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Mark Brenner

Bridgewater State College, mark.brenner@bridgew.edu

E. Homonoff

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Zen and Clinical Social Work: A Spiritual Approach to Practice

Mark J. Brenner & Emeline Homonoff

ABSTRACT

This exploratory study examined the influence of a personal practice of Zen Buddhist meditation on the professional work of clinical social workers. Three areas were explored with a sample of 10 clinical social workers who had practiced Zen meditation for at least 5 years: practice framework, clinical practice, and interactions within larger systems. Analysis of the data generated from semistructured interviews revealed 3 interrelated, overarching themes: awareness, acceptance, and responsibility. Implications of these findings for the practice of clinical social work are offered.

Social work in the United States can trace its roots back to the religious institutions of the 19th century (Canda & Furman, 1999). It was from within these institutions that social workers found support and direction. In striving to become a profession the early 20th century, social work abandoned this source of support and direction when it shed its historic grounding in religion and spirituality (Ehrenreich, 1985; Lubove, 1977; Sermabeikian, 1994). Reconnecting practice with spirituality has received attention within the field of social work (Canda, 2003; Canda, Nakashima, Burgess, & Russel, 1999; Cornett, 1992; Derezotes, 1995; Dudley & Helfgott, 1990). Both the Council on Social Work Education (2003) *Educational Policy Accreditation Standards* and the American Psychiatric Association's (2000) *Diagnostic and Statistical Manual of Mental Disorders* have included the consideration of spirituality in curriculum development and in the assessment of psychiatric concerns.

Clinicians, researchers, and theorists have explored Buddhist thought and spirituality over the past 70 years. Early psychoanalytic literature dating back to the 1920s examined Buddhist concepts, finding similarities and parallels with psychoanalytic concepts (Epstein, 1990). In the

fields of psychology (Berger, 1962; Bogart, 1991) and psychiatry (Craven, 1989; Kutz, Borysenko, & Benson, 1985; Marmor, 1980), writers have investigated the effects of Buddhist meditation. From within the field of clinical social work, there have been calls from the literature to examine Buddhist ideas as they apply to social work practice (Brandon, 1976; Canda, 1988; Keefe, 1975, 1986). This article continues in the tradition of exploring Buddhist philosophy as applied to clinical practice. Through the use of in-depth interviews with clinical social workers who have practiced Zen meditation, the research reported here explored the influence of Zen Buddhism on the clinicians' conceptualizations of practice, on their work with clients, and on their interactions within larger systems.

Zen Buddhism

The lineage of Zen can be traced back to the teachings of Shakyamuni Buddha, a man who lived in India from 563–483 B.C.E. (Kapleau, 1965/1989). Emerging in China in the 6th century, Zen is largely based on Buddhist doctrine with Taoist influences. Although other schools of Buddhism were founded on the teachings and words of the

Buddha (*intellectual understanding*), Zen stresses the use of meditation as a means to enlightenment (*experiential understanding*) (Sahn, 1997). Zen was carried from China to Japan via Korea and has had an important role in Japanese culture since the 13th century. Introduced to the United States in the 1950s, Zen continues to attract students in this country.

At the foundation of all Buddhist sects, including Zen, are the Four Noble Truths. These beliefs were outlined by the Buddha during his first sermon. The Four Noble Truths address the Buddha's understanding of the presence of suffering in life. The First Noble Truth holds that suffering (*dukkha* in Sanskrit) is part of life. In the Second Noble Truth, the Buddha stated that the cause of suffering is our attachments and desires. The Third Noble Truth states that there can be an end to suffering (*Nirvana*). The Fourth Noble Truth outlines the way to end suffering, the way to Nirvana, referred to as the Eightfold Path. The Eightfold Path combines ethical and disciplinary practices, training in concentration and meditation, and development of enlightened wisdom (Rahula, 1974).

Zen, from the Japanese word for *meditation*, directs the practitioner back to the Buddha's original practice of sitting meditation. During the practice of meditation, a person sits in a comfortable position and focuses attention on a phrase, a word, an object, or their breath. Extraneous thoughts and feelings appear; when attention drifts, the practitioner gently and without judgment returns to the original focus of attention. Keefe (1986) described the experience of meditation as similar to the mind becoming like an open hand: nothing is clung to, nothing is pushed away. Although practices vary, meditation is typically practiced daily. In addition, practitioners may attend intensive meditation retreats, which range from 1 to 90 days.

According to tradition, Buddha experienced enlightenment through the use of meditation. The goal of Zen practice is to achieve and maintain a state of enlightenment. As one Zen practitioner asserted, the "aim of Zen is to attain the state of consciousness which occurs when the individual ego is emptied of itself and becomes identified with the infinite reality of all things" (Winokur, 1989, p. 120). When this state is achieved, Kapleau writes that "there is a fundamental transformation of personality and character and a wholly fresh vision of the world" (Kapleau, 1980). From the state of enlightenment, wisdom and compassion are said to flow (Beck, 1989).

Although some claim that Buddhism teaches a withdrawal from the world, the Buddhist image of *Indra's Net* affirms the interconnectedness of each being in the world:

The net is woven of an infinite variety of brilliant gems, each with countless facets. Each gem reflects in itself every other gem in the net, and its image is reflected in each other gem.... Each gem contains all other gems. (Nhat Hanh, 1988, p. 68)

Because all beings are connected, the highest calling of practitioners is to be of service to others. The ideal in Zen Buddhism is the figure of the *bodhisattva* (*enlightened warrior*), a person who, having attained enlightenment, works for the spiritual and personal enlightenment of others (Pandita, 1251/1988). Practitioners of Zen reaffirm their commitment daily to achieving the ideal of the bodhisattva.

Meditation and Social Work Practice

Most clinical literature has focused on the effect of meditation on the relationship with the client. Keefe (1986) summarized the findings of multiple studies by noting that meditation results in relaxation, desensitization of charged stimuli, enhanced discrimination, concentration of attention, self-awareness, intentional present-centeredness, development of a secure observer self, and augmented perception. These effects have been labeled as *no thought*. As Berger (1962) described,

the application of "no-thought" to the counseling relationship would mean that the counselor allows his total organism to act on its own, to experience and respond and to act without any attempt to achieve any special effect ... without standing outside the relationship and viewing either the client or the self or the relationship objectively for the purpose of analyzing, manipulating, or evaluating what is being done (p. 126)

These findings are supported by physiological research. Hirai (1989) found that during Zen meditation, special kinds of brain waves are emitted in the parietal integral region, which enhance "creative will and willful creativity" (p. 155).

Less has been written about the effect of Zen meditation on the clinician's work with larger systems. Several writers in organizational behavior have noted the association between the intentional listening fostered by meditation and the capacity for timely action and flexible response to change in organizations (Bartunek & Moch, 1994; Shrivastva & Cooperrider, 1990; Torbert, 2002). In *The Path of Compassion* (Eppsteiner, 1988), Jones described social action as compatible with Buddhist practice:

Buddhists are thus concerned with political action first, in the direct relief of non-volitionally-caused suffering now and in the future, and, secondly, with the creation of social karmic conditions favorable to the ... creation of a society of a kind which tends to the ripening of wisdom and compassion rather than to the withering of them. In the third place, political action, turbulent and ambiguous, is perhaps the most potent of the "action meditations." (p. 72)

At present, social work is only modestly represented in the number of articles in clinical literature on Zen meditation

and practice. The majority of articles have focused on the direct therapeutic relationship between worker and client; few address the effect of Zen meditation on the multiple roles that social workers adopt in their work with larger systems, including interprofessional collaboration and consultation, organizational change efforts, and social advocacy.

A Study of Zen Meditation and Social Work

Through the use of semistructured interviews, 10 social workers from the Northeastern United States experienced in Zen and social work discussed the impact of a personal practice of Zen meditation on their social work practice. Three substantive areas were reviewed with each respondent. The interview first focused on the influence of Zen on the conceptualization of practice and the congruencies and discrepancies perceived between Zen and social work. Next, respondents were asked about the influence of Zen in their assessment and treatment of clients. The final part of the interview explored the effect of Zen meditation practice on the respondents' interactions with larger systems: their collaborations with other professionals, work in organizations, and stance toward social change.

A qualitative methodology was used for this study (Glaser & Strauss, 1965; Corbin & Strauss, 1990). Goldstein (1991) wrote that "the purpose [of qualitative methods] is to discover, explain or interpret or to fashion a more systematic way of understanding what, at the outset, appears to be an obscure, perhaps ambiguous human event or situation" (p. 104). Research in the area of meditation aptly fits this description.

The present study is exploratory in nature and used a semistructured interview format (Patton, 1987). Interviews were conducted using an interview guide, which consisted of open-ended questions. The objective of this study was to explore, probe, and coinvestigate with clinicians the effect of meditation on their professional practice. The design of this study enabled the researchers to develop a well-integrated set of concepts on the influence of meditation on the professional practice of social workers.

Respondents selected for this study had practiced Zen meditation for at least 5 years. Respondents practiced Zen under the direction of a teacher commonly recognized as a practitioner of Zen and a member of a Zen tradition with a commonly recognized lineage. The 5-year minimum commitment to Zen does not imply a depth of meditative experience, nor does it imply that these meditators necessarily had enhanced states of well-being. A 5-year minimum practice of Zen was used to demonstrate a commitment to incorporating Zen practice into the participant's life. This time period has been used in other studies on meditation to address the issue of commitment to meditation practice (Dubs, 1987; Shapiro, 1992).

Participation in this study was limited to clinical social workers who held a master of social work degree (MSW) and were licensed at the highest level of licensure in

Massachusetts, the Licensed Independent Clinical Social Worker (LICSW). Respondents recruited from other states were required to meet the criteria for this level of licensure (an MSW and at least 3,500 supervised hours of postgraduate practice).

A purposive, nonrandom, snowball sampling technique was used to recruit a sample of eligible respondents (Babbie, 1989). Recruitment for the study was accomplished through three avenues. The first source of participant recruitment was through letters sent to Zen Buddhist organizations in New England explaining the study and requesting that an announcement of the study be posted. A second source of participants for this study was the examination of offerings of professional training programs. The biographies of the presenter were reviewed. If the biography of the presenter appeared to match the criteria for eligibility in this study, the presenter was contacted. Finally, the first author used personal contacts and networks to recruit participants. Through a combination of these three methods, a sample of 10 respondents was gathered.

Respondents were recruited from three New England states and New York City and were interviewed between August 26, 1995, and June 12, 1996. The respondents included 7 women and 3 men ranging in age from 41 to 58. The mean age of the group was 48 years. Within the group, 8 of the respondents were Caucasian and 2 were of Hispanic origin. The number of years of postgraduate experience among respondents ranged from 4 to 29 years. The mean number of years of post-master degree experience was 14. Zen meditation experience among respondents ranged from 5 to 24 years, with the mean for the group equal to 14.9 years.

All interviews were tape-recorded, allowing for the accurate reproduction of the interview (Chenitz & Swanson, 1986; McCracken, 1988; Patton, 1987). These transcripts then became the basis of the data analysis using a grounded theory approach (Corbin & Strauss, 1990; Glaser & Strauss, 1965; Turner, 1981). The constant comparative method was the method of grounded theory analysis used in this study (Glaser & Strauss, 1965). Rennie, Phillips, and Quartaro (1988) outlined most clearly the steps taken in data analysis. Data analysis consisted of data collection, open categorizing, memoing, moving toward parsimony through the determination of a core category, recycling of earlier steps in terms of the earlier category, sorting of memos, and write-up of the theory.

After each interview was transcribed, the interview was carefully read and compared with the tape for accuracy of the transcription. The transcript was then reread, and analysis of data was begun. In using this inductive method of research, the researcher started with observations and generated hypotheses that fit the data (Judd, Smith, & Kidder, 1991). The researcher developed categories based on the data drawn from the transcripts of the interviews. Turner (1981) called this the *labeling of phenomena*. Words, sentences, or sections were underlined, and a label that described the data was written in the margin of the page.

At first, these labels were inexact attempts at capturing what was being described in the data. As Turner suggested, the name of the category should closely approximate the language used by the respondents.

The text outlined was then transcribed onto 4 × 6 index cards, and the label used to describe the text was written on the top of the card. Index cards from all interviews were then grouped according to the themes. Categories that emerged from the transcripts were compared, with the goal of obtaining core themes that capture the essence of the data. A continual shifting process occurred to winnow down the categories from the aggregate transcripts. These themes continued to be compared and categorized until the final three themes and their categories were agreed on.

Categories became saturated when the information found in new data could be classified by the preexisting categories. This method of research builds from the ground up and is theory generating rather than theory validating. The data and emerging categories were scrutinized by two additional researchers to avoid bias and maintain an honest assessment of the data. These two researchers read each transcript and reviewed all categories for accuracy and for fidelity to the data.

Throughout the process of data analysis, an integral part of the research was memoing. In the process of data collection and data analysis, ideas that occurred to the researchers were recorded. These memos became a written record of the evolution of the categories and ideas behind the generation of categories. The memos assisted the researchers in a number of ways: They captured speculations and ideas that may be premature, although were later useful to the analysis; they noted similarities in the emerging theory that established the categories; and they encouraged the researcher to think beyond a single interview and more on a conceptual basis (Rennie et al., 1988). In the final summary of the data, these memos formed the basis of the conceptual analysis for the emerging theory. This conceptual work became the basis for the grounded theory.

This research can be evaluated according to standards developed by Rennie and others (1988), who suggested four criteria for the evaluation of grounded theory. First, the theory should be believable in that it should seem to the reader to be a plausible explanation. Second, the theory should present a comprehensive account that does not omit large or important portions of the data. Third, the theory should be grounded in terms of the procedures used and thereby inductively tied to the data. Finally, it should be applicable and should lead to hypotheses and additional investigation.

Respondents described being better able to perceive the connection between themselves and their clients and between their clients and the larger world.

Major Findings of the Study

Analysis of data indicated three major influences of Zen meditation on the respondents' social work practice: *awareness*, *acceptance*, and *responsibility*. First, Zen increased respondents' awareness, a focus on the present moment, allowing for the suspension of their reactions and hypotheses. Respondents described being better able to perceive the connection between themselves and their clients and between their clients and the larger world. Practitioners reported a sense of confidence based not on knowledge and expertise but on attunement and comfort with uncertainty. Second, Zen meditation fostered acceptance in several ways.

The respondents in this study were able to respect many different perspectives in clients and colleagues and to avoid a judgmental stance. A focus on client strengths and a nonhierarchical view of the treatment relationship, as well as Buddhist views of suffering, also influenced their work. The final area, responsibility, was the enactment of the themes of awareness and acceptance. Sometimes in a quiet way, sometimes in a limited arena, but always with the

confidence born of awareness and acceptance, this group of clinical social workers were able, as one respondent reported, to "see clearly and take appropriate action."

These three areas are clarified though the use of quotes from respondent interviews. The names of respondents were changed to preserve anonymity.

Awareness

In keeping with the literature on Zen mindfulness (Chung, 1990; Suzuki, 1986), the respondents in this study attested to how Zen meditation increased a social worker's awareness. Respondents echoed Laura's assertion:

I want to be right with the client in the moment, and there is something about being present, moment by moment, which has a healing quality. We're in charge of being fully receptive ... so that's become my sole criterion: Was I there? If I was there, no matter what happened afterwards, I did what I was to do. If I wasn't [there], no matter what happened afterwards, it was not a good session, and I should have paid attention.

In the respondents' clinical work, they maintained a focus on the present and offered clients opportunities, such as role playing, for heightening direct experience. Michelle, one of the respondents, said that attunement to experience

was worth more to her than theoretical knowledge: “Zen practice is all about experience: It doesn’t matter what you read or think, or what your theories are. It really is about what happens when you sit, or when you live.”

Awareness helped these social workers perceive the connection between their clients and themselves, and between clients and their families and communities. Wendy said,

Zen is a vehicle to lessen distinctions. My clinical work is influenced in that the distinction between client and therapist is also lessened. Not the boundaries, but I experience a certain degree of empathy for the person in front of me that comes from the belief that the experience in front of me is also my own experience.

The most striking feature of the mindful awareness experienced by Zen meditators was the confidence that it gave them. One respondent said, “There is a basic confidence in my own decision-making ability that I think is more related to my Zen practice than anything else.” Another said, “It feels very clear to me what [my client] needs and what I can say. I just feel that’s the truth of the moment.” Another respondent was able to stand up for herself in her agency:

I have the ability through my practice of Zen to [deal with] the report of another agency, or the expectations of the psychiatrist, or the traditional way of doing something, and approach it as I see fit. I’ve developed a conviction, which took a long time, that what I see ... I will stand by.

Michelle explained how this confidence helped her to be comfortable with ambiguity: “[Zen has] widened my view. I’m more able to sit with someone and not know ahead of time what I’m going to do ... even to say to them, ‘I don’t know.’” Laura was able to “empty my mind,” to describe her client’s experience directly without resorting to labels:

I made no conclusions about what was possible; I’ve thrown out all diagnostic categories, and worked with the phenomenon.... So I would say that the mother began to experience heightened energy in her body, rather than she was having a manic episode.

Acceptance

Zen meditation allowed these social workers to “keep an open mind and an open heart,” as Tim, another respondent, put it, “You develop an appreciation for how rich the process is, [and] the more richly you appreciate it, the more options you’ll have in terms of what you’re going to say or do.” Nancy agreed:

You want to be able to hear what somebody else is saying without holding tightly to what you think should be done. This means that your mindset has to be pretty loose. The thing about Zen which I think is so wonderful is that each place, each thing, each situation is different.

To fill up with one way of looking at something is to remove yourself as fluid and responsive to what is happening naturally.

Seeing the similarity between themselves and their clients, respondents experienced compassion for them and respect for their perspectives. This made them less apt to make quick judgments about right and wrong. Bill explained, “In terms of my Zen training I would think that good and bad, right and wrong, are rooted in the context of the situation ... rooted in terms of time, place, and the fabric of the small society.” Wendy said she could understand even the most difficult clients:

At times it’s troublesome, especially when I have perpetrators and people who have broken their children’s legs, real severe people in front of me. I would much rather feel and look like I have no such capabilities, but I think because of my Zen training there is a place where I can find the devil in me as well. And therefore develop some sense of possibility for that person in front of me.

Respect for multiple perspectives helped these social workers collaborate with other professionals, as Jack said,

I keep an open mind. I respect the nurses. I don’t sit there and get hung up with my own view of things ... and get into a right and wrong thing with them. This is just their way of doing things, this is their orientation, and it’s not wrong, it’s just theirs, and that’s OK.

Respondents held to the Buddhist principles of ethical behavior, as well as to the *Code of Ethics of the National Association of Social Workers* (National Association of Social Workers, 1999). Buddhism teaches that “ethical behavior is built on the vast conception for universal love and compassion for all living things” (Rahula, 1974, p. 46). Respondents did not condone exploitation of others. As Bill put it,

Sometimes there is a clear no, that’s wrong and that should not go on, at this time, and it’s manipulative. If someone, for example, said, “You should go to bed with me; I’m on the training staff here, and if you don’t, I’m going to make it hard for you,” that’s completely wrong, that’s power imposed and manipulating someone. I can’t see that being right at any time; that violates a basic tenet of equality that I believe in.

Bill went on to state,

Acceptance doesn’t mean being a G-d-damn fool. Sometimes being skillful or compassionate as a social worker means giving someone a swift kick in the ass. There is a place for confrontation in social work.

Buddhist teachings on suffering also influenced these social workers. In this area, respondents found that social

work and Zen practice were moving in the same direction. Wendy described how

social work and Zen are both about how to alleviate suffering in people. Zen just goes further in understanding suffering, in understanding the causes of suffering, and in understanding that there's a way out. That there's a path. I'm not sure that social work makes a basic assumption that life is suffering. And I think that it's very helpful. I do believe that we're meant to be happy, I still believe that. But life is filled with a lot of painful experiences, a lot of suffering. I think Buddhist teachings have a much greater acceptance of that and understanding of that reality, so you ultimately have the opportunity to not struggle so much against that reality.

Responsibility

The perspective that followed from an acceptance of multiple viewpoints and a nonjudgmental stance in no way constrained these social workers from responding to the needs of others. "Just do it" is a core teaching of Zen: Correct action naturally flows from awareness and acceptance. Tim described this process:

Perceive the situation and act on it. I mean, just very simple, like what's going on, what can I do? You take in the whole situation and then you give something back depending on what you see and what is inside you.

Zen practice had increased respondents' creativity in several arenas of action. Michelle found new ways to work with clients:

Sometimes what comes up from those moments of sitting with someone, what to do, what to say, or [what] to suggest is kind of surprising and isn't always what would be considered okay in an orthodox way. And that includes things like hugging somebody, or giving and accepting gifts, or making tea for somebody . . . So I've really found that [my range of interventions] has expanded more, since my Zen practice.

Sarah was able to "face things and move forward" in her agency, to "look the situation in the eye, figure out what I want to do or not do, and move on." Wendy produced an informational packet on managed care, saying,

I think the part of this that is Zen is the "do it." Just do it. That you don't think about it. If I stand for a second and think of the places where I have gone to get information and the way that I have written and distributed the things, I would never do it. There is a certain paralysis that may come that my Zen training helps me to overcome. I don't think about it. Just go do it.

These social workers also encouraged their clients to be fully responsible for their own lives. Bill explained,

I think that in working with hospice patients . . . it's a real social injustice to disempower these people. . . . The way that I found best to work with people in terms of the social injustices is to give them as much control as you possibly can. We need to look at that, and I think Zen drives that in me. . . . I really think people need to be more independent and feel like they're more a part of the program, in terms of the decisions that they make. It's their program.

While providing training in rape crisis counseling in a war-torn country, Diane found that in a role-play with clinicians,

nothing I did with my social work skills was what needed to be done in this particular case. I would begin to feel completely rendered helpless and my hands tied behind my back. I would feel this and begin to struggle with it, and then I would just breathe and say, "Wait a second, they are showing me something." At that moment I would say something like "I see how helpless you feel." I mean it felt like they had to beat me in the way that they were being beaten so that I would know. And so [a participant] said to me, "I apologize, but we needed to take you to the pit where we live." For me . . . the ability and the willingness to go to that pit with them was Zen-motivated.

At the same time, Zen meditation gave these social workers a certain modesty about encouraging and directing change. They were not reluctant to take on the challenge of managed care. Carol described how she moved from seeing the utilization reviewer as the aggressor to getting to know her context, having sympathy for the larger picture and finding some common ground. However, these social workers did not believe in directing change. As Laura put it, "I don't feel 'outcome' is a useful parameter to study success . . . I think a human being has no way to know what the universe has in store . . . outcome is not in our hands to affect nor to judge."

Sarah agreed:

I think what Zen has done is expanded the meaning of what being a change agent is. To be able to sit with somebody, and have them be clear about what their own process is, what their own issues are, and what steps they want to take. This is as powerful, and sometimes more powerful, a form of being a change agent than being very action oriented in the traditional ways.

Bill described the Zen idea of change as both sudden radical shifts and slower cultivation of change.

There is the notion of enlightenment, which means a kind of radical breakthrough or revolution in consciousness. . . .

A kind of dramatic moment.... Then there is the notion of even after that occurs, there is the ongoing cultivation aspect. The ongoing work is really much more slow and little by little.

The respondents in this study did not worry about the dichotomy between individual adaptation and social change. As Zen practitioners, they understood the unity of personal and social action. As Laura put it,

My effort is always to hear and to respond. So it feels to me like every encounter is an effort at social justice ... my social action is what I do minute by minute, with the people I touch rather than in large causes.

Bill elaborated on this idea:

Big or small doesn't make any difference; one is ten thousand, ten thousand is one. So some people, because of their particular karma and their particular talents and tendencies are big macro people, and their scope of interaction in the field they play in would be a large social activism field. Others of us are in small ponds and that's our karma. But one is not better than the other. They are just different expressions of the same basic tendencies.

Zen Meditation: Addressing Challenges in Clinical Social Work Practice

The social workers in this study described how Zen meditation helped them to overcome dichotomies in their theoretical and value framework, their direct service to clients, and their work with larger systems. They affirmed the findings of several studies that meditation increases awareness, their focus on the client in the moment. For these respondents, the accompanying sense of the interconnectedness of all things overcame the distinctions between worker and client and between the individual and environment. They experienced confidence in the face of ambiguity: They were creative in understanding clients without undue dependence on diagnostic categories and were able to intervene without concern for being correct.

Awareness permitted the clinician to avoid distinctions that separate and divide self and other. In the Buddhist terminology, this is known as *nonduality* (Suzuki, 1986). From within social work, Berlin (1990) decried social work's "reliance on dichotomies" (p. 46), stating that "the profession of social work is itself built on a foundations of dualities" (p. 55). In urging social work to move away from dichotomous thinking to more complex graduation of conceptualizations, Berlin pointed in the direction of the Buddhist idea of nonduality. The social workers in this study experienced nonduality as the ability to suspend distinction, to be fully present and aware of their experience.

Respondents demonstrated how, by an attitude of acceptance, they were able to uphold their personal and profes-

sional values while at the same time maintaining compassion and respect for multiple perspectives—in the treatment relationship, in collaboration with other professionals, and in social action. As one respondent described, meditation practice allowed her to settle down and decide what the right course of action was for her.

This "settling down" process allowed respondents not only to accept multiple views and view right and wrong as being contextually bound, but also to accept the existence of suffering as a part of life. This was an area that was clearly influenced by Buddhist practice. The First Noble Truth in Buddhism is that suffering is a part of living. Respondents clearly accepted this view and found it applicable to their clinical work, rather than subscribing to what Marin (1981) described as our "great therapeutic dream ... that suffering can always be avoided" (p. 74). Meditation had a central role in how respondents addressed suffering: It allowed the respondent to be in the midst of suffering and not be overwhelmed by the magnitude of distress.

Finally, these social workers showed how Zen meditation encouraged responsibility: taking in a situation and then doing what is right depending on "what you see, what is inside of you." Respondents were moved to action from their Zen practice. Zen does not advocate a withdrawal from the world, but rather views itself as a way of preparing to reenter the world (Nhat Hanh, 1993). Zen Buddhism advocates an involvement with others: The vow of the bodhisattva is to help all sentient beings. Respondents learned to be involved with others from both their social work training and their Zen experience. They were able to act imaginatively and decisively without focusing on managing or evaluating the change process. The dichotomy between individual and social change did not exist for these social workers because they understood ethical behavior, whether seen as personal or political, as "flow(ing) spontaneously as a natural expression of identification with all people and all life" (Walsh & Vaughan, 1993, p. 3).

In times when social work is constricted by economic cutbacks, beset by pressures for productivity and performance, and confronted by ethical dilemmas inherent in the profession, it may hearten the reader to know that a number of social workers have found Zen meditation as a way to transcend those challenges and to practice with compassion, creativity, and confidence. Although we do not to suggest that all social workers undertake Zen training, the present study does suggest that spiritual practice can be of assistance to clinical social workers. Ultimately, clinicians are asked to be both scientist and artist, to be able to draw on and apply clinical theory in a way that touches the humanity and vulnerabilities of the particular encounter with a client. As Dass and Gorman (1985) described it,

Placing service in a spiritual perspective in no way diminishes what we have to offer others through training, experience, individuality, special skills, or sense of humor. Quite the reverse. Our particular talents and

unique qualities are likely to come forth more reliably when we have a richer and spacious sense of who we are—the very promise of all spiritual practice. (p. 226–227)

A spiritual practice can show clinical social workers a way to address the challenges of our work and give us a “richer and more spacious sense of who we are.” Meditation points the way to those qualities which make each of us uniquely human. By enriching the qualities of the person, the qualities of the clinician are enhanced.

Although the reintroduction of spirituality into social work is being advocated in the present study, it is important to be respectful of the spirituality or nonspirituality of individual social workers. The respondents in this study found a spiritual practice that was meaningful for them. There are social workers who find no role for a spiritual practice in their life. Each view is equally valid, and it is not the intention here to advocate that all social workers draw on a spiritual practice.

There is a need, however, for the profession to acknowledge that spirituality is a potential source of support for clinical practice. This support can be given through continued research in the field of spirituality enhanced practice, the offering of courses in spirituality in schools of social work and continuing education courses, and through continued support from within the profession of publications and research in this area. The time has come to reclaim an important component of our professional heritage.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. (4th ed.). Washington, DC: Author.
- Babbie, E. (1989). *The practice of social research* (5th ed.). Belmont, CA: Wadsworth.
- Bartunek, J., & Moch, M. (1994). Third-order organizational change and the Western mystical tradition. *Journal of Organizational Change*, 7, 24–41.
- Beck, C. J. (1989). *Everyday Zen: Love and work*. New York: HarperSanFrancisco.
- Berger, E. (1962). Zen Buddhism, general psychology, and counseling psychology. *Journal of Counseling Psychology*, 9, 122–127.
- Berlin, S. B. (1990). Dichotomous and complex thinking. *Social Service Review*, 64, 46–59.
- Bogart, G. (1991). The use of meditation in psychotherapy: A review of the literature. *American Journal of Psychotherapy*, 45, 383–409.
- Brandon, D. (1976). *Zen and the art of helping*. London: Routledge & Kegan Paul.
- Canda, E. R. (1988). Conceptualizing spirituality for social work: Insight from diverse perspectives. *Social Thought*, 14, 30–46.
- Canda, E. R. (2003). Heed your calling and follow it far: Suggestions for authors who write about spirituality or other innovations for social work. *Families in Society: The Journal of Contemporary Human Services* 84, 80–85.
- Canda, E., & Furman, L. (1999). *Spiritual diversity in social work practice: The heart of helping*. New York: Free Press.
- Canda, E., Nakashima, M., Burgess, V., & Russel, R. (1999). *Spiritual diversity and social work: A comprehensive bibliography with annotations*. Alexandria, VA: Council on Social Work Education.
- Chenitz, W. C., & Swanson, J. M. (1986). *From practice to grounded theory: Qualitative research in nursing*. Menlo Park, CA: Addison-Wesley.
- Chung, C. Y. (1990). *Psychotherapist and expansion of awareness. Psychotherapy and Psychosomatics*, 53, 28–32.
- Corbin, J., & Strauss, A. (1990). *Grounded theory research: Procedures, canons, and evaluative criteria. Qualitative Sociology*, 13, 3–20.
- Cornett, C. (1992). Toward a more comprehensive personology: Integrating a spiritual perspective into social work practice. *Social Work*, 37, 101–102.
- Council on Social Work Education Commission on Accreditation. (2003). *Handbook of Accreditation Standards and Practices*. Alexandria, VA: Author.
- Craven, J. (1989). Meditation and psychotherapy. *Canadian Journal of Psychiatry*, 34, 648–653.
- Dass, R., & Gorman, P. (1985). *How can I help?* New York: Alfred A. Knoff.
- Derezotes, D. (1995). Spirituality and religiosity: Neglected factors in social work practice. *Arété*, 20, 1–15.
- Dubs, G. (1987). Psycho-spiritual development in Zen Buddhism: A study of resistance in meditation. *Journal of Transpersonal Psychology*, 19, 19–86.
- Dudley, J., & Helfgott, C. (1990). Exploring a place for spirituality in the social work curriculum. *Journal of Social Work Education*, 26, 287–294.
- Ehrenreich, J. H. (1985). *The altruistic imagination: A history of social work and social policy in the United States*. Ithaca, New York: Cornell University Press.
- Epstein, M. (1990). Beyond the oceanic feeling: Psychoanalytic study of Buddhist meditation. *International Review of Psychoanalysis*, 17, 159–166.
- Glaser, B. G., & Strauss, A. L. (1965). The discovery of substantive theory: A basic strategy underlying qualitative research. *The American Behavioral Scientist*, 8, 5–12.
- Goldstein, H. (1991). Qualitative research and social work practice: Partners in discovery. *Journal of Sociology and Social Welfare*, 18, 101–119.
- Hirai, T. (1989). *Zen meditation and psychotherapy*. New York: Japan Publications.
- Jones, K. (1988). Buddhism and social action: An exploration. In F. Eppsteiner, (Ed.) *The path of compassion: Writings on socially engaged Buddhism*. (Revised 2nd ed., pp. 65–81). Berkeley, CA: Parallax Press.
- Judd, C. M., Smith, E. R., & Kidder, L. H. (1991). *Research methods in social relations*. (6th ed.). Fort Worth: Holt, Rinehart and Winston.
- Kapleau, P. (1965/1989). *The three pillars of Zen*. New York: Anchor Books.
- Kapleau, P. (1980). *Zen: Dawn in the west*. Garden City, New York: Anchor Press.
- Keefe, T. (1975). A Zen perspective on social casework. *Social Casework*, 56, 140–144.
- Keefe, T. (1986). Meditation and social work treatment. In F. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (pp. 156–179). New York: Free Press.
- Kutz, I., Borysenko, J., & Benson, H. (1985). Meditation and psychotherapy: A rationale for the integration of dynamic psychotherapy, the relaxation response, and mindfulness meditation. *The American Journal of Psychiatry*, 142, 1–8.
- Lubove, R. (1977). *The professional altruist: The emergence of social work as a career, 1890–1930*. New York: Atheneum Press.
- Marin, P. (1981). Living in moral pain. *Psychology Today*, 15, 68–80.
- Marmor, J. (1980). Recent trends in psychotherapy. *American Journal of Psychiatry*, 137, 409–416.
- McCracken, G. (1988). *The long interview*. Newbury Park, CA: Sage.
- National Association of Social Workers. (1999). *Code of ethics*. Washington DC: Author.
- Nhat Hanh, T. (1988). *The sun my heart: From mindfulness to insight contemplation*. (A. Huong Nguyen, E. Sand, & A. Laitz, Trans.). Berkeley, CA: Parallax.
- Nhat Hanh, T. (1993). The heart of practice. *Tricycle: The Buddhist Review*, 2, 45.
- Pandita, S. (1988). *Illuminations: A guide to essential Buddhist practices* (G. Wangyal & B. Cuttillo, Trans.). Novato, CA: Lotus. (Original work published 1251)
- Patton, M. Q. (1987). *How to use qualitative methods in evaluation*. Newbury Park, CA: Sage.
- Rahula, W. (1974). *What the Buddha taught* (Rev. ed.). New York: Grove Weidenfeld.
- Rennie, D. L., Phillips, J. R., & Quartaro, G. K. (1988). Grounded theory: A promising approach to conceptualization in psychology? *Canadian Psychology*, 29, 139–150.

- Sahn, S. (1997). *The Compass of Zen*. Boston: Shambhala.
- Sermabeikian, P. (1994). Our clients, ourselves: The spiritual perspective and social work practice. *Social Work, 39*, 178–183.
- Shapiro, D. (1992). A mode of control and self-control profile for long term meditators. *Psychologia: An International Journal of Psychology in the Orient, 35*, 1-11.
- Shrivastva, S., & Copperrider, D. (1990). *Appreciative leadership and management: The power of positive thought in organizations*. San Francisco: Jossey-Bass.
- Suzuki, S. (1986). *Zen mind, beginner's mind*. New York: Weatherhill.
- Torbet, W. (2002). *Toward a theory and practice of timely action*. Unpublished manuscript, Boston College.
- Turner, B. T. (1981). Some practical aspects of qualitative data analysis: One way of organizing the cognitive process associated with the generation of grounded theory. *Quality and Quantity, 15*, 225-247.
- Walsh, R., & Vaughan, F. (1993). The art of transcendence: An introduction to common elements of transpersonal practices. *The Journal of Transpersonal Psychology, 25*, 1–9.
- Winokur, J. (Ed.). (1989). *Zen to go*. New York: New American Books.

Mark J. Brenner, PhD, is assistant professor in the Department of Social Work at Bridgewater State College, **Emeline Homonoff, DSW**, is associate professor, Simmons College Graduate School of Social Work. Correspondence regarding this article may be addressed to m1brenner@bridgew.edu. Correspondence may also be sent to Professor Brenner at Bridgewater State College, Department of Social Work, Maxwell Library, Bridgewater, MA 02325.

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