Walking the Labyrinth

We are blest by everything and everything we look upon is blest.

—W. B. Yeats

Most of us, at some point in our lives, inevitably ponder existential or spiritual questions. Why am I here? What is the meaning and purpose of my life? Is there some Higher Power, Divine Being, or a God? Why do bad things happen? These questions may be part of a dark night of the soul, when we find ourselves in the midst of some unbearable personal tragedy. We may question the very foundation of our previously held assumptions about our lives, our world, or ourselves. However, natural life transitions such as adolescence, mid-life, the birth of a child, or the death of a loved one may prompt these questions as well. Similarly, moments of great beauty and awe may inspire us to ask profound questions, which ordinarily go unasked. These questions may unsettle us and ignite a quest for meaning, significance, and a connection to something greater than ourselves.

Although some prefer to conceptualize this search for meaning and purpose as an existential or a humanistic one, others see these questions as spiritual. The very deepest core of our being seeks answers to these profound questions, even as we recognize...
that they are not easily answered. Philosophy has pondered these issues for centuries; social work and psychological theories alone fail to answer them adequately. Although we are not theologians or philosophers, clients sometimes come to therapy because of these very questions. They may not present directly asking for answers, but as we scratch the surface of their presenting problems, if we listen carefully, we hear these unspoken questions. Why did this happen to me? What did I do to deserve this? How could God let this happen?

Many everyday problems in living are complicated by underlying spiritual concerns. It is easy to become hopeless when one has no guiding frame, no spiritual resources to call on in the struggle against poverty, job loss, marital difficulties, health concerns, trauma, grief, oppression, depression, and a host of other problems. In pondering whether these are existential or spiritual concerns, Maslow (1962) states that existentialism focuses on human aloneness. Spirituality embraces the human desire for connection. Would either of these foci influence your approach to the clients below?

A middle-aged couple with marital problems may question if they are entitled to happiness. Should they stay together because of some shared value, whether it is children or marriage vows? They may be members of a particular religious denomination that discourages or even forbids divorce. If we respond from social work or psychological theory alone, we may miss the critical meaning of their struggle. If we include a spiritual perspective, how might we respond to this couple? How do we as social workers walk the line between psychological needs and spiritual concerns?

Spiritual questions may be less specific. A young man, who faces job loss, may for the first time wonder about what he really wants to do with his life. Traditional social work theories provide an excellent framework and guide us in exploring his feelings and thoughts, but perhaps for this young man it would be more beneficial to address an underlying question: What is the purpose of my life? Am I here for some special reason? How would our response differ if we approach these issues from a spiritual perspective rather than a purely existential one?

SOCIAL WORK AND SPIRITUALITY

In social work and other helping professions, there has been a growing trend to include the spiritual dimension in client treatment. Although this inclusion has not been without controversy, there appears to be more acceptance than opposition. There has been an increasing number of journal articles and professional books on the topic. Several professional organizations focused on the role of spirituality in health and mental health have developed, and the Council on Social Work Education has created standards requiring spiritual content in social work curricula. Some practitioners welcome the trend, others are adamantly opposed to it, and some remain ambivalent or undecided. In chapter 2 we will discuss this debate, including the important issues raised by opponents.
In this chapter we focus on the parallel between the spiritual journey and the clinical process, using the image of a *labyrinth* as a metaphor for both. For those therapists who are ambivalent or opposed to including spiritual issues in treatment, the similarities between the two processes may provide a space that allows them to comfortably meet an important client need without compromising their own value system.

**THE HELPING PROCESS**

Spiritually focused treatment must be based on a foundation of good clinical practice. It does not replace careful assessment, treatment planning, skilled clinical intervention, and the ability to develop and maintain a therapeutic relationship with each client. When we include spiritual issues in treatment we add a dimension, not replace what we ordinarily do. For some, the only difference between the two processes may be how they conceptualize or think about their clients or their work. For example, in chapter 3, we will discuss reframing the holding environment as the sacred space for therapy. Therapists with a spiritual perspective see their clients as sacred beings, which goes beyond the traditional view of positive regard. Although the therapist does not approach clients differently, the spiritual perspective changes how the therapist views clients. Acknowledging the sacredness of clients may provide spiritually focused therapists a more viable concept to sustain a positive therapeutic relationships with clients and may provide a vehicle for implementing spirituality in a nonintrusive manner.

**TREATMENT APPROACHES**

Many therapists work in agencies that mandate short-term treatment models. Constraints imposed by insurance companies have made long-term models almost obsolete. Applegate and Bonovitz (1995) state that these short-term approaches often prove more costly in the long run, because clients are not given the opportunity to address underlying issues that keep them stuck in old destructive patterns. Spiritually sensitive practice that recognizes the wholeness of individuals may provide an antidote to treatment approaches that reduce clients to symptoms, diagnoses, and outcomes. More lasting change can occur when clients are given the time and space to allow issues to unfold and when therapists and clients are able to identify, explore, understand, and ultimately change behavior patterns that create difficulties for clients. Practice approaches such as Woods and Hollis’s (2000) psychosocial model provide a holistic view of clients and allow the space and time to explore issues in depth. Clients are often able to understand that their behaviors or feelings often cluster around specific patterns, which can bring about more lasting changes. Although many of the ideas in this book are based on the psychosocial model, they can be easily used as specified or adapted for other models.
George, a 33-year-old accountant, is an example of a client who benefited from a long-term, dynamic approach. He requested help with job-related stress and was able to identify his inability to stand up to his boss at work. With further exploration he connected this pattern to the fear he felt as the child of a raging, alcoholic father. In our work with George, it may have appeared that we were moving away from his presenting issue, focusing on his childhood rather than on his boss. However, the insights learned led to a fuller resolution of his issue than simply focusing on coping strategies. George was not only able to work more effectively with his boss, but was positioned to respond in a healthier manner in other situations in which he felt intimidated by authority figures.

**THE LABYRINTH WALK**

The subtitle of this text, “Walking the Labyrinth,” was chosen because it seems a fitting metaphor for both the clinical process and the spiritual journey of the client. Each process begins with a yearning for something different, a stepping into the process, negotiating the challenges, a time of deep reflection and insight, and ultimately bringing the discoveries, changes, and benefits from the encounter back into everyday life. In this section we describe the labyrinth and draw parallels between walking the labyrinth, the spiritual journey, and the clinical process.

**The Labyrinth**

A labyrinth is a single path that leads to a center (Artress, 1996; McCullough, 2004) (see Figure 1.1). The twists and turns of the typical labyrinth make it a “meandering, but pur-
poseful path…” (Artress, 1996, xii). Circular labyrinths are most common, usually composed of a number of circuits, either 7 or 11, depending on the particular form (Artress, 1996; West, 2000). From afar, the design appears complex and confusing, but by placing one foot in front of the other, the individual comes to the center of the design, and by retracing one’s steps, one comes back to the threshold (McCullough, 2004).

The labyrinth image has appeared throughout history, dating back to when our ancestors lived in caves. It is perhaps the “oldest artistic creation” (McCullough, 2004, p. 4). It is unique in that it does not copy anything from nature, but most likely was conjured up in the human imagination (McCullough, 2004). Found in the myths and legends of diverse cultures, the original purpose of the labyrinth is unknown. Like Stonehenge, however, there has been much speculation about its meaning, which varies by culture and has changed over time (McCullough, 2004).

**Spirituality and the Labyrinth**

We are naturally drawn to the labyrinth. It beckons us. It invites us to come and walk the concentric circles to the middle, wondering how that seemingly unruly mass of curves and turns leads us to the center, and ultimately back out again. The importance of the labyrinth image lies not its beauty but in its potential as a spiritual tool (Artress, 1996; McCullough, 2004), a tool for looking inward, a place to encounter the Divine (Artress, 1996; McCullough, 2004), or “an archetypal map of the healing journey” (West, 2000, p. 6). It is a “powerful spiritual symbol that speaks to our souls in a way that transcends all creeds and all beliefs. All spiritual traditions speak of life as a path, a spiritual purpose, with its own twists and unexpected turns, to the heart of the Spirit” (West, 2000, p. 9). “In surrendering to the winding path, the soul finds healing and wholeness” (Artress, 1996, p. xii).

The labyrinth has been used in spiritual practice, with images designed for use in cathedrals and other sacred places. It has been an adjunct to meditation and prayer. And more recently, recognizing the healing potential from walking the labyrinth, some hospitals and health spas have installed these sacred paths. Free from any specific dogma or creed, it is an image that appeals to both traditionalists and those who practice alternative spiritual rituals (McCullough, 2004).

**The Maze**

The labyrinth is often confused with the maze. McCullough (2004) states that “a labyrinth is a single circuitous path that leads uninterrupted to a center, while a maze is a puzzle with many forks in the road that demand choices” (p. 4). The maze is “tricky” (McCullough, 2004, p. 4). When one walks through a maze, one finds many possible wrong paths, many planned obstacles to avoid before one achieves the goal (McCullough, 2004). Mazes may “taunt, tease, and challenge” (West, 2000, p. 5) and can even lead to entrapment (McCullough, 2004) (see Figure 1.2). The labyrinth, however, has only one path to the center and the same path out (Artress, 1996; West, 2000).

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**Critical Thinking**

**Practice Behavior Example:** Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge and practice wisdom.

**Critical Thinking Question:** Did you connect more with the image of the labyrinth or with that of the maze? Describe your experience and discuss how each helps you conceptualize your work with clients.
Why is the labyrinth an apt metaphor for clinical practice? It is easy to get caught up in the “presenting problems” clients bring to treatment, in making assessments, in formulating diagnoses and treatment plans, in concerns about compliance with insurance companies, and in the need to adhere to agency policies and procedures. When we look at our clients from a spiritual perspective (and not coincidentally from a sound clinical perspective), we focus on the client’s attempt to seek health, growth, and wholeness. We recognize that clients are more than individuals seeking relief from symptoms. Symptoms may have been the motivation for treatment, but we look beyond them to the deeper quest for growth, meaning, purpose, and a desire to flourish, a sense of fulfillment, or wholeness (holiness).

Maslow and Rogers emphasize our innate striving to reach mastery competence, to strive to be better, to achieve more than survival or material security, and to thrive or flourish (Keyes & Lopez, 2005). Artress (1996), in her introduction to Walking a Sacred Path, states that there is “a longing within the human heart to love and nurture, to create, and to discover the mystery we live [with] and that lives within us” (p. x). The labyrinth is an ancient tool that allows one to address both psychological and spiritual needs (Artress, 1996; West, 2000). “It connects us to our souls so we can remember who we are” (Artress, 1996, p. xi). The clinical process and the spiritual journey are endeavors to tap into our inner wisdom and connect to something beyond our intellect to grow, resolve, find strength, and move forward. Both involve a yearning to connect with our authentic self. The labyrinth, therefore, serves as a visual image of both processes.

The Labyrinth and the Clinical Process

The therapeutic process “is full of mystery, surprise, and unpredictable turns” (Welwood, 2000, p. 142). The image of the labyrinth helps us to remember the complexities of clinical
work. In clinical work, as in the labyrinth, there are twists and turns. It involves “detours, uncertainty, failure, and reassignment of priorities” (Bien, 2008, p. 60). Clients’ lives are complex, and the path to solutions can appear confusing at times. Yet, by stepping into the unknown process of therapy, clients hope that there will be resolution. Although they may wish for a quick resolution, progress in treatment, like human development, is not quick.

We open (or expand) and we close (contract). We approach and then we retreat. We feel closer and then farther apart. We make progress and then we plateau or regress. Because we are made up of systems nested within systems, we are very complex expressions of interacting cycles. (Bien, 2008, p. 50)

Although the complexities of clinical work are natural and to be expected, our clients, and at times even us as therapists, wonder if we will get to the “center” in the treatment process. Will we get to the heart of the matter and a solution to the concern, or find a way for our clients to cope more effectively with an unchanging situation? We may feel we are close to a breakthrough, only to find circumstances that take us away from achieving a solution. Similarly, we may feel lost in the complexities of our clients’ difficulties, fearing there is no solution to be found, when the client reaches a breakthrough, bringing about amazing progress. An understanding of the cyclical nature of change and growth may help clients and us to “understand the nonlinear and tacit aspects” of treatment (Bien, 2008, p. 50). The labyrinth is a visual map of this cyclical process. It allows us to see the client’s movement toward and away from the work as a natural progression toward wholeness, rather than resistance to the work.

After the time spent at the center of the labyrinth, one begins the walk out, retracing the winding path outward. Just as the labyrinth walk comes to an end, after a time of reflection and insight, clients need to take what they learned from treatment and return to their lives, where they will use their new skills. The path back out from the labyrinth reminds us that after “resting” in the center for a period of time, clients need to return to their lives. So they take the gifts from therapy—the spiritual retreat, the time in the center of the labyrinth—back into their lives, as accountants, homemakers, physicians, lawyers, and so forth. Few are able to choose or want to choose the life of a hermit. In our times, we need to be spiritual beings in a secular world of relationships and work. Likewise, the lessons learned in therapy are intended to help clients live more fulfilling lives and not stay focused only on their own self-development and reflections. Therefore, we can see that the labyrinth gives clients and therapists an image of what the spiritual encounter or the therapeutic encounter is like: the decision to enter the process, a stepping into that process, time spent leading to the center—often by what appears to be moving away from that center only to come back to it—a time of discovery at the center of the process and feeling renewed and whole, and a return to one’s life.

**Trusting the Process**

With clinical experience comes the realization that often opportunities or openings arise within the treatment session to raise important issues. This process occurs frequently, yet is not easily described. These moments allow us to realize that clients are ready to explore a topic or hear what we need to share with them. When we are attuned to these moments and wait to ask our questions or make reflective comments, our work has an apparently seamless flow. It is often difficult to anticipate when these moments will come. When we “trust the process,” we “learn to rely on our practice wisdom, insight, and intuition built on practice experience,” rather than theory and empirical evidence alone (Cunningham, 2004, p. 338).
Walking the labyrinth, as with therapy and the spiritual journey, requires courage and trust in the clinical process. If we cross the threshold into the unknown and persevere by placing one foot in front of the other, we will come to the center. In therapy, our clients enter the unknown, not sure if the twists and turns of the helping process will lead them to relief, a solution, or growth. They may wonder what they will face in treatment, what changes they will need to make. We all naturally resist change, while desiring the relief that only those changes can bring. If our clients embark on this journey, they can come to the center of who they truly are. The image of the labyrinth reminds us that the clinical process, like the labyrinth, has a center, where, after “walking” a sometimes circuitous path, the discovery is made, the healing takes place, the gift, whether it is peace, self-knowledge, understanding, compassion, guidance, advice, or encouragement, is realized.

Courage
Along with their problems and difficulties, clients bring their strengths and abilities to therapy. Perhaps one of their greatest assets is courage. It takes courage for a client to make the first phone call to request help. It takes courage for her to show up for her appointment and enter the unknown territory of therapy, trusting that it will help. Each session requires courage, as she explores her thoughts and feelings, making changes in how she approaches what had been familiar and now no longer is. Clients need courage to return to their everyday lives and use the insights gained and practice new skills learned to face the ordinary challenges of life. And it takes courage and trust for us to enter each session, each relationship with our clients. We need courage to open our hearts and witness our clients’ suffering and struggles regardless of what we will hear and how it might change us.

Uncertainty
When our clients enter therapy they do not know how things will turn out. They face uncertainty; the path is unknown. We must recognize that regardless of how much we have learned, how well versed we are in theory, how capable of helping we might be, we too are uncertain. When we bear witness to our clients’ struggles, we embrace our “not knowing” (Bien, 2008, p. 25). When we acknowledge that we are uncertain, we acknowledge that we do not know everything. We may have extensive information about our clients and their problems, yet we do not know everything about them, the whole of them. We may be quite skilled, yet we are not the experts; they are the experts on their life situations. We do not have control over what happens to them. Not knowing, although uncomfortable, is not problematic. Thinking we know everything is. When we believe we know, we cut off the client’s experience. We do not hear what does not fit what we believe to be the truth. Uncertainty means that we give up attachments to specific outcomes (Bien, 2008). We approach our clients with interest and professional curiosity. We allow the process to unfold, as the client needs it to. Johanson and Kurtz (1991) point out that we can still be persons of wisdom in spite of uncertainty.

The Labyrinth and the Healing Process
The image of the labyrinth not only helps us to remember the complexities of clinical practice but also may assist us in assessing the phases of the treatment process. Clients rarely go straight to the center of their struggles. They often need time to reveal their
story, often taking a circuitous path. The client follows his or her own rhythm in relating to us. The labyrinth reminds us that the story unfolds in a natural way, and we can trust that the client will lead us to the issues that need to be addressed. This is the antithesis of “manualized” treatment approaches favored by advocates of evidence-based practice. When we approach clients with respect and professional curiosity we recognize that the purpose of our questions is to learn about the client and form a relationship with them. “Embedded in our curiosity is our deep sense that learning about this individual is not about mechanically asking questions from an intake form nor is it related to solidifying or validating our quickly formed hypotheses about the client’s struggle” (Bien, 2008, p. 72).

At times it is natural for us to feel anxious and unsure that our client’s presentation will lead to the needed work. How do we know if we can trust the process? Are we off target and need to help the client get to the real issues? Is this a positive digression, which, as in the case of George (see example earlier), would lead to a better outcome? The challenge is to understand when something “should be trusted, and when something has become disconnected from the thread and needs attention” (Johanson & Kurtz, 1991, p. 56). When one walks a labyrinth, one can step outside the walls of the path, one can misstep and lose direction. The metaphor of the labyrinth can be used to reflect on the progress of the individual session or the overall treatment process. For a therapist in doubt, supervision is an excellent place to help distinguish the natural twists and turns of therapy and when one is off the mark.

The Labyrinth and Client Progress

The image of the labyrinth can be used with clients to help them understand the need for patience with themselves and help them understand the process of healing. It may remind therapists that true healing is often circuitous. Sometimes, clients expect that therapy means social workers will give them good advice. Although it is appropriate to occasionally give advice, we help clients understand the problem-solving process more deeply when we assist them in coming to solutions that are both effective and discovered by them or in collaboration with us. This takes more time, and, like walking the labyrinth, may appear to not be getting them anywhere.

After I had introduced diagrams of the labyrinth and maze in class, one creative advanced year student implemented the concept in her work with an adolescent girl who was struggling with her school attendance and grades. After the student asked her client about her career goals, she wrote the identified goals in the center of the labyrinth diagram. Then they discussed what the client would have to do to achieve her goals. They identified these actions to be staying in school, doing her schoolwork, and several other tasks. The client, who had seen school as interfering with what she wanted to do, now had a visual image that what had appeared to take her away from her goals actually led to them. She would need to continue with the social worker’s support, but it was the first time she seemed to understand the connection between her current behavior and what she wanted for her future.

Phases of Treatment and the Labyrinth

As clinicians we are familiar with the phases of treatment: engagement, assessment, intervention, and ending. The tasks of each stage overlap and there are no clear distinctions.
Chapter 1

As we move from one phase to the next we frequently need to revisit the tasks of previous stages. When clients become anxious or resistant, we need to engage them in facing a particular issue or concern that causes them to be fearful. If there is a misunderstanding between us, we need to focus our efforts on repairing our relationship, which requires more attention to engagement skills than intervention skills. At times new information necessitates major changes in our earlier assessments. The winding path of the labyrinth parallels the twists and turns of the therapeutic process and reflects its cyclical nature.

CONCLUSION

In this chapter we discussed the labyrinth as a metaphor to conceptualize clinical practice and the inclusion of spiritual matters in our work. Walking a labyrinth has phases similar to the therapeutic encounter as well as the spiritual journey. In each, the individual yearns for authenticity and wholeness. Each process, used in response to a call for healing, involves a commitment to begin, a stepping into the unknown, a meeting of challenges, and healed and renewed, one brings the benefits of each process into one’s everyday life.

In subsequent chapters we will parallel walking the labyrinth with the phases of treatment. The tasks of engagement and assessment will be compared to the decision to cross the threshold of the labyrinth and walk the twisting path to the center. Time spent in the center will be used to discuss the intervention phase of our work and the walk out, the ending process of treatment.

Some of the issues discussed in this book are focused on the explicit use of spirituality in clinical practice. Included are guidelines for spiritual assessments and intervention techniques. Some of the suggestions, however, can be used implicitly. Please note that this does not amount to advocating a hidden agenda. With some clients, explicit use of spirituality is not appropriate but can be used to shape our professional worldview. For example, we can implicitly use spirituality by viewing clients as sacred beings and providing a sacred space for treatment (see chapter 3). We will include guidelines that are based on spiritual principles to prepare therapists for clinical practice.

This book is based on the belief that spiritually focused treatment must be based on sound clinical practice. Without such a foundation, treatment can be potentially harmful to our clients. Our goal is to develop an approach to therapeutic work that respects clients’ values, implement effective helping, and find techniques that sustain us in our work and provide us with meaning.
CHAPTER 1 REVIEW

PRACTICE TEST The following questions will test your knowledge of the content found within this chapter and help you prepare for the licensing exam by applying chapter content to practice. For more questions styled like the licensing exam, visit MySocialWorkLab.com

1. A social worker who is a devout Christian is working with a client who reveals that she is an agnostic. The social worker tells the client that she should believe in God. The social worker’s behavior
   a. is inappropriate and she should apologize to the client.
   b. is inappropriate and she should not see clients until she can resolve her issues.
   c. is inappropriate and she should treat only clients who share her beliefs.
   d. is appropriate because it is consistent with her beliefs.

2. Social workers ethically integrate spirituality into their practice when they
   a. take special training in religious diversity.
   b. use it for a holistic approach.
   c. recognize that spirituality is appropriate for all clients.
   d. integrate spirituality and clinical practice theory.

3. A social worker who embraces a New Age philosophy is working with a client who tells him she is infertile. He should explore
   a. her spiritual beliefs about having children.
   b. if negative thinking created her situation.
   c. how spirituality would help her cope.
   d. spirituality only if the client raises it.

4. When social workers embrace a not-knowing stance in clinical practice it means they recognize they are not experts
   a. with a specific client population.
   b. on their clients’ experiences.
   c. with a particular treatment modality.
   d. in a particular content area.

1. Anabella seeks clinical services. She is feeling confused and wonders if her life has meaning or purpose. What are some reasons for including the spiritual dimension with Anabella? How should the social worker determine if this would be appropriate?

2. Although social workers may have practice knowledge and expertise they are not the experts on the client’s life. Discuss how social workers can use the concept of uncertainty or “unknowing” to balance their expertise with the clients’ experiences.

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