffered from historic injustices as a result of inter alia their colonization and dispossession of their lands, territories, and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests” (United Nations, 2018: 3). The toxicity of colonization and its destruction of Indigenous Peoples has been analyzed and noted within decolonizing social work studies (Clarke and Yellow, 2021; Gray, et al., 2013). Anti-colonial psychiatrist Franz Fanon (1963) regarded colonialism as a form of domination and social control, and “not a thinking machine, or a body endowed with reasoning faculties. It is violence in its natural state, and it will only yield when confronted with greater violence” (Franz Fanon, 1963: 61).

Decolonization is the undoing of colonialism. It refers to the actions by subjugated people to regain their political independence and sovereignty and

to reclaim their cultures, lands, rights, and territories (Gray, et al., 2013). It is a long-term process of overcoming the ideologies and mechanisms of control that continue to oppress and manipulate how people understand and care for themselves and their world (Gray et al, 2013). Decolonization is about engaging in traditional cultural activities that create, restore, and use strategies to liberate oneself from oppressive colonial conditions (Clarke and Yellow Bird, 2021; Waziyatawin and Yellow Bird, 2012). Decolonization means “consciously considering what degree we and the world we live in have been manipulated, controlled, misled, and silenced by the processes and structures of colonialism. With this knowledge, we seek to engage in truth-telling, intelligent and calculated resistance, and decolonized nation-building that honors people, the stories, and the environment” (Clarke and Yellow Bird, 2021: 4). I detail three stages of decolonization that help to explain the processes.

The first stage of decolonization is the “Cleansing Period,” which begins with a conscious stripping away of the harmful, invasive thoughts, practices, beliefs, and values that have been imposed for purposes of social and political subjugation by colonizing structures and processes. The second stage, the “Renaissance Period,” is marked by the Indigenous Peoples engaging in activism and the promotion of the restoration of cultural practices, languages, thinking, beliefs, and values that were banned or abandoned, but are still relevant and necessary for survival and well-being. The final stage, the “Enlightenment Period,” is where formerly colonized peoples give birth to new ideas, theories, practices, technologies, and possibilities that will contribute to the restoration of health and well-being, provide for greater care and respect for Mother Earth and all sentient beings, and move humanity towards greater compassion, understanding, and inspired healthy living.

Neurodecolonization refers to the use of contemporary and traditional Indigenous contemplative practices to heal the mind from the traumas of colonialism (Yellow Bird, 2013). It is “a conceptual framework that uses mindfulness research to facilitate an examination of ways in which the human brain is affected by the colonial situation and an exploration of mind-brain activities that change neural networks and enable individuals to overcome the myriad effects of trauma and oppression inherent in colonialism” (Yellow Bird, 2013: 293). Neurodecolonization restores an individual’s sense of well-being and resilience to promote healthy behaviors, thoughts, emotions, and actions to transform oneself and structural oppression (Clarke and Yellow Bird, 2021).

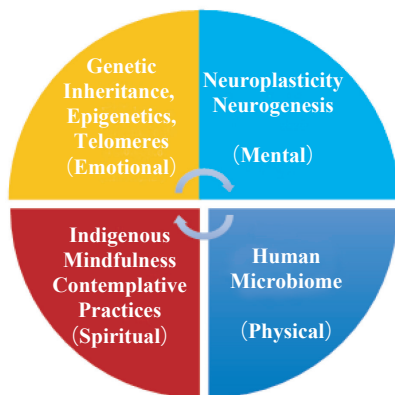
Mindful decolonization refers to contemplative acts of healing that are intended to “extinguish the anguish and confusion of living in a colonial situation with the belief that colonialism is too big, too abstract, or too difficult to overcome” (Clarke and Yellow Bird, 2021: 146). However, transforming colonialism is not something only Indigenous Peoples must work towards. Neurodecolonization invites settlers to become allies with Indigenous Peoples and

“engage in mindful decolonization practices that are transformative and enable the growth of creative and healthy decolonized ways of being, thinking, and connecting in relationship with others to challenge the limitations and stressors or colonized thinking and living.” (Clarke and Yellow Bird, 2021: 146).

Medicine Wheel

The Medicine Wheel is an important model of Indigenous Peoples’ wellness. It is a symbol of holism and interconnectedness, and a reminder that a balance between one’s physical, emotional, mental, and spiritual states must exist to attain optimal wellness. The Medicine Wheel represents the stages of life: infancy, youth, adult, and elder. It symbolizes a connection to Father Sky, Mother Earth, and the four directions: north, east, south, and west, which have significant meaning and histories to Indigenous Peoples in North America. The knowledge and actions that are needed to heal from trauma, oppression, and colonialism can be found in the Medicine Wheel. In the model below, I have added western science concepts and knowledge to each component of the Medicine Wheel.

Figure 1 Medicine Wheel



In the mental section, I have added the western neuroscience concepts of neuroplasticity and neurogenesis (the growth of new brain cells) to illustrate the brain’s capacity to “modify, change, and adapt both structure and function throughout life and in response to experience” (Voss et al., 2017). This ability makes it possible for individuals and communities that have suffered from colonization to achieve posttraumatic growth and healing.

In the physical quadrant, I have added the science of the human microbiota, which I refer to as the inner circle of life since each of us carries trillions of microbial cells that are primarily bacteria living in the gut (Ursell, et al., 2012).

The microbes play a critical role in our health.

In the spiritual section, I have added western and Indigenous notions of mindfulness and contemplative practices. Research indicates that therapeutic mindfulness meditation practices can reduce stress, anxiety, depression, and chronic pain, and improve emotional regulation, feelings of wellness, attention, and equanimity (Baer and Krietemeyer, 2006).

In the emotional quadrant, I have included the western science of genetics, epigenetics, and molecular and cellular sciences that are associated with our physical, emotional, and mental traits.

Based upon the evidence in western and Indigenous science and knowledge, I advocate that to heal and transform from diseases of colonialism, it is necessary to rediscover and engage in our ancestral knowledge and practices. I will discuss this in greater detail after the following section that addresses what happens to the mind and body due to colonialism related stress.

What Happens to the Stressed, Colonized Brain and Body

Colonialism has been implicated as one of the most harmful determinants of Indigenous Peoples' health and well-being (Czyzewski, 2011; Henderson, 2018; Paradies, 2016; Lavalle & Poole, 2009; Sherwood, 2013). Colonialism created severe economic, political, and social inequalities, and health disparities, for Indigenous Peoples (Wylie, McConkey, & Corrado, 2020; Sherwood, 2013). Colonialism removed Indigenous Peoples from their traditional territories, disrupting their hunting, gathering, and traditional horticultural practices which dramatically changed their physical activity and healthy traditional diets. Indigenous Peoples in North America have higher rates of chronic disorders such as diabetes, heart disease, cancers, obesity, depression, suicide, anxiety, neurodegenerative disease. The health disparities and inequities among Indigenous Peoples can be directly traced back to colonization (Lavalle & Poole, 2009; Sherwood, 2013; Henderson, 2018; Paradies, 2016).

Colonization is often associated with trauma, in particular the intergenerational trauma suffered by Indigenous Peoples due to the past and ongoing effects of colonization (Smallwood, Woods, and Power, 2020). "Colonization produced the present-day industrial agriculture system, which has produced round-the-clock availability of cheap, processed, inferior quality foods, and lack of movement, which has led to the diseases of civilization such as coronary heart disease, obesity, hypertension, type 2 diabetes, epithelial cell cancers, autoimmune disorders, osteoporosis, anxiety and depression, and neurodegenerative conditions such as Alzheimer's" (Yellow Bird, 2020). The stress of colonization is ongoing and intergenerational. Trauma and chronic stress have been implicated in emotional disorders such anxiety, stress, and depression. Research also shows that traumatic stress can damage important molecular structures and processes in the

body causing disease and mortality. In this next section I point out how chronic stress can create molecular colonization in the body. Molecular colonization refers to the decay or destruction that is happening at the molecular level of the organism.

Colonization of the Brain

The brain is very sensitive to stress and trauma. "Brain areas implicated in the stress response include the amygdala, hippocampus, and prefrontal cortex. Traumatic stress can be associated with lasting changes in these brain areas. Traumatic stress is associated with increased cortisol and norepinephrine responses to subsequent stressors" (Bremner, 2006: 445). "Stress exacerbates mental illnesses such as depression but also appears to increase risk of dementia, suggesting a common mechanism for development of stress-induced affective and cognitive impairment" (Mah, Szabuniewicz, and Fiocco, 2006: 56). "Pathological anxiety and chronic stress lead to structural degeneration and impaired functioning of the hippocampus and the PFC, which may account for the increased risk of developing neuropsychiatric disorders, including depression and dementia" (Mah, Szabuniewicz, and Fiocco, 2006: 56).

Our brain's dendritic spines, "the postsynaptic compartments of most functional excitatory synapses in the Central Nervous System (CNS), are highly dynamic structures, having the ability to grow, change shape, or retract in response to varying levels of neuronal activity. This dynamic nature of spines allows modifications in brain circuitry and connectivity, thus participating in fundamental processes such as learning, recall, and emotional behaviors" (Amaral and Pozzo-Miller, 2009: 19). Excitatory synapses increase the potential firing action of a cell while inhibitory synapses dampen down the likelihood of firing action. Dendritic spines are important to memory, learning, and sensory experience (Chen, Hentera, and Manjib, 2009). The proper development and maintenance of healthy dendritic spines is crucial since any disruptions can lead to neuropsychiatric disorders and memory disorders. Chronic stress can cause the breakdown of the delicate dendritic spines. Protein kinase C (PKC) makes up a family of lipid-sensitive enzymes that are involved in cellular functions (Singh, et al., 2017). Long term stress causes PKC to flood the brain and break down the delicate dendritic spines (Chen, Hentera, and Manjib, 2009; Haines, Vu, Maciejewski, and Arnsten, 2009).

Colonization of the Telomeres

A telomere is a region that caps the end of a chromosome, protecting from deterioration or from fusion with neighboring chromosomes or aged chromosomes (Baird, 2007). Telomeres protect our genetic data, make it possible for cells

to divide, and are associated with how we age and or contract diseases such as cancer (Shay, 2016). Each time a cell divides, the telomeres get shorter. When the cell can no longer divide it becomes inactive or senescent. This shortening process is associated with aging, cancer, and a higher risk of death. Telomeres may shorten with exposure to psychosocial stress, including early-life stress, some psychiatric disorders, and lack of regular physical activity (Ridout, et al., 2016). Distressed mothers can even pass on shorter telomeres to their children (Blackburn and Epel, 2017).

Decolonizing the Mind Through Traditional Healing Contemplative Practices

This section briefly identifies six mindful decolonization practices, consistent with insights of the Medicine Wheel, that can heal emotions, reset genetic expression, and promote decolonization of the mind and body. They honor ancestral Indigenous practices and integrate them with current social work knowledge and practice.

1. Running, Dancing, Movement, and Singing

Humans evolved to run and move. Running is an important practice and tradition for many Indigenous Peoples. Consistent, persistent movement improves fitness for physical and mental health. It also enhances the brain's working memory and processing speed and its executive function related to delaying gratification, avoiding distractions, and improving cognitive flexibility. It enhances salutary brain chemistry, neuronal synergy, and muscular metabolism (Schlittler, et al, 2016). Dancing and singing can stimulate production of endogenous biochemicals that enhance mood, reduce distress, protect brain function, and reduce pain (Stone et al., 2018).

2. Humor and Laughter

Indigenous Peoples enjoy sharing stories, humor, laughter. It is a part of their cultural heritage and strength. This may be related to evidence that people in collectivistic cultures may be significantly more likely to carry the short allele of the 5-HTTLPR gene (Chiao and Blizsky, 2010), which is also associated with more smiling and laughing (Hasse, et al, 2015). The positive effects of laughing are like those noted above for running, dancing, and singing.

3. Restorative Sleep

Insufficient quantity and quality of sleep can disrupt our circadian rhythms and the molecular clock that keeps in sync with the Sun. This increases risk for illnesses such as diabetes, heart disease, and dementia. This is one of the dangers associated with our colonization by cellphones, tablets, televisions, and

a floodlight society. Sleep is crucial for childhood development and poor sleep is linked to learning disabilities. Sleeping is when many infection-fighting proteins and growth hormones are released. Poor sleep can diminish memory and is associated with mental disorders and adverse effects for cognitive, emotional, and interpersonal functioning (Kahn, Sheppes, and Sadeh, 2013).

4. Mild Bioenergetic Stress

Heat and cold shock proteins are found in most cells. Higher levels can promote longevity, protect against disease, and develop healthy muscles (Patrick and Johnson, 2021). Traditional lifeways that involve exposure to a wide range of heat and coldness, in terms of weather and rituals (such as cold bathing or using the sauna or sweat lodge), can be more beneficial than restriction of colonized indoor environs of artificial heating and cooling.

Likewise, intermittent fasting can benefit body and brain by improving glucose regulation, reducing abdominal fat while maintaining muscle mass, reducing blood pressure and heart rate variability, improving learning, memory and other brain functions (Mattson, et al., 2018). It challenges cells to respond adaptively, enhancing their ability to cope with stress and to resist disease (Mattson, et al., 2018).

5. Nature Immersed Lifeways

Colonized lifestyles alienate humans from nature through proliferation of electronic communications, poor urban planning and disappearing open space, increased street traffic, diminishing the importance of experiencing the natural world in education, and magnifying parental fear through the media. Louv (2008) referred to this as 'Nature-deficit disorder' which contributes to a diminished use of the senses, attention difficulties, obesity, higher rates of emotional and physical illnesses, and weakening of ecological literacy and stewardship of the natural world. In contrast, traditional Indigenous lifeways are immersed in nature and do not pose a separation of humans and nature.

6. Meditation

Indigenous Peoples have a long history of engaging in contemplative mindfulness practices in daily and ceremonial life. During different periods of colonization, many of the sacred practices were banned, leaving communities without the cultural healing approaches they used to maintain balance and well-being. The consequences of this disruption increased rates of stress and mental disorders such as depression, anxiety, suicide, and substance abuse.

Meditation practices can improve emotional and mental health. They can be powerful antidotes to colonial stress and trauma. For example, meditation reduces stress, helps control anxiety, promotes emotional health, improves self-awareness and attention span, improves age-related memory loss, improves sleep, and

reduces blood pressure and pain (Sharma, 2015).

Conclusion

In this chapter, I discussed how colonization has compromised the well-being of Indigenous Peoples and how traditional contemplative practices of Indigenous Peoples promote healing and wellness and inspire resilience. They can provide a means to decolonizing the traumas of settler colonialism while promoting the Indigenization of social work. I believe that the ancestral cultural practices, beliefs, and behaviors of Indigenous Peoples can enable today's Indigenous Peoples to improve and maintain good health and well-being and support our work promoting worldwide wellbeing and justice.

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Conclusion

Social work academia resists the globalization of social work education

Kana Matsuo

The 5th International Social Work Academic Forum was initially designed as a workshop for the 2020 Social Work Education and Development Global Joint Conference (SWSD 2020) to be held in Rimini, Italy. It was regrettably due to the COVID-19 pandemic that it was revised to “Social work academics resisting the globalization of western-rooted social work: Decolonization, indigenization, spirituality, and the role of the social work academy in the globalization of western-rooted social work.” The forum was held online as a 24-hour event. COVID-19 made it difficult to hold face-to-face meetings, and we were able to achieve two major goals: to keep the research going and to keep the exchange of information going, even in the face of the pandemic, by using online and ICT. The 24-hour International Social Work Academic Forum was the first unique online event of Asian Research Institute for International Social Work (ARIISW) for connecting social work academic people worldwide. The four teams involved were passionately dedicated to leading it successfully. This section describes the backstage and reviews the results of the event.

Background of this project

Two streams were involved in the development of the forum. The first was the Buddhist Social Work Research Project led by the Asian Research Institute for International Social Work (ARIISW) in 2015. Collaborative researchers and the ARIISW found that social work activities carried out by non-professionals such as Buddhist monks, nuns, and laypersons raised critical questions about the definition of social work. Additionally, this project helped advance Islamic social work research. The second stream was for the discussions for the revival of the International Association of Schools of Social Work (IASSW), which took place during the Round-table Discussion on January 10, 2019, at ARIISW Shukutoku University in Japan. Additionally, the Buddhist Social Work Research Project originated from the APASWE project, which started in 2010 and aimed to re-examine the definition of social work. All discussions began with the premise that social work is necessary to bridge the gap between people’s real lives and conceptual social work.

The Significance of This Book

This report is based on presentations by Buddhist social work researchers from ARIISW and social work researchers and educators from Africa, ASEAN, Oceania, and North America.

Gohori and Akimoto reviewed their progress with Asian scholars who shared Buddhist social work research and modeled the concept of Buddhist social work, which has hit the leading social work debate. In addition to researchers, Buddhist Social Work includes other non-professionals such as Buddhist monks/nuns and laypersons. Despite their profession not being directly classified as social work, they have social work functions. It is seen as an activity of Buddhism itself, but it overlaps with those committed to society with social work functions. Globally, there are places where no professional social workers or social work education exist, and where Buddhists and other religious people are involved in social work. The argument of Buddhist Social Work is a critique of social work as a profession. Buddhist Social Work interprets indigenous social work as “land and ethnic-specific social work,” the same as the narrative in the global definition translated into Japanese. Thus, following this logic, Buddhist social work can be classified as indigenous social work. Similarly, activities with social work functions conducted by religious people are considered indigenous social work.

In Africa, researchers have stated that decolonization has a more comprehensive meaning than indigenization and is not the same concept. Based on the discussion of indigenization and decolonization, presenters strongly argued that decolonization based on power relations, oppression, and domination is needed in social work. Muhingi suggests that social work in Kenya is Euro-centric, thus, decolonizing the Western conceptions that permeate social work education and developing an integrated approach that is “euro-afro-centric is necessary. In the Forum, the presenters suggested that social work education should be based on a crucial conscientization of how we confront the socioeconomic, cultural, and political disadvantages and oppressions we face in society and ourselves. We understand that oppressed people can unravel the pain and reinstatement of the oppressed. The team from North America also mentioned the oppressive nature of social work.

Researchers from North America showed how difficult it is to decolonize the colonial rule that affects us down to the cellular level, and the concept of Buddhist social work showed us a different understanding of Buddhism as a religion than the Western view of Buddhism, such as yoga and Zen philosophy.

The Oceania team selected four significant terms: *Rangatiranga*, bicultural social work practices, Pacific social work and transformation. *Rangatiranga* is the context of Aotearoa New Zealand, and has always been part of the Māori’s “protests and resistance for marginalization, powerlessness, and injustice.”

Bicultural social work education in Aotearoa, New Zealand incorporates indigenous and non-indigenous perspectives. Moana or Pacific social work, in particular, recognizes the ocean as a connector rather than a divider between communities. However, despite this perspective, Moana communities face discrimination and a range of social justice issues such as issues in health, housing, and educational outcomes. One of the primary goals of social work education is to transform the field and address the root causes of discrimination and racism. This transformation can be explained by discussions on decolonization.

The ASEAN region's report comes from countries that have experienced independence from former sovereign countries and explains the importance of reflecting concepts from their societies in social work that are not mentioned in the same social work textbooks as those of former sovereign countries. He focuses not only on religious differences, but also on how social work can be effective in understanding human relations and society in the Asian context.

Oceania and North America view indigenous peoples within the framework of the United Nations and IFSW, showing that the concept of well-being held by indigenous peoples and their reach for it are grounded in different but rich ideas from those of the social work profession that originated in the West.

From the mainstreams of International Social Work discussions

Healy & Thomas (2021) defines International Social Work as follows:

International social work is defined as international professional action and the capacity for international action by the social work profession and its members to promote human dignity and human rights and enhance human well-being. International action has four dimensions: internationally related domestic practice and advocacy, professional exchange, international practice, and international policy development and advocacy. Each is explained below and illustrated in an accompanying case example. (Healy & Thomas, 2021: 8)

Scholars have long assumed that social work across borders is an integral part of international social work research and practice. It is considered imperative to discuss perspectives and standpoints, irrespective of the physical distance between the parties involved. The challenge for this 24-hour forum was that it was held in Japan, which was not from the West. Despite this, participants from the Africa, APASWE team, Oceania, North America and Buddhist social work researchers came together to share their knowledge and perspectives. Japan provided a starting point for these connections and contributed to time management. We strived to keep our discussions balanced, and instead of imposing our views, we asked presenters to teach us. This is where decolonization, indigenous, spiritual,

and Buddhist social work (DISB) has significant importance. Coincidentally, the DISB covers other important terms such as diverse International Social work perspectives and borders.

Discussions

As a result of the project's focus on connections, there was a diversity of expressions and words contextualized by each participant. This was because each sphere has its own words to describe the state of affairs and activities and because these words were translated into English as a common language. Additionally, with regard to the word "indigenous," in the context of social work some people have a looser meaning for social work rooted in the locality than the UN or IFSW definitions.

Global issues faced by the social work profession have a history of creating oppression. The social work that Buddhist social work speaks of, while keeping the same framework as indigenous social work in Oceania, is not interested in decolonizing the African bloc and aiming for the globalization of the social work profession that Oceania is aiming for. Rather, it flows in the direction of wanting social work to recognize and include the activities of those who do not specialize in this profession.

Gray's indigenization argument has advanced the diversification of social work. (Gray & Coates, 2010) Recently, Buddhist social work has become novel and controversial in that it does not insist on the shackles of social work as a profession.

ARIISW's idea of "Indigenous"

From other perspectives, the Japanese would remark that we have our own "ethnic/local specific social work" that we have seen in Buddhist social work, which may be Buddhism, Shintoism, or other practices that have been in place since before Western influence. If we claim that these are indigenous social works, the Japanese will be forced to confront the Ainu and Ryukyu people, who have been oppressed by the Japanese. These are matters that Japanese social workers have ignored unconsciously. In other words, if we consider what indigenous means when translated into Japanese, we must confront the oppression of social welfare. This will contribute to the advancement of social work in Japan.

Questioning the Global Social Work Mainstream

Social work is an expanding field that is becoming globalized with the passage of time. It is essential to recognize the unique characteristics of different regions

and cultures when establishing guidelines and directions for global standards and curricula. It is crucial to approach discussions on each country's situation on an equal footing and avoid being forced into a particular situation. By doing so, we can establish standards and definitions for the next generation in simple, inclusive, and plain language, rather than using convoluted language.

Furthermore, we need to be mindful of the significance of decolonization and indigenization. This approach allows us to explore rich diversity and differences in society and culture, making social work an interesting and profound field that fosters curiosity.

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We hope that this book will create a small ripple in mainstream social work, which will continue to grow into a bigger swell.

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