

MINDFULNESS: HELPING SOCIAL WORKERS

'BRING THEMSELVES HOME'

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Abstract

Social work's heritage involves valuing relationship-based work, while attending to social justice issues. The emotional intensity inherent in social work practice, combined with the stress that is currently characteristic in managerial practice environments, can diminish capacity for relationship-based work, and relegate social justice issues to the periphery. Mindfulness practice has recently has been the subject of investigation for potential benefits that might accrue to helping professionals.

Through an interpretive social science and social constructive lens, a small qualitative study was undertaken to explore the experiences of social workers who have a personal practice of mindfulness, with a view to understanding what mindfulness offers to social workers. The seven participants had extensive social work experience, as well as their own well-developed practice of mindfulness.

Informed by grounded theory, findings suggest that mindfulness complements the traditional roots of social work. The phrase, 'bringing yourself home', is utilized as a central metaphor for an explanatory model for what mindfulness offers to social workers. Mindfulness is a practice that can 'bring social workers home' in two significant ways. Firstly, mindfulness can assist social workers in the personal realm by nourishing their connection to their inner self so that they can be authentic and empathetic in doing solid relationship-based social work practice. Secondly, mindfulness can help bring social workers 'home' to the roots of social work practice, by keeping them attuned to their professional values in terms of social justice issues.

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Chapter 1.1: A Reflection

The Guest House

*This being human is a guest house,
Every morning a new arrival.*

*A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.*

*Welcome and entertain them all!
Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.*

*The dark thought, the shame, the malice.
meet them at the door laughing and invite them in.*

*Be grateful for whatever comes.
because each has been sent
as a guide from beyond.*

*-- Jelaluddin Rumi,
Translation by Coleman Barks*

Chapter 1.2: Introduction

A bell softly rings, its musical tones gently echoing through time and space, sending an invitation to be awake to this moment. A small group of people sit together, close their eyes, and begin to focus their attention on their breath, being aware of each intake of their breath as it enters, and then leaves their body. Is this a group of Tibetan monks sitting together in a century long ago? It could be, but it is not. It is a few social workers who have chosen to spend a few minutes together each day, practicing mindfulness, in order to ‘bring themselves home’.

Mindfulness comes to us from Buddhist traditions that have long been used for both spiritual development and integration of the mind-body experience. Mindfulness was traditionally used by Buddhist Monks as part of their contemplative practice, and continues to be promoted today by such personages as Thich Nhat Hanh, a Buddhist spiritual leader and peace activist. For over thirty years, Western medicine has increasingly been investigating the potential of mindfulness to alleviate a variety of physical and psychological conditions. More recently, attention has focused on possible benefits that mindfulness may offer to those working in helping professions. Can an Eastern philosophy and practice that dates back over 2500 years have relevance for social workers practicing in current Western civilization?

For the past few years mindfulness has come in and out of my life, initially as a clinical intervention I was mildly curious about, then as a possible personal practice to address a need in my own life. I am a social worker in a specialty mood disorders outpatient program. Ten years ago, led by a psychologist with a particular interest in

mindfulness, a small group of clinicians, including myself, would spend a few lunch hours together practising this ‘new’ approach called mindfulness meditation. When these structured opportunities ended, I hoped to continue to explore mindfulness practice on my own, however, in the busyness of life, this faded to a good intention I would get to someday. Work became increasingly hectic, and lunchtime became a time to multi-task, writing notes and responding to emails, while quickly eating something at my desk.

In the meantime, mindfulness reappeared in the program, incorporated into an evidenced-based treatment intervention, Mindfulness Based Cognitive Behavioural Therapy. I was fortunate to have the opportunity to sit in on the group, both participating in the mindfulness exercises, and observing the reaction of outpatients attending the group. Some people never returned after the first few sessions, others stayed and reported experiencing benefits. Working in the medical model of a psychiatric clinic, I wanted to stay current, and therefore started reading more about mindfulness, thinking that this might be a new ‘technique’ I could learn in order to be more helpful to my clients. There seemed to be numerous books accumulating about mindfulness, and it occurred to me that mindfulness was becoming very much a commodity for authors and publishers in the field of mental health. I couldn’t help but wonder if mindfulness might be one of many trends I had witnessed in the treatment of mental health, a current popular modality that would eventually be surpassed by another new revered standard in clinicians’ repertoires.

As I was pursuing mindfulness in an academic fashion and considering these tensions, I experienced some significant losses in my life. Like most of us, in my journey

through life, I have had my own share of personal struggles. A friend shared with me that she had found mindfulness helpful to her, and suggested it might be helpful to me in coping with the sadness and anxiety I was experiencing. I began to practice mindfulness, albeit in an on and off fashion, found I enjoyed this time I devoted to myself, and noticed I was often more able to be present in the moment. I still remained uncertain if mindfulness practice was something I was ready to embrace, however I was eager to explore this further.

My interest in mindfulness had been rekindled, and I wondered if mindfulness would not only be something that would potentially be personally beneficial, but a practice that would be helpful to me as a social worker. Psychotherapy has been the main focus of my work in the program within which I work, and reclaiming my identity as a social worker, while working within a medical model, has been important to me over the past few years. Social work is a complex and intense occupation, and I find it to be personally very rewarding. At the same time, with over thirty years of social work practice experience, I am familiar with both the stress inherent in working in complex organizations, as well as with the fatigue that can come from the emotional intensity of working with clients who are experiencing a range of troubles in their lives. Although mindfulness suggests benefits in coping with stress, I was ambivalent about adopting a new intervention that was being welcomed as a possible panacea to many of life's problems. I wondered where mindfulness would be situated within the ethos of social work, which values relationship-based work with clients, and involves a contextual

awareness of the complex interaction between individual struggles and social justice issues.

As a result, the research question I chose to explore developed as “What does mindfulness offers to social workers?”. I decided to pursue this query by having conversations with social workers that have a well-developed personal practice of mindfulness.

In this thesis, I briefly sketch the traditional values of social work. I outline some of the challenges of the current environments within which practice takes place, including risks to social workers’ well-being that can ensue within agencies and organizations. I explain the basic tenets of mindfulness, and provide a brief synopsis of literature relating to the potential benefits of adoption of a mindfulness practice by social workers and other helping professionals. I review my epistemology and theoretical framework, and discuss my research methodology. I outline my sampling and recruitment process, and detail my method of conducting my research. In terms of reflective practice, I consider my social location and reflect on its impact in my research. Next, I delineate findings from my research. I then discuss the results and implications of my findings, including ideas for future research. I have chosen to enrich my thesis by including quotations of poets and other writers whose work was a source of inspiration to me during my personal journey of studying mindfulness.

1.3 Social Work

In order to consider what mindfulness might offer to social workers, it is helpful to review the nature of social work, including its early roots. The practice of social work

has evolved as a humanitarian discipline that focuses on “two interconnected fronts, a focus of change at the community and societal level, and a focus of change on the individual level” (McLaughlin, A.M., 2002, 189). Traditionally, the heart of social work has been compassion towards individuals, as well as social reform as a means of helping individuals. Mary Richmond, one of the originators of social casework, as cited by McLaughlin (2002) wrote in 1917, that “mass betterment and individual betterment are interdependent, however social reform and social casework of necessity progressing together” (189). Jane Addams, Richmond’s contemporary, took a stronger political stance, advocating for social justice and reform as a primary part of social work’s vocation (Franklin, 1986, 512). The unique juxtaposition of individual struggles within complex and powerful systems epitomizes social work as a profession distinct from other helping disciplines. Based on my own experiences as a social worker, I am aware of how challenging it can be to balance work with individuals while maintaining that crucial perspective of transformative social justice.

Anti-oppressive practice is a key theoretical base from which social workers currently operate. This framework allows social workers to be cognizant of systemic analyses of power imbalances and to have a heightened awareness of multiple marginalizations. The roots of social work remind us that while structural analysis and contextualization of the person-in-environment are important, it is also vital to continue to focus on the client-worker relationship, which Felix Biestek (1957) referred to as the ‘soul of social work casework’, emphasizing the “dynamic interaction of feelings and attitudes between the caseworker and the client” (1994, 630-631). The concept of this

relationship is described in psychotherapy literature as the therapeutic relationship (Hick, 2008, 11). There is considerable evidence in this literature that a good alliance of this nature is related to positive outcomes, regardless of the technique or intervention employed (Bordin, 1979; Horvath & Greenberg, 1994; Wampold, 2001; Green, 2009; Lambert & Simon, 2008). As I have argued elsewhere, concomitant strong worker-client relationships therefore also continue to be imperative in order for social workers to effectively assist individuals and families, and to prevent further marginalization, disempowerment, and alienation for clients navigating the current network of social agencies and healthcare systems.

This dual responsibility of forging strong relationships with clients and communities, while being advocates for social justice, is a challenging heritage. The current socio-political environment is characterized by increasing neo-liberalism, which places an emphasis on locating problems and solutions within the individual (Nobel & Henrickson, 2011; Wallace & Pease, 2011). This doctrine has invaded social agencies and healthcare organizations, rendering balancing social workers' dual responsibility more difficult. The current business model, within which social workers practice, has implications not only for the retention of social workers, but also for the impact of this environment on their overall well being.

Harlow (2004) writes that social workers in Britain are leaving the profession, in part because neo-liberalism has fostered a business model that is in conflict with the philanthropic, relationship-based work of social work roots. Harlow (2004) states,

The current context of social work practice, with its emphasis on science based, rationalistic approaches to improved service delivery,

leaves little space for emotion, a crucial ingredient in the development of relationships... Those leaving social work are doing so partly because of new managerialism, the influence of which is reducing professional autonomy and the relational and caring aspect of practice (174-177).

Aronson and Sammon (2000) have written about increased managerialism in Ontario, and a resultant narrowing of social work practice. (168-171). Managerialism views efficient management as the key in human services, with adherence to numbers and targets being privileged over effectiveness (Tsui & Cheung, 2004, 439). Within this structuring of organizations, social workers are left to balance increasingly large and complicated caseloads, and have greater demands regarding documentation, often with little supportive supervision (Noble, 2009, 345).

1.4 Risks to Social Workers, Risks to Social Work Practice

“Those who are without compassion cannot see what is seen with the eyes of compassion.” (Hanh, retrieved Aug.8, 2012)

Social workers continue to be drawn to the profession by personal goals of wanting to help others and to address social justice inequities. The current climate of managerialism, however, creates a significant dissonance between ideals and reality, and social workers often feel that:

The realities of their jobs are at odds with their sense of good practice: that is, reflective practice built on informed relationships and planful engagement that addressed both people’s immediate problems and their links with the broader conditions of their lives (Aronson and Sammon, 2000, 175).

Taylor (2007) has written about a new concept called ‘professional dissonance’, which is defined as a “feeling of discomfort arising from the conflict between professional values and job tasks” (89). This dissonance is particularly prevalent for social workers who may need to choose between the needs of their client and the

demands of their organization (Taylor, 2007, 90). This concept of dissonance relates to pre-existing theories about issues of job satisfaction and burnout (Taylor, 2007, 98).

With increasing dissonance between social work ideals and managerial agendas, social workers may be at a greater risk of burnout, which has been described by Conrad and Kellar-Guenther (2006) as a syndrome of “emotional exhaustion” and a loss of “a sense of mission in one’s work “as result of stress in a job, which results in disengagement at work” (1073). Increasingly consumed by paperwork, social workers are more vulnerable to job dissatisfaction, stress, and burnout (Boyas & Wind, 2010, 380). Lloyd, King and Chenoweth (2002) indicate organizational factors including not only work pressures, but relationships with supervisors are indicative of social workers’ propensity for burnout (263).

Syndromes of professional dissonance and burn-out have significant implications for social workers’ ability to carry out relationship-based work which is characterized by respect and compassion for clients. Mandell (2008), citing Leiter, suggests that social workers who are feeling ‘burned out’ tend to “protect themselves by distancing from, and depersonalizing their clients in order to minimize the intensity of their own emotional experience” (242). As social workers become detached, their ability to engage in relationship-based work deteriorates, and they may be in danger of seeing “their client’s acts as though they were disembodied from the clients themselves” (Davies & Collings, 2008, 11).

In addition, social workers are at risk of experiencing compassion fatigue, a term initially developed by Figley (2002) to describe a condition that is “a function of bearing

witness to the suffering of others” (1435). Vicarious trauma, while having “nuanced differences” from compassion fatigue, is a construct that is often used interchangeably in the literature, and will be likewise utilized in this paper (Thomas and Otis, 2010, 84). Compassion fatigue involves ‘psychic overload’, and results from internalizing clients’ intense emotion and trauma (Conrad and Kellar- Guenther, 2006, 1072). Coping with empathetic concern for clients requires “a conscious, rational effort to recognize that she or he must let go of the thoughts, feelings, and sensations associated with the sessions with the client” (Figley, 2002, 1438). This is reminiscent of Carl Rogers (1992), a champion of client-centred work, who emphasized that while empathy is an essential ingredient in building a therapeutic relationship, and signified that workers need to be able “to sense the client’s anger, fear or confusion, as if it were your own”, also cautioned that empathy must take place, “without your own anger, fear and confusion getting bound up in it” (829). Finding a means to prevent your own emotions from becoming entangled in interactions with clients, without draining your ability to feel empathy, and without resorting to distancing yourself, can be an ongoing struggle. While empathy is generally agreed on as an essential element that increases the therapeutic alliance, Thomas and Otis (2010) cite Figley (1995), in suggesting, “empathetic responses may also be a major pathway by which a client's trauma induces the therapist trauma experience”(85). Figley (2002) suggests that in order for therapists to protect themselves from compassion fatigue, they need to find a balance between empathy and emotional separation that is distinctive from the clients’ experience (1433). Radey and Figley (2007) indicate that

when affected by compassion fatigue, social workers become exhausted and depleted, which can then result in “feelings of hopelessness and disconnection from others” (207).

Compassion satisfaction, on the other hand, is described by Thomas and Otis (2010), citing Stamm (2005), as “positive feelings received from doing helping work effectively” (84). It has further been explained as the sense of fulfillment workers experience as result of feeling good about their efforts to help their clients, and there is a suggestion that compassion satisfaction may mitigate compassion fatigue (Conrad & Kellar-Guenther, 2006, 1072-1073). However, workers’ sense of satisfaction can diminish when the mission of helping others, which initially drew them to social work, is relegated to the sidelines as managerial concerns take predominance.

While the increasing administrative component of social work requires documentation and check box assessments, the essential clinical and casework aspect of front line social work jobs continues to involve serving as a recipient of stories of pain and trauma. This results in social workers worrying either over the little they can do to help within narrowing service structures, or anguishing over their own possible contribution to suffering, as the requirements of some social work jobs means balancing establishing trusting relationships with risk management and reporting.

Social work supervision once provided a space to debrief from these difficult encounters through reflective case discussion, however supervision now, if it happens at all, tends to be focused on monitoring documentation and task completion (Foster, 2001, 86). With this gap in support, social workers need a space to process the emotions engendered in work with clients (Davis & Collings, 2008, 12).

Risks to social workers' well-being that can result from professional dissonance, burnout and compassion fatigue, also act as an impediment to their ability to continue to engage with clients and do relationship-based work. As I argue elsewhere, social workers are in need of help for themselves if they are going to continue in their chosen career, and also bring vibrancy and compassion to their vocation. Social workers value empathy and compassion, however also need to find a way to protect themselves from the emotional intensity of their work and the stress of working in managerial environments. Radey & Figley (2007) propose that self-care can potentially support clinicians' internal resources, and allow for greater compassion satisfaction at work, mediating other stressors (210). They suggest that appropriate self-care can foster positive affect, and that when:

Applied to clinical social workers, positive affect provides clinicians with additional ideas and ways of intervention with clients, while negative affect and the resulting lack of innovative ideas restricts clinicians' ability to help clients (Radey & Figley, 2007, 209).

In order to protect themselves from burnout and compassion fatigue, and to foster the original feelings of optimism and joy that led to choosing this vocation, social workers need a way to nourish their relationship with themselves. Similarly, attention to broader issues of social justice, an approach that integrates the context of environment, and supports advocacy work, is fostered when social workers have a sense of purpose, satisfaction, and personal well-being.

This small qualitative research study explores what mindfulness practice has to offer in this regard to social workers in both these areas.

1.5 Mindfulness

“Waking up this morning, I smile. Twenty-four brand new hours are before me. I vow to live fully in each moment and to look at all beings with eyes of compassion.”
(Hanh, retrieved Aug.3, 2012)

Mindfulness has its roots in Buddhist philosophy and spiritualism, and is based on the teachings of Siddhartha Buddha, who “practiced meditating and searched for enlightenment over 2500 years ago” (Hanh, 1987, 24). Hanh explains that,

The root word ‘budh’ means to wake up, to know, to understand. A person who wakes up and understands is called a Buddha. The capacity to wake up, to understand and to love is called Buddha nature” (1987, 23).

This translation by Hanh serves as an apt metaphor for describing mindfulness, which is somewhat of an amorphous concept. Jon Kabat-Zinn (2003), a well known mindfulness proponent, explains in more detail that mindfulness is “the awareness that emerges through paying attention, on purpose, in the present moment, non-judgmentally, to the unfolding of the experience, moment to moment” (145). It might appear from this definition that mindfulness is a simple and natural endeavor. When we were children, it may have been, as children often completely immerse themselves in the present as each day brings a new discovery about themselves and the world around them. As adults, in a Western culture, we do not cultivate this present moment awareness, instead are often on automatic pilot, a mode in which we are reacting automatically and unconsciously to both the outside world and our own inner experiences (Kabat-Zinn, 1990, 23). In this mode, we have a tendency to tell ourselves a ‘story’ to explain our physical sensations and emotional experiences, and then behave in conditioned ways in relationship to this inner narrative (Kabat-Zinn, 1990, 23). When functioning in automatic pilot mode, we lose

connection to awareness of ourselves, as well as to the world around us. Who has not driven on a familiar route to arrive at your destination, only to find you have no awareness of the drive there? Much of our journey through life can take place in this mindless automatic pilot state. Kabat-Zinn (1994) suggests that in these moments we not only lose touch with ourselves, but also move into a “robot like way of seeing and thinking” (xiii). Mindfulness, then, is a means to take us out of automatic pilot mode, to awareness of the present moment.

1.6 Meditation

“Breathing in, I calm body and mind. Breathing out, I smile. Dwelling in the present moment I know this is the only moment.” (Hanh, retrieved Aug. 3, 2012)

Mindfulness is cultivated through the experiential process of meditation practice, and by integrating moments of mindfulness into a way of life that shifts us from the more familiar ‘doing mode’ to a ‘being mode’ (Kabat-Zinn, 1990, 96). Kabat-Zinn (1990) indicates that cultivation of mindfulness involves,

Learning how to stop all you're doing and shift over to a being mode, learning how to make time for yourself, how to slow down and nurture calmness and self acceptance in yourself, learning to observe what your own mind is up to from moment to moment, how to watch your thoughts and how to let go of them without getting so caught up and driven by them, how to make room for new ways of seeing old problems, and perceiving the interconnectedness of things (20).

A novice practitioner may approach mindfulness meditation with the hope of achieving a particular experience, such as a feeling of deep relaxation, or a state of bliss. Mindfulness meditation, however, is conceived of as a non-striving activity, where the goal is not to attain a state of calmness or relaxation, but to accept experience in the

moment, even if the experience is uncomfortable (Kabat-Zinn, 1990, 32). Mindfulness involves cultivating a moment-to-moment awareness of how things are in the present without trying to change anything (Kabat-Zinn, 1990, 20). This seems like a paradoxical approach, since we often attempt to retreat from feelings of pain or emotional unease (Kabat-Zinn, 1990, 37). I suggest this is counter-intuitive to Western perspectives, which promote resistance to stress and pain through medications, and distraction from uncomfortable feelings through busyness.

Initial induction into mindfulness meditation is often done via a body scan exercise, in which participants focus on their breath, then gently and intentionally move awareness to different parts of their body, just noting the presence or even absence of sensations, then returning to focus on their breath (Segal, Williams & Teasdale, 2002, 110-113). This can be a disconcerting experience, since we are often disconnected from what is happening in our bodies, and do not pay attention to what our body might be trying to tell us (Kabat-Zinn, 1990, 76). Hanh (1987) indicates it is important that we learn to “contemplate body in the body”, as opposed to disconnecting ourselves by intellectualizing our experience (45).

It is normal and expected that the mind will wander in meditation, and Kabat-Zinn (1990) encourages acknowledgement of these meanderings as an interesting phenomenon, and as a reminder to gently escort our attention back to the anchor of our breath (68).

Kabat-Zinn suggests we embrace,

The process of observing body and mind intentionally, of letting your experiences unfold from moment to moment and accepting them as they are. It does not involve rejecting your thoughts nor trying to clamp down on them or

suppress them, nor trying to control anything at all other than the focus and direction of your attention (1990, 23).

Kabat-Zinn (1990) proposes that thoughts be viewed non-judgmentally, observed as discrete events that appear in our field of awareness, acknowledged, and then let go (68). This author suggests that we often caught up with judging our experiences (Kabat-Zinn, 1990, 33). As a result, much of our thinking relates to unquestioned assumptions or biases, or relates to the constantly shifting current of emotions and physical sensations that form a backdrop to our lives.

Mindfulness meditation was publicly introduced in North America in the 1960's as a somewhat unorthodox, mystical practice. At that time, "the very word meditation tended to evoke raised eyebrows and thoughts about mysticism and hocus-pocus in many people" (Kabat-Zinn, 1990, 21). In the 1980's, Kabat-Zinn, a molecular biologist who had a well-developed personal mindfulness practice, decided to bridge cultivation of this ancient practice by introducing it into a Western based medical treatment program. He pioneered teaching mindfulness meditation at the University of Massachusetts Medical Centre to a group of patients who had been diagnosed with a variety of physical and psychological disabilities. He created what he termed a Mindfulness Based Stress Reduction (MBSR) program, developed it for a number of years, and wrote Full Catastrophe Living (1990), which detailed this approach. This book was pivotal for translating the experiential process of mindfulness meditation into concepts that could be more readily understood and accepted by Western readers, since it distanced the practice from the religious precepts of Buddhism, and tied the practice to alleviation of medical

conditions within a hospital setting. Kabat-Zinn offered a fresh way to deal with “the poignant enormity of our life experience” (Kabat-Zinn, 1990, 6).

Chapter 2: Literature Review

*Today, like every other day, we wake up empty and frightened.
Don't open the door to the study and begin reading.
Take down a musical instrument. (Rumi, retrieved Aug. 3, 2012)*

2.1 Clinical Interventions

Since Kabat-Zinn (1990) wrote Full Catastrophe Living, there has been an explosion of writing about mindfulness. The discourse on this topic continues to accumulate both in relationship to clinical interventions and self-help endeavours. Caversham booksellers in Toronto lists 515 books and DVD's in their catalogue focused on the topic of mindfulness (retrieved 19/08/2012). David Black (2012) operates an internet based service called Mindfulness Research Monthly, providing links to the most current publications relating to research on this topic; the July 2012 issue lists 52 new articles that readers can pursue (retrieved, 08/08/2012). A review of the literature in regards to mindfulness is therefore a daunting task, and for the scope of this MSW thesis, only a selection will be referred to.

Subsequent to the development of Mindfulness Based Stress Reduction by Kabat-Zinn, other clinical interventions developed which incorporated some aspect of mindfulness, including Mindfulness Based Cognitive Therapy (MBCT), by Segal, Williams and Teasdale (2002), Dialectical Behaviour Therapy, by Marsha Linehan

(1993), and Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 2001). Baer (2003) completed a meta-analysis and concluded, “in spite of significant methodological flaws, the current literature suggests that mindfulness-based interventions may help to alleviate a variety of mental health problems and improve psychological functioning (139). This review, while suggesting further research needed to be completed, supported the efficacy of clinical interventions incorporating mindfulness.

There is also some emerging literature speaking to contraindications to mindfulness that should be noted (Dobkin, Irving and Azar, 2012, 44). These authors indicate there have been instances of mindfulness resulting in adverse effects, in terms of “manifesting various mental health issues following experiences with various types of meditation”, and specifically they point to instances involving psychosis and trauma (Dobkin, Irving and Azar, 2012, 44). These authors suggest that there is some indication that screening needs to be done beforehand in terms of assessing suitability for training in mindfulness meditation (Dobkin, Irving and Azar, 2012, 44).

2.2 Mindfulness and Helping Professionals

In this section, I review literature focused on the application of the impact of mindfulness training for helping professionals, much of which is written by psychologists. I next discuss literature specific to mindfulness and social workers, referring to applications for mindfulness for social work students and working practitioners.

While mindfulness was being investigated by one segment of researchers as a clinical intervention, Shapiro, Shwartz, and Bonner (1998) used a quantitative randomized controlled trial (RCT) to explore possible mediating effects of mindfulness on stress for a non-clinical population. They introduced a seven week Mindfulness Based Stress Reduction (MBSR) elective course to premedical and medical students (Shapiro et al, 1998, 585). Data from a variety of measures given both pre and post intervention indicated that participants in the MBSR group reported less psychological distress and anxiety, as well as significantly increased scores on empathy (Shapiro et al., 1998, 592). While this early study suggests benefits to a non-clinical population, the authors note that a mediating factor that may be significant is that the intervention created a safe place for “participants....to share experiences, feelings and difficulties” (Shapiro et al., 596). While using university students as a recruitment pool is convenient, participants were taking this as a course at school, and were aware they were learning mindfulness as part of a research study. Social desirability in terms of responses may have been a factor in the results (Shapiro et al., 594).

Grepmaier et al’s (2007) study is significant in that it focused on the potential impact on patients, when their therapists had some training in mindfulness (332). In this small quantitative RCT, nine psychotherapy students were trained in Zen based mindfulness meditation, while a control group of students did not receive this till later (Grepmaier et al., 2007, 332). The 124 patients enrolled in the study were blinded as to whether their therapist had mindfulness training or was in the control group (Grepmaier et al., 2007, 334). Results indicate that patients of the therapists practising mindfulness

scored higher in terms of clarification and problem solving, and these patients subjectively experienced greater progress in therapy in a number of areas, than those patients seen by therapists in the control group (Grepmaier et al., 2007, 337). Given that the study by Shapiro et al (1998) demonstrated an increase in empathy in medical students, it would make sense that the patients in Grepmaier et al's (2007) study may have shown improvement, if these therapists-in-training also developed increased empathy. This study was limited by the small sample size, and again there was no long term follow up. A similar study with a larger sample of participants, over a longer period of time, would be interesting to see.

Another study explored mindfulness through offering a free Mindfulness Based Stress Reduction program to a range of healthcare professionals currently engaged in clinical practice (Shapiro et al., 2005, 167). Shapiro et al (2005) highlighted the risks for healthcare professionals in terms of the impact of stress, including increased depression, decreased job satisfaction, disrupted personal relationships, and psychological distress (165). Shapiro et al (2005) note the harmful impact of stress in terms of professional effectiveness, including decreasing attention and decision-making skills, and reducing providers' ability to establish a strong relationship with patients (165). Participants in the intervention arm of the study were offered a two-hour weekly, eight week long course in mindfulness-based stress reduction (Shapiro et al., 2005, 167). The greatest benefits for participants in the MBSR group, as compared to controls, were significant reductions in perceived stress and an increase in self-compassion (Shapiro et al., 2005, 172). Because of these benefits, the authors suggest that mindfulness training for healthcare

professionals may be an indirect means of enhancing patient care, as there is existing literature which details that job burnout and stress experienced by these workers is linked to decreased patient satisfaction with care (Shapiro et al., 2005, 173). It is significant to note that of the 18 participants in the MBSR group, 8 (44%) dropped out, and these participants reported that this was due to lack of time and increased responsibility (Shapiro et al., 2005, 172). It is paradoxical that workers, who may benefit from mindfulness due to the stress in their lives, may be too busy to take advantage of an opportunity to add something to their life that could be beneficial. It is also possible however, that there could be alternate explanations for participants dropping out of the MBSR program, which were not reported. It may be more socially acceptable for healthcare professionals to say they are too busy, rather than saying that they didn't like practising mindfulness. I would think there may be a self-selection during the first few weeks of the program, in that those who find that mindfulness is meeting some personal need, may be more likely to continue with the program. The authors conclude that in order to prevent burnout and increase job satisfaction for healthcare professionals, "creative means of incorporating the intervention into work hours are important to consider" (Shapiro et al., 2005, 172).

Christopher et al (2010) took a different approach than the previous studies discussed, as they utilized a qualitative study looking at the long-term influence of mindfulness training for counsellors and psychotherapists. The authors had previously provided an elective Masters level university course entitled 'Mind/Body Medicine and the Art of Self-Care', which provided both mindfulness training and tools for practical

self-care (Christopher et al., 2010, 323). Participants had taken the course within the past 2-6 years, and were now working in the field of counselling. This study offers research into the long-term impact of the class students attended (Christopher et al., 2010, 322). Content analysis suggested two main themes, that of the impact of mindfulness in both the participants' personal and professional lives (Christopher et al., 2010, 325). In terms of personal life, areas identified in the qualitative data that showed a positive impact included personal developments, increased awareness of self and relationships, increased acceptance and compassion, and diminished emotional reactivity (Christopher et al., 2010, 326). Areas of professional practice impacted included their experience of self while counselling, such as awareness, acceptance, reactivity and presence. In addition, participants believed therapeutic relationship was positively influenced by mindfulness (Christopher et al., 2010, 326). Christopher et al (2010) suggest that mindfulness practice helps therapists to manage affect and counter-transference reactions, and to maintain therapeutic presence and responsiveness (342). The authors conclude that mindfulness training offers a promising approach to therapist self-care, and that mindfulness training for students appears to have a long-term influence on their professional lives (Christopher et al, 2010, 342). However, the original course encompassed more than mindfulness, therefore it is difficult to separate components that had an impact on participants.

Cigolla and Brown (2011) completed a qualitative study exploring how therapists with a mindfulness practice bring this into their personal life and professional work. The educational background of participants was not indicated, however participants were registered with either a counselling and psychotherapy association or psychological

society (Cigolla & Brown, 2011, 711). Researchers used an interpretive phenomenological analysis of responses to semi-structured interviews (Cigolla & Brown, 2011, 711). The overall theme that emerged was that therapists see mindfulness as a “way of being” that is integrated into both personal and professional life, as well as a “way of being” to encourage clients to embrace (Cigolla & Brown, 2011, 712). This study identified that participants were looking for “something” and quote one participant’s description of her experience of mindfulness as, “tapping into a secure base, a kind of coming home to something....a spaciousness, but also solidity, groundedness.”(Cigolla & Brown, 2011, 713). Participants described an increased self-awareness when conducting therapy, and also an enhanced “ability to follow the relationship process unfolding between therapist and client” (Cigolla & Brown, 2011, 714). The authors indicate that therapists both implicitly modelled mindfulness as a “way of being” in therapy as well as, “embodying it in the therapeutic relationship” (Cigolla & Brown, 2011, 716). The authors remind us that since this is a qualitative study, the responses of the participants is subjective and may not be representative of all therapists who practice mindfulness, and also that there was no control group utilized of therapists who do not have a mindfulness practice (Cigolla & Brown, 2011, 719).

While the above studies did not focus on social workers, the implications are of significant interest. Two quantitative studies in which Shapiro was a main investigator indicate decreased stress as an outcome of mindfulness practice, with the first study suggesting increased self-compassion, and the second noting increased empathy towards others. Grepmaier et al’s (2007) research suggests benefits to patients’ progress when their

therapist has a practice of mindfulness. The qualitative studies by Christopher et al (2010), and Cigolla & Brown (2011), report that mindfulness has significant perceived benefit on counsellors and therapists' experience of self, and this perception translates into benefits in the therapeutic relationship with clients.

In both Shapiro et al (1998) and Christopher et al (2010)'s studies, mindfulness was offered to students who could learn about mindfulness as part of a course at school, before they entered the busy practice environment of full time work. It is all noteworthy that when mindfulness was offered to healthcare practitioners by Shapiro et al (2005), many dropped out, reporting this was due to the demands of their work. This may have significance in how and when mindfulness can be best introduced to social workers.

2.3 Mindfulness and Social Workers

There is currently scant research completed by social workers on the use of mindfulness by our profession as a personal practice. In this section I refer to research by social workers in this area and also include a synopsis of conceptual pieces composed by social workers regarding their thoughts on the theoretical possibilities that mindfulness can offer to professional social work training and practice. Many of this literature is focused on the internal experiences of social workers, particularly in regard to their experiencing stress while being the recipients of clients' narratives. Only a few social workers are considering the relationship of social workers to issues of social justice.

Hick (2009) has identified social work as a "location from which to examine the relationship between mindfulness and social change, specifically because social work

values a dialectical approach to the inner and outer world” (Hick & Furlotte, 2009, 6). Hick proposes a potential role for mindfulness in social work in terms of impacting on micro, mezzo and macro practice (Hick, 2009, 23). He suggests that mindfulness will allow social workers to be attentive to intentions for social change, and to facilitate analysis of structural causes of injustice (Hick, 2009, 24). Sarah Todd has looked at integrating mindfulness and the struggle for social justice inherent to community work (2009, 173). She writes,

The reason for suggesting and integration of mindfulness practices into community work is Friere’s (1993) belief that overcoming oppression requires internal work to see the interconnectedness of all human beings and to recognize the inherent humanness and value in all of us (2009, 178).

Both Todd and Hick suggest that the internal work that mindfulness offers may increase social workers’ awareness of structural oppression and inequities, and thus may be a foundation for social justice work.

The following study by Thomas and Otis (2010) does not include training in mindfulness, instead researches mindfulness as a set of pre-existing skills already held by some individual social workers. This research is relevant to the topic of this thesis, in that it also examines several aspects of social workers’ professional quality of life. In this study, Thomas and Otis (2010), both social workers on the faculty of the University of Kentucky, explore intrapersonal skills or abilities that might not only reduce the risk of both burnout and compassion fatigue for practicing social workers, but also to increase their sense of satisfaction with their jobs. In addition, the authors considered if these skills could also prevent “jeopardizing practitioners’ empathetic engagement” (Thomas & Otis, 2010, 83). In this quantitative study, surveys were mailed to a random selection of 400

licensed clinical social workers, with a final sample of 171 participants who had an average of 21.3 years of social work experience (Thomas and Otis, 2010, 87). Several established measures were used, including the Five Facet Mindfulness Self-Report (Thomas and Otis, 2010, 88). This scale purports to measure five components of mindfulness: observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience (Baer et al, 2008, 329). This study is the first to investigate the relationship between mindfulness skills, and compassion fatigue, burnout, and compassion satisfaction (Thomas & Otis, 2010, 92). In addition, the study also examines empathy and emotional separation experienced by social workers, and propose that social workers need to find the right balance between the two (Thomas & Otis, 2010, 86). The authors cite Corcoran (1982) in defining emotional separation as “emotional self-other differentiation between a respondent and an other” (Thomas & Otis, 2010, 89). Results indicated that respondents with higher levels of emotional separation were at lower risk of compassion fatigue and burnout as well had higher compassion satisfaction scores (Thomas and Otis, 2010, 92). The authors indicate that “the ability to be in a differentiated observer position allowed for empathetic engagement while minimizing aversive responses” (Thomas and Otis, 2010, 93). Higher mindfulness scores had the strongest correlation with higher levels of compassion satisfaction, and also with lower levels of burnout (Thomas and Otis, 2010, 92). These results suggest it is possible to be empathetic, and not experience burn out, and to receive benefits from social work practice in terms of compassion satisfaction. The authors suggest that “it is not caring for clients that puts social workers at risk for compassion fatigue or burnout, but rather that

risk occurs when practitioners care for clients without the ability to keep themselves separate” (Thomas and Otis, 2010, 93). The results of this study have added to knowledge development by suggesting that increased emphasis on management of internal emotional states is as important for clinicians as it is for clients (Thomas and Otis, 2010, 94). The authors suggest that professional training programs should investigate the best way to offer mindfulness training to social workers (Thomas and Otis, 2010, 94).

Birnbaum (2008) piloted a study that included mindfulness training for a group of social work students, who “wished to experience mindfulness meditation, enhance self-awareness, and decrease emotional stress” (839). This qualitative research involved an eight-week group that included reading about mindfulness, and practising meditation (Birnbaum, 2008, 840). Findings indicate that students benefited from this mindfulness course by acquiring self-knowledge and learning self-containment skills (Birnbaum, 2008, 837). Birnbaum (2008) concluded that mindfulness created an “accompanying place” in which students could “work through their complex emotions of being social work trainees” (841). She notes overlaps with reflective practice, however states that reflective practice may have more of a critical observation flavour as opposed to the non-judgemental, compassionate attitude that mindfulness suggests we bring to our experiences (Birnbaum, 2008, 847). The author cautions that boundaries need to be maintained between support and therapy, and that the social work educator conducting the class needs to be an experienced mindfulness practitioner (Birnbaum, 2008, 847).

Other social workers have written about mindfulness, considering its’ potential for use by the profession. Wong (2004) has described mindfulness as an entry to “knowing

through discomfort” (4). This author reports she asked students what their feeling of discomfort experienced in class was trying to tell them, about both themselves, and their social location (Wong, 2004, 4). She suggests using mindfulness practice to integrate another way of knowing based on emotional and embodied experience to the intellectual-based critical approach to understanding usually used in university courses (Wong, 2004, 1). Coming from another perspective, Bogo and Mishna (2007) theorized that mindfulness may help social work educators process their own emotions in the course of their work, and allow them to develop their reflective practice in terms of issues of diversity and oppression in the classroom (529).

A gap in the literature exists in term of qualitative research with experienced social workers who have an on-going mindfulness practice. There are studies in which students from various helping professions, including social work, receive some brief training in mindfulness (Shapiro et al, 1998; Grepmaier et al, 2007; Birnbaum, 2008). Christopher et al (2010) and Cigolla and Brown (2011) include mindfulness training to counsellors and psychotherapists, however these participants were not social workers, and therefore they did not receive training based in social work principles and values. Thomas and Otis (2010) looked at whether some social workers may be more inclined to have traits of mindfulness, as measured on a particular scale, however these participants may or may not have practised mindfulness.

In particular, I could not find any literature in which social workers developed and maintained a personal practice of mindfulness as a personal choice. Hick and Todd have both addressed possibilities for the integration of mindfulness into work for social

change, however apart from these authors, there appears to be nothing written about mindfulness and social justice from the perspective of practising social workers. I am therefore hoping that this thesis will contribute to knowledge accumulation regarding what mindfulness offers to social workers.

Chapter 3: Methodology

“Mindfulness is a deceptively simple concept that is difficult to characterize accurately. Intrepid scholars must enter the shadowy realm of consciousness, the domain from which mindfulness arises” (Brown and Ryan, 2004, 242).

In this section, I outline research dilemmas when studying mindfulness. I describe how I have chosen to enter this “shadowy realm of consciousness” (Brown & Ryan, 2004, 242) by discussing my epistemological framework, my choice of methodology and my method. I also discuss my sampling and recruitment process. I then detail my participants’ experience with both social work and mindfulness. I also review my method of data collection and the process of analysis. I follow with reflecting on my social location.

3.1 Research Dilemmas

Mindfulness is “embodied and experiential, making objective instrumental definition difficult, if not impossible. It is tricky to understand conceptually and should ideally be experienced to be comprehended” (Hick, 2009, 2).

Undertaking research into the ancient spiritual practice of mindfulness presents complications and challenges. In order to understand the research conundrums presented by mindfulness, it is necessary to remain cognizant of the Eastern based spiritual origins of mindfulness, as well as the experiential nature of the process. It is difficult to say if the concept of mindfulness, as originally posited by Buddhist meditators, is in any way

altered as we socially construct its meaning to suit the needs of Western research. Baer (2003) cautions that while,

Mindfulness based interventions can be rigorously operationalized, conceptualized and empirically evaluated...this risks overlooking the long tradition from which mindfulness meditation originates. As described by Kabat-Zinn (2000) the practice of mindfulness meditation is concerned with the cultivation of awareness, insight, wisdom, and compassion, concepts that may be appreciated and valued by many people, yet difficult to evaluate empirically (140).

Much of the research around mindfulness has been conducted from a positivist theoretical perspective. Operational definitions have been developed, and scales have been utilized to measure both traits and states of mindfulness (Bishop, Scott, 2004; Baer et al., 2008; Lau et al., 2006). Bishop et al have proposed a two component model of mindfulness that involves both self-regulation of attention and adopting an orientation towards one's experiences in the present moment, which is characterized by curiosity, openness and acceptance. (Bishop et al, 2004, 232). Researchers have developed several scales that have professed to break mindfulness down into detailed component parts and measure each of these. Examples of this are The Toronto Mindfulness Scale developed by Lau et al (2004) to "assess the subjective experience of a mindfulness state retrospectively" (1447) and the Five Facet Mindfulness Questionnaire developed by Baer et al (2008) that measures skills associated with mindfulness (329).

While such measures meet criteria for evidenced based scientific research, questionnaire styles of measures can be narrow and may not encompass the full scope of mindfulness, because mindfulness is such an internal and subjective endeavour. In addition, Brown and Ryan (2004) express concern that other variables can come into play

when measuring mindfulness before and after a period of mindfulness training (246). Participants in the mindfulness groups would have awareness of the goal to increase mindfulness, and “care will have to be taken to lessen the effects of social desirability and demand characteristics” (Brown & Ryan, 2004, 246). This presents another concern in researching mindfulness, in that mindfulness is intended to be a non-striving activity. Once an individual is a participant in a mindfulness research trial, there can be a tension between just accepting the experience for what it is, and striving for a particular outcome, whether that is to become more relaxed, to assist with depression, or to cope with pain.

3.2 Epistemology and Theoretical Framework

Mindfulness emphasizes experiential awareness of the moment, an internal state that is very subjective and lends itself well to the lens of Interpretive Social Science (ISS), which I have chosen to inform my methodology. ISS recognizes that “multiple interpretations of human experience are possible” and proposes that the researcher “enters the reality” of the participant (Neuman, 1997, 70-72).

Social constructionism also informs my theoretical perspective. Burr (1995) writes that,

Social constructionism insists that we take a critical stance towards our taken-for-granted ways of understanding the world, including ourselves...and to challenge the view that conventional knowledge is based upon objective, unbiased observation of the world (2).

Social constructionism is relevant to considering how mindfulness, an ancient Eastern practice, has been socially constructed through a scientific research lens by Western medicine with the intention of bringing ‘objective and unbiased observations’ to this phenomenon. As I have

previously argued, while these studies have made significant contributions to knowledge, the quantitative methodology used brings a narrowing to the scientific construction of mindfulness.

3.3 Methodology: Qualitative Research

My interest has been to study mindfulness through another doorway into understanding, qualitative research, which seeks not to measure, but to bring a way of knowing that gives a richer understanding of experience. Allen et al (2009) write that qualitative research,

Can also elucidate particular explanatory processes assumed to be important on theoretical grounds. Most important, qualitative approaches can capture the quality of people's lived experiences. Given that mindfulness is an experiential phenomenon and that the target of mindfulness training is a person's experience of their thoughts, feelings and bodily sensations, it is important to ask about people's experience (414).

As I am interested in how participants make meaning of their experience of mindfulness, a qualitative study is clearly indicated.

3.4 Grounded Theory

My research is informed by grounded theory, which was originally developed by Glaser and Straus (1967). I chose grounded theory because it allows theory to emerge from the data, and also allows the researcher to interact with the data in a dialectical developmental progression (Strauss and Corbin, 1998, 203). Grounded theory methodology is a good fit for my study because I wanted to explore and hypothesize an explanatory theory to address my research question of what mindfulness offers to social workers. More recently, Charmaz (2012), who comes from a constructionist perspective, suggests that grounded theories themselves are “constructions of reality”, and that we construct rather than discover theories “through our past

and present involvements and interactions with people, perspectives, and research practices” (retrieved 2012, 19). Charmaz’s (2012) position resonates with my epistemological framework, and I tried to be cognizant of this view throughout my study and my data analysis.

3.5 Sampling and Recruitment

Prior to stating my research, I applied for and received approval from the McMaster Research Ethics Board (Appendix A). Seven social workers were recruited through a snowball style of sampling. My approach to sampling combined elements of theoretical and purposive sampling. I chose to use aspects of theoretical sampling so that emerging theory from initial interviews could influence both the choice of further participants, and directions taken in succeeding interviews. In terms of purposive sampling, I also hoped to recruit participants who work in a variety of social work settings, such as private practice, social agencies, and hospitals etc., in order to expand the breadth of responses I would have available to analyze.

An email script was sent to two main contacts, social workers with some interest in mindfulness, who in turn forwarded this script to an expanded circle of social workers (Appendix D). Recipients were informed that they could decline to participate and I emphasized that participation was voluntary. I originally had a recruitment poster, however I had no difficulty recruiting participants from my snowball method and email script, therefore I never had to use the poster and therefore it is not included in Appendices.

3.6 Participants

Participants in this study had considerable experience as social workers, ranging from 8 years to 33 years. Three of the participants were men and four were women. In their careers,

participants had engaged in a variety of social work practice areas, in a multiplicity of roles. All but one are currently involved in direct practice work with clients. Several had a background in child welfare and supervision at various levels in agencies. There was a diverse representation of clinical work experience, including private practice, palliative care, mental health, family counselling, group work and completing risk assessments. In addition, the participants who are involved currently in direct practice spoke of introducing mindfulness into their work with clients. In their clinical work, both past and present, participants utilized an eclectic mixture of therapy techniques, including but not limited to, psychoanalytic theory, narrative therapy, cognitive behavioural therapy, and energy healing. They described integrating various techniques throughout the development of their career. Some participants had also been involved in community development work, as well as in speaking engagements to community groups on an assortment of topics. In addition, participants described their involvement in teaching, both directly with social workers students completing internships, as well as instructing at the university level. Amongst the participants were those who had taken on significant leadership roles within organizations, in terms of administration, and program and policy development.

All participants had their own well-developed practice of mindfulness, ranging from four years to more than thirty years, with five participants identifying more than twenty years of mindfulness practice. Each had chosen to develop their mindfulness practice and did so outside of their work environment. Some started with an informal personal practice, and then went on to additional formal training to enrich their practice. Participants' description of why and how they started a mindfulness practice will be expanded on in the findings section of my thesis.

3.7a Method: Data Collection

The grounded theory method for collecting data I chose was interviews. I conducted in-depth interviews of 60 to 90 minutes duration with seven participants, using a semi-structured list of questions as a guide, as well as pursuing themes that emerged organically in the interviews. My interview guide is attached (Appendix F). I paced my data collection so that new information from one interview could fluidly influence directions taken in subsequent interviews (Starks and Trinidad, 2007, 1376). I initially asked open questions, such as inviting participants to tell me about their mindfulness practice. I was flexible during the interviews and allowed the participants to lead me to where they wanted to go in discussing mindfulness, and then at times I guided the interview back to some of the key issues I wanted to explore, for example, the impact that mindfulness has in their professional practice.

Prior to starting the interviews, I reviewed the letter of information, inquired if there were any questions, and answered these, if any. I then explained the consent form (Appendix B). All the participants agreed to proceed with the interview, as well as to audio taping of the interview, and signed the consent form. All interviews were recorded. A private transcriptionist was hired, who agreed to confidentiality, and transcribed the tapes verbatim, providing them to me on a USB key. I printed out my own copies of the transcripts. As well as studying the typed transcripts, I listened to the tapes, in order to maximize my understanding of my participants' contributions. I later contacted one of the participants for brief clarification of a comment. At that time she encouraged me to go ahead and use one of her quotes that could potentially be identifying, indicating that she

values transparency. She also contributed some elaboration of a few points she had made in the interview.

3.7b Data Analysis

In my analysis of the data, I started with open coding of the data, a type of micro-analysis, which is “the analytic process through which concepts are identified and their properties and dimensions are discovered in the data” (Strauss & Corbin, 1998, 10). An essential part of open coding is the development of categories, repeated patterns in the data that give “the concept greater explanatory power” (Strauss & Corbin, 1998, 125). This data analysis involved my colour coding participant transcripts, and moving open coding phrases from board to board in order to be able to stand back and appreciate emerging themes and thematic relationships. I prepared for this challenge by developing my own organizational system. I also read through transcripts again after the coding process in order to have a sense of a contextual understanding of the codes. Throughout the analysis process, I engaged in writing reflective memos in conjunction with the coding. This reflective practice was helpful in developing areas to be explored in the following interviews, as well as in contributing to my process of data analysis.

In axial coding, I looked for interrelated concepts and conditions in my data, and in selective coding I worked to integrate and refine categories, hypothesizing potential theoretical connections (Strauss & Corbin, 1998, 143-145). As I have described elsewhere, in this process, as a researcher, I served as a ‘central processor’ through which data obtained from the participants began to appear in a multi-dimensional interaction. By constantly comparing codes and conditions, I was able to perceive an overarching concept under which the various elements of the data begin to make sense. Given the parameters

of an MSW thesis, and my small sample size of seven participants, I did not reach saturation according to grounded theory requirements. Saturation would require that all possible categories or conditions that are present in the data have been found, and further data collection seems redundant (Strauss & Corbin, 1998, 136). Although I did not reach saturation, I feel I have enough data to formulate an initial explanatory model to address my research question of what mindfulness offers to social workers.

3.8 Reflexivity: Locating Myself in the Process

In being reflexive, it is important to be transparent in term of locating myself in the research process. I am a white, female social worker who has been practising for 38 years. I graduated from the McMaster School of Social Work in 1974 with my Bachelor of Social Work. My initial social work education very much emphasized relationship-based work, Carl Rogers was a primary influence, and his book, On Becoming a Person was a foundation that McMaster social work students embraced. A social justice mandate and advocacy work were all part of the culture of the radical social work movement that supported some of my classmates' work in community development. I began my career with initial experience in child welfare, as well as some work in vocational rehabilitation, however most of my career has involved working in a specialty Mood Disorders outpatient program doing clinical social work. I have had the opportunity to witness many changes in the treatment sphere of mental health, as well as changes in management systems and approaches to care. My return to school to obtain my MSW three years ago has reminded me of my social work roots, and as well has helped me to understand current structural analyses of oppressive structures.

I am an insider in this research since I am an experienced social worker. I want to be transparent in sharing that my early social work values regarding relationship-based practice and attention to social justice issues are brought to my role of researcher.

I have had some initial experiences with mindfulness meditation, however it has not had any consistency. It is ironic that in pursuing my MSW, I have as a result spent more time researching mindfulness, as opposed to practicing it. I feel I am on the periphery of being an insider to mindfulness practice, however do not have anything approaching the depth of experience that participants in this study have in this regard.

As I began interviewing participants, I realized it would be helpful to look at their thoughts on social work practice, in order to bring a greater depth of understanding to their responses. I was fortunate as my recruitment provided me with the opportunity to interview social workers who had a wide range as well as depth and length of experience. I am cognizant of the fact that my location as a social worker may have influenced participants in agreeing to be part of my study, as well as impacting their responses or directions they pursued in the interviews. Participants may have assumed a shared background of values and experiences, and may have been more forthcoming in their discussions. On the other hand, they may have presupposed answers that a social work colleague would expect to hear, and this could also have been a factor in what they chose to share. I struggled with whether to share that I have started a mindfulness practice, in a limited fashion, as a beginner. I was concerned that disclosing this might lead to assumptions about my knowledge base. On the other hand, I wished to be open and transparent in my interaction with participants. I decided that if they asked, I would

briefly acknowledge my beginner's exposure to mindfulness practice. I found that several participants waited till the interview was over, and then asked me about my practice and my reasons for choosing this thesis topic. At that time we had a brief informal conversation that was not recorded or utilized in my data.

I appreciate the tension involved in balancing my involvement as the researcher with the voices of participants. Bentz and Shapiro (1998) remind me that I am at the centre of my research, from my formulation of my research question, to being a part of the dynamic in my participant interviews, and as a creative philosopher in analysing the data (p.4-5). I have tried to keep curiosity and reflexivity to the forefront in researching my question, "What does mindfulness offer to social workers?" I am hoping the participants' words will speak for them through the inclusion of direct quotations from the transcripts of the interviews. I feel their words support my research findings in terms of the various themes that I saw emerging, as well as the explanatory model that I hypothesize.

3.9 Methodological Considerations

Qualitative research has been criticized for lacking "the scientific rigour" of quantitative work (Mays and Pope, 1995, 109). While validity and reliability are used in critiquing quantitative studies, trustworthiness is the central concept in critiquing research based on grounded theory (Bowen, 2009, 306). In order to strengthen the credibility of my work, I have utilized triangulation, returning to existing literature to compare my findings, and also actively discussing my research findings with colleagues who were able to look at my data with objectivity (Bowen, 2009, 306). I have kept my data, memos, and processes of analysis transparent so that an audit trail can be used to establish

trustworthiness in my research, and so that my conclusions will seem reasonable to other researchers (Bowen, 2009, 307). For my research to have integrity, I would like my participants to feel that my findings capture the essence of their responses, and I will be sharing a summary of my work with them. Critics of grounded theory propose that the voice of the participant is fractured in the coding process, and that grounded theory superimposes method over narrative (Thomas and James, 2006, p. 784 & 790). By including frequent quotations from the participants to illustrate themes, I have attempted to diminish this concern. I have employed reflexivity in order to be aware of my own biases and assumptions. Memo writing assisted my awareness of my perspectives both in conducting interviews and in analysing the data. From a social constructiveness viewpoint, I am aware that my hypothesis of theory does not represent ‘truth’, however, I believe that I have been trustworthy throughout my research process.

Chapter 4: Findings

4a: Contextualizing Practice

“Smile, breathe, and go slowly.” (Hanh, retrieved Aug. 3, 2012)

In this section explore I participants’ thoughts about social work, in order to set a context for their perspectives on their mindfulness practice, and connections they make between this practice and their vocation. Next I delineate why they chose to adopt a mindfulness practice. I contextualize their views on why mindfulness is being increasingly adopted in Western culture. I examine their understanding of mindfulness and how they address challenges they find in their mindfulness practice.

4.1a Views on Social Work

When speaking about social work, all the participants made reference to the emotional nature of our work, and the toll it can take on the overall well-being of practitioners. One participant notes that the nature of social work involves,

Sitting in a room with intense emotion and experiences of pain and victimization and marginalization...social workers can experience vicarious trauma. (B)

While another participant notes,

Social workers are secret keepers and sometimes the container becomes too full, and exhaustion comes from trying to hold the containment. (D)

Both emotional exhaustion and vicarious trauma may impact on relationship-based work with clients. Participant C warns that, as a social worker,

A sense of vulnerability can be triggered in you...Negative emotions build throughout the day, and then you become burned out...After awhile you may not be openhearted because it hurts too much, and then you might start putting on fake empathy, which others can feel.

Vicarious trauma, emotional exhaustion, and burn out, all mentioned by the participants as possible risks for social workers, are consistent with concerns that have been mentioned in the literature (Conrad & Kellar-Guenther, 2006; Boyas & Wind, 2010; Davies & Collings, 2008; Radey & Figley, 2007).

Participants express concern that vulnerability can be triggered as social workers open themselves up to provide compassionate listening and indicate that this can lead to workers distancing themselves from their client by being “less openhearted”, in order to protect themselves.

Participant G speaks to tensions in social work practice in terms of dedication to the social justice heritage of our role. She is an experienced social worker who has noticed changes over the years;

I came from an era where a social worker was trained to be a change agent, to advocate for the marginalized and at risk, and that we would go into systems and not want to be liked necessarily but to bring a change for the betterment of others...I think my generation was taught that if you see somebody at harm you put yourself in between, and you learn to use your words and behaviors to navigate the system and take that person to a safe shore...It has become more dangerous for social workers to do that because the expectation is that we are system maintainers, and we are now navigating for systems rather than challenging them.

Tsui and Cheung (2004) provide context to this experience when they expound that under managerialism, human services staff are expected to implement whatever the manager decides, and professional autonomy is no longer respected (438). Advocacy work therefore becomes challenging when organizational demands are in conflict with social work's ethos, and Participant G suggests that continuing to do relationship-based work in organizations is essential to maintaining the social justice component intrinsic to the profession.

Social work paradigms look at relationships, with self, with others, with community...relationship as a primary tool of social workers, as opposed to symptoms and disease which is the medical model...Social workers are brokers for social suffering and social determinants of health... Social workers see people who cannot use their own personal resource so we have to be the key to access something.

The emphasis on relationship as a “primary tool” for social workers is consistent with the early roots of social work and the thoughts of such writers as Biestek (1957), who highlighted the client-caseworker relationship. Participant G extends her thoughts on this relationship-based model into multiple domains of

social work practice, and differentiates our foundation from the medical model. Her description of social workers as brokers, with the “key to access” captures social work’s role in advocating for social justice.

Participant G also speaks to changes in social work within healthcare organizations, and to the need for social workers to have some means to support their well-being:

Social workers used to have departments and come together with like minded people...Now social workers tend to work on their own or in an inter professional collective where social workers are often the only one...it's very difficult to walk the social work pathway alone without having something that helps with your health and wellness every minute of the day.

In inter-disciplinary organizations such as hospitals, social workers often function in isolation from colleagues who share the same value base. Participant G underlines the importance of having ‘something’ to provide support to individual well-being, and later she suggests this ‘something’ may be mindfulness.

Participants spoke to the pressures of work in the current environments in which social workers practice:

You are just doing task after task and never reflecting on what you are doing...people make assumptions and just race through the work. (F)

There is no time for reflection in current organizations...we are not machines. (C)

The effectiveness and efficiency we have promoted in all of our systems produces errors...you can't put your mind into two things at once without dropping 50% of your attention on both activities. (G)

As we rush from one meeting or crisis to the other, social workers lose the opportunity for reflective practice that is so valued by the profession. There are also few opportunities to appreciate life as it is happening around us. Participant C says “we have

many exquisite moments in our day that we miss because we are busy doing". Missing such moments may prevent social workers from accessing the compassion satisfaction that our work can provide, that supports the vibrancy of our vocation.

4.2a Reasons for Choosing Mindfulness

"The seed of suffering in you may be strong, but don't wait until you have no more suffering before allowing yourself to be happy" (Hanh, retrieved Aug.3, 2012).

Exploring why participants chose to initiate a mindfulness practice in their life assists in understanding their relationship and commitment to mindfulness practice.

Participant G shared that she experienced excruciating physical pain after a severe injury, and that her mindfulness practice thus came out of *"pure experiences of suffering, unmanaged suffering, unattended to suffering"*. She discovered that with meditation she could shift her perception of the pain, and mindfulness practice became *"an integral part of my life"*. This social worker later incorporated meditation and breathing techniques she had learned for herself, into her work in end-of-life care with patients. She elaborates,

So my personal practice spilled over to my professional practice and I offered a¹ group called PRISMS, so how a light shines on a piece of glass and cast this beautiful rainbow, so it was about relationship, our relationship to suffering, our relationship to pain...PRISMS stood for Possibility, Relaxation, Inspiration, Spirituality, Meditation and Self... We were working on a level of consciousness and it wasn't a talk therapy group, it was pure meditation and reflect on what was your experience.

Inspiration from respected individuals from the mindfulness and scientific community stimulated Participant G to extend her personal mindfulness practice. She attended a pivotal conference put on by the Montreal Psychiatric Community, where an

¹ This quote included with permission of Participant G

eclectic group of experts presented, including his holiness the Dalai Lama, Herbert Benson, from the Mind Body Institute at Harvard, and Charles Tart, one of the original researchers on how psychedelics can shift our mind. She notes,

They all presented, each very different, but they were starting to look at the nature of the mind...The perspectives on what is mind changed my practice so that it came more to the forefront that I was doing mindfulness meditation and in clinical work.

Participant A indicated that her practice began with witnessing suffering while working in palliative care. This led to bringing mindfulness into her clinical practice in order to help ease her clients' suffering. She found that the practice soon became essential in her personal ability to handle the emotional intensity of work in palliative care:

A lot of time...emotion got really heavy...I would bring myself back to breath, or I think one of the things mindfulness has helped me with is about being way more connected to my body, and noticing my body so when I notice it, it teaches you to be the observer of it, so you're not caught up in it.

Participant C spoke of existential seeking, beginning "to contemplate bigger questions, like what am I here for?" She noted she was searching for something without dogma or ritual, as opposed to the organized religion of her youth. She states she chose mindfulness meditation,

Because it's a very insight oriented and subjective and self chosen path...I really resonated with what the Buddha said, discover for yourself who you really are.

Throughout time, existential seeking has been part of the human experience. The nature of mind is being explored by the scientific community, by looking at the organic and chemical composition of our brain, as well as mapping the brain with Magnetic Resonance Imaging (MRI) (Davidson et al, 2003; Farb & Anderson, 2010; Kilpatrick et al, 2011; Siegel, D, 2007). From a different epistemological perspective, the question of

what is mind has been the domain of philosophers since ancient times. Mindfulness, developed over 2500 years ago, was Siddharta Buddha's answer to this human yearning.

For most participants the precipitant for initiating a mindfulness practice related to searching for 'something more'. Sometimes participants started from a professional stance of looking for an additional resource they could use in order to further assist their clients. In this case, what they learned about mindfulness started to spill over into their personal lives. Other participants started a mindfulness practice for personal reasons, and found it so helpful that they then wanted to share these benefits with clients by incorporating mindfulness in their practice. The impetus for exploring mindfulness came from desiring assistance in the alleviation of personal physical or intra-psychic suffering, and/or to help with the suffering they witnessed clients experiencing.

Paths to learning mindfulness sometimes began as informal personal practice.

Many participants went on to pursue more formal training:

My meditation practice has been evolving since 1994... in 1997 I attended my first yoga class...it wasn't until I actually discovered Jon Kabat-Zinn's material and sort of put together what I was doing could be...conceptualized under an umbrella of mindfulness...I attended and completed the University of Toronto's continuing education program...I attended a seven day with Jon Kabat-Zinn in New York State where I received more formalized training. From a professional point of view I thought of it as professional development. If I'm going to start espousing the benefits of mindfulness (in clinical practice), I should probably go sit and learn and sit with those people who are running the programs. (E)

Participants' descriptions of their route to learning mindfulness and incorporating it into their lives are as unique as the people themselves.

4.3a Why Mindfulness Now?

Two main themes emerged while talking with participants regarding their thoughts on the current Western interest in mindfulness, involving two seemingly dichotomous points on a spectrum, science and spirituality.

Participants emphasized the increasing credibility given by science and research to mindfulness. Participant F mentioned, “*social workers in the 60’s practiced meditation, but it has now been professionalized*”. Participant B notes that an early step was,

Jon Kabat-Zinn taking the practice into a health context and legitimizing it by demonstrating its health benefits...the research was scientific research so it met the criteria, and it improved what people are very afraid of, which is health issues. Something that is going to help you have better cardiac function, Westerners are going to pay attention to that, and when more recently the Dalai Lama agreed to have MRI’s done on Buddhist monks and to demonstrate change in brain function...then as well when you think about mindfulness based CBT for some people, with some presentations of depression, evidence is that it provides a better outcome.

The emerging body of evidenced-based research on mindfulness meditation suggests significant influence on both the brain and the body, and these studies lend further legitimacy to a practice that was initially viewed as outside of mainstream medicine (Siegel, 2007).

The second theme that emerged was contemporary seeking for spiritual support that may not be currently fulfilled in modern Western society. Participant F observed that

People are breaking away from mainstream spirituality and dogma and looking for other things...People are searching, the world is unsettling, people are looking for something more, something to latch on to, and I think that’s why... people are looking for a place to be anchored and centred, the information part of the world has changed, people see more, experience more, and are tired from the overload. There is so much in the world that creates fear.

Participant C suggests that we have a lot to learn from Eastern philosophies:

Eastern mysticism has brought mindfulness and spiritual psychologies to give us a window into the possibility that we are more than our thinking minds...People are waking up to the fact the mind doesn't have to be the master, it can be the servant, and one can live from a deeper place of knowing and peace.

Mindfulness, while linked with Buddhism, does not require people to be part of any organized religion. While seeking something to fill a spiritual gap, several participants indicated they want to separate mindfulness from the dogma and ritual that often accompanies organized religions.

Mindfulness is not a spiritual belief system...you can have any particular faith and still practice mindfulness meditation. (C)

While participants have noted the impact of scientific research in making mindfulness more mainstream, participants expressed concern that Western scientific dissection of mindfulness can alter the essence of mindfulness.

(There has been) a harvesting of mindfulness by science...There is a conflict between scientifically taking it apart and the spiritual aspects of mindfulness...it loses depth....it lose its connection to love and kindness. (G)

One particular researcher, Richard Davidson, was invited by His Holiness, the Dalai Lama to the mountains of India, to complete MRI studies on a secluded order of Buddhist monks, who had well-developed mindfulness practices (Hornigan, 2005, 382). Davidson indicated however, that the monks refused to participate in the research, since they were uncomfortable with science, and unwilling to have “measuring sensors attached to their bodies” (Hornigan, 2005, 383). This speaks to ongoing tension between understanding mindfulness as an ancient meditative, spiritual practice, and the positivist perspective of science. Davidson did go on to study brain scans of mindfulness practitioners who had more than 10,000 hours of practice experience (Hornigan, 2005,

383). Results of this study were pivotal in finding changes in pre-frontal cortex activity, in an area associated with positive affect, and also that those with well-developed mindfulness practices had increased immune response (Davidson et al, 2003, 564).

Science and spirituality may seem dichotomous, and at times in conflict, however Participant G noted there is an emerging confluence of science and spirituality:

Quantum science is telling us we have to move to the world of we...Stephen Hawking and his group are saying that everything in the universe is in relationship.

As East meets West, some participants seem to see that there is potential for an eventual convergence of thoughts regarding science and spirituality, and that mindfulness may prove to be this bridge.

4.4a Understanding of Mindfulness

Participants shared their personal understandings of mindfulness. Being awake and aware was a common theme, seen as integral to living a more ‘authentic’ or meaningful life.

I think the conversations about mindfulness are that one of the challenges is having people figure out what it is...the text book answer is that mindfulness is the cultivation of moment to moment awareness. The most simple answer is that I am aware of what is going on...really it's about are you just awake, are you in this moment, or have you fallen asleep. (Participant E)

We tend to be on auto pilot until you start the practice...it depends on whether you think mindfulness is just a means to an end, is just another technique, or you want to be awake to your life, and live a more authentic and meaningful life. (Participant C)

Being present, objective, and seeing what arises within ourselves was important. This involves removing judgement of your experience, and trying to let go of what happens, and releasing control.

I think mindfulness is being present to whatever is happening in this moment without judgment, and just being the observer of it...it's about sitting with what is. (A)

The ability to pay attention, monitoring yourself, in an objective stand back way...you are not your emotions or thoughts...strengthening the ability to see what arises. (B)

People think mindfulness means controlling your mind, and that is the last thing it is. (C)

Participants indicate that they feel mindfulness is more than meditation, which is perceived as an entry to mindfulness,

Mindfulness isn't separate, it's not meditation, sitting on a mat, etc, it's something else. (E)

Meditation is simply spending time with ourselves and with each other, so we come away with a deep sense of something sacred as a centre of it all. (G)

4.5a Challenges to Mindfulness Practice

The first few months of your practice may lack continuity since it is natural to forget to practice mindfulness sometimes. But you can always start up again (Hanh, 2010, p.111).

Participants discussed the challenges they face in their mindfulness practice, as well as ways they try to resolve these difficulties. One of the main challenges discussed is the busyness of our lives, yet as Participant B put it, “it’s when I am busiest that I need it the most”. Kabat-Zinn (2005) suggests that when we are overwhelmed with too much busyness, we lose the ability to have an authentic relationship with ourselves and with others (411).

The social workers in this study are aware of the challenge of finding time in their day to practice, and address this in part by avoiding negative self-judgements. Participant A notes “I don’t practice as much as I would like to”, however she adds, “I don’t berate

myself about it". She suggests what often works for her is to *"do it for even short period of time and then get up, so it's something you are looking forward to"*. Participant D indicated that *"people think mindfulness takes hours of commitment, and it doesn't"*.

Participants note that self-judgement during the process of meditation can be an issue with which to contend. Participant G notes that, *"as peoples' minds wander in meditation, there is a tendency to think, I'm not a good meditator"*. She reassures us though, *"that we can't fail at mindfulness meditation, because once you are attuned to the fact you are not meditating, then you are bringing your attention to the process"*. She indicates that, *"in Eastern philosophy, when you know your mind is drifting, you bring yourself home with a smile and start all over again with a beginner's mind"*.

Expectations of what mindfulness can bring can be another challenge. Kabat-Zinn (2005) emphasizes that meditation is not synonymous with relaxation (59). Nor is mindfulness equated with positive thinking (Kabat-Zinn, 1994, 95). In fact, Kabat-Zinn (1994) suggests that mindfulness involves encountering the whole range of human emotions, from joy to grief (8). Participants in this study indicated they learned not to push away painful emotions, instead recognizing them as part of what Kabat-Zinn (1990) calls 'the full catastrophe' of life. Participant C notes it can be a challenge to *"sit with the tough stuff... and sometimes "I would actually avoid doing the work of waking up"*, and cautions that *"expectations of nirvana are unrealistic"*. Participant F also speaks of the pitfall of unrealistic expectations he has at times held in regard to mindfulness. *"Sometimes I think this Holy Grail thing is going to happen"*, and then he concludes, *"but maybe little things happening are what we need to pay attention to."*

The sceptical view of others in regard to mindfulness is one more obstacle mentioned by participants. Participant B notes that “*there can be a feeling of self consciousness about it (mindfulness)...there are negative connotations about it and a sense that some people see it as being out there...it gets characterized as kind of hippie-ish*”. Finding a like-minded community with whom to practice was noted to be very helpful, both in diminishing self-consciousness and sustaining practice. Participant B connected with a friend and started doing meditation classes,

We would do an intensive class environment with readings and stuff and we would...sit together for like two months once a week...to try and sustain practice.

Most participants in this study tended to be quite open and transparent about their mindfulness practice.

4.6a Sustaining Practice

“Drink your tea slowly and reverently, as if it is the axis on which the world earth revolves - slowly, evenly, without rushing toward the future.” (Hanh, retrieved Aug.3, 2012)

A powerful element that assists participants to sustain their practice is what they notice in the absence of regular mindfulness meditation. Participants noted they experienced a varying range of discomfort when they periodically let go of their practice:

I suffer when I don't practice. (C)

When I notice I have lost the ability to regulate my emotions, it's a reminder I haven't been meditating. (D)

Participants spoke about formal mindfulness practice, dedicating time to seated meditation and body scan exercises, and informal practice, as well as incorporating moments of mindfulness into the day. Participant B notes “*there are a host of ways we call ourselves into attention...including formal mindfulness practices like sitting and*

walking meditation". Participant C spoke of formal mindfulness practice, such as meditating, *"by sitting on the cushion to develop concentration, clarity and equanimity"*.

Participants remind us that it is important to value mindfulness enough to invest time in its practice, and that the learning process is experiential. Participants note,

You need grounding in order for it to be substantial...you don't get value unless you practice it enough...if I can practice on a cushion, then I can use it when problems happen in life...In the beginning, people "need enough support and training to allow them to develop an initial practice as a launch pad. (C)

Participant A reminds us *"meditation is just like a vehicle to help you practice"*.

Participant F suggests that mindfulness *"can be incorporated into being grounded day to day, by incorporating breathing techniques into our day"*. Participant B also notes

"informal mindfulness practices strengthen your attention". She describes one such practice described by Thich Nhat Hanh, for when the telephone is ringing. The suggestion is to use each ring as a cue to pause, breathe and smile. Waiting for a large chunk of time or the perfect moment in which to practice, may mean it doesn't happen, so participants suggest:

If you sit for 5 minutes a day, isn't that better than doing nothing. (A)

One of the challenges of mindfulness is not to make it harder than it needs to be...if I am mindful for five minutes a day, for 365 days a year, then that adds up. (C)

As people start to practice mindfulness on a regular basis, Participant C notes, *"it starts to reinforce itself so that it is no longer a 'to-do' but something you naturally gravitate to"*. Participants note that eventually mindfulness becomes integrated into their everyday life and becomes part of who they are.

Participants also made reference to ‘loving kindness meditation’. Participant B states that “*one type of mindfulness practice is thinking for others that they can be happy*”. Participant G adds “*that by putting someone in your meditation there is a sense of connectedness... traditional practices use mantra of love and kindness*”. In addition, participants talked about using poetry and reflective pieces to enrich their practice, both individually and with others, perhaps reading a piece aloud at the beginning of a seated meditation.

Findings 4.0 b

What does Mindfulness Offer to Social Workers?

“We are fragmented into so many different aspects. We don’t know who we really are, or what aspects of ourselves we should identify with or believe in. So many contradictory voices, dictates, and feelings fight for control over our inner lives that we find ourselves scattered everywhere, in all directions, leaving nobody at home.

*Meditation, then, is **bringing the mind home.**”*

(Rinpoche, retrieved Aug.3, 2012)

In this section I explore themes that emerged in the coding of the data, in response to the primary research question of what mindfulness offers social workers. Themes that emerged after the coding of categories centred around participants sense of relationship to themselves, including their body and emotions, and their relationship to others, both with clients, and in supervision and leadership contexts. An additional theme was their relationship to issues of social justice.

4.1b Relationship with Self

Participants suggest that mindfulness nourishes a sense of who we are.

In order to know yourself, you need to experience the ground of being... because...you can lose yourself and become just a collection of roles and responsibilities...I can see myself fall into a role and I experience myself, when I see that then I can experience myself more as the ground of being as in just pure ...If you are mindful, you are aware of all the flavours that make up your being, so you are not repressing or denying aspects of yourself that you are uncomfortable to look at...I really resonated with what the Buddhist said, discover for yourself who you really are. (C)

In discovering himself, Participant E reports that *“I am more apt to know how vulnerable I am and how more fragile and fallible I am and to revel in that, it’s wonderful.”*

Participant A indicates mindfulness has *“allowed me to have a better awareness of when I’m authentic and when I’m not.”* Shapiro and Carlson (2009) suggest that mindfulness practice allows therapists to be not only more attuned to themselves, but to have greater self-acceptance and self-compassion (23).

This sense of self-acceptance and self-compassion was captured in an evocative metaphor, *“Bringing yourself home”* contributed by Participant G. She spoke of hearing Sogyal Rinpoche, a Tibetan spiritual leader, speak at a mindfulness conference. She reports Rinpoche led the participants through a mindfulness exercise, and encouraged the audience to pay attention to their breath, to place their hands over their hearts, and to ‘bring themselves home’. She shared with me that in regard to this sense of connection with self,

I immediately knew what he was talking about...I have yet to find someone who says what does ‘bring yourself home mean’ and if somebody does say that, I would just say to them well, what does that mean to you? The idea is home is us.

4.2b Relationship to Body

“First of all there may be a lack of communication within you. Your body and your consciousness have been trying to tell you many things...you may not be there for your own body, you may not care enough about your body, or know how to listen to it” (Hanh, 2007, p. 116)

Hanh (2007) suggest that nourishing a relationship with yourself means becoming reconnected to both your body and your emotions (16). Comments by participants suggest that mindfulness is another conduit to knowing, an embodied approach that is beyond intellectual understanding. The body scan exercise utilized in mindfulness is a place to start re-establishing a relationship with our physical being (Kabat-Zinn, 1990, 76). Participant C notes that,

The body scan is challenging...it takes people to places in their body they have never been to heal...all those places where people get pain that they don't want to go to...Mindfulness keeps you aware at all times, when your stomach is starting to tighten into knots because you are struggling with communication, your body is sending signals, and your body is really about bringing that awareness and cultivating that awareness... I think we are disconnected from the idea that we are ruminating on things over a long period of time and that surfaces in our body, and somewhere in our body that is going to come out.

Participant G had significant problems with severe and chronic physical pain after serious car accident. She believes that mindfulness allows us to,

Explore our relationship to pain...the possibility of shifting perceptions of pain...and having a different relationship with symptoms you are feeling...I would sit and just naturally hold the suffering.

She suggests cultivating a different relationship with your body by,

Scanning your body and breathing into it, not trying to change it, just noticing it...(using) the body meditation of love and kindness and seeing your body not as a receptacle for having and getting, rather for feeling and holding.

Sodhi & Cohen, 2012 consider embodied knowledge to be an important way of knowing, and suggest that it can serve as a significant signal for self-reflection for some social workers (133).

4.3b Relationship to Emotions

“Feelings come and go like clouds in a windy sky. Conscious breathing is my anchor.” (Hanh, retrieved Aug. 8, 2012)

Participants spoke about not only cultivating a new relationship with their bodies as a result of mindfulness, but also a changed relationship with their emotions.

Some things are uncomfortable and we just have to experience them...not to shy away from feeling uncomfortable and just to acknowledge the experience. (D)

I get emotionally yanked by anything that goes wrong in the day...emotion is blinding if not conscious of reaction...(mindfulness allows) holding my reactions lightly, so I can see things I haven't seen before. (C)

Participant F says mindfulness provides emotional accountability, and reports that he has learned,

Not to trust my emotions...I can take 5 minutes and breathe through it, whatever it is and not rush...(Mindfulness can) prevent you from being saturated and overwhelmed by these feelings...you can be sitting still in silence and just watching everything go by.

Participants indicate that our relationship with our emotions can be complicated. On the one hand we may try to deny them and “*push them away*” (A). Participant B suggests that problems arise when we start to “*do something with our emotions, building the meaning in the story*” and adds that mindfulness gives “*the ability to distance and observe*” emotions, rather than having our emotions define us.

Participant G indicates that mindfulness can “*foster resiliency*” in the face of the emotional intensity of social work so that “*there is a sense of dexterity, integrity, and*

fluidity". Participant B suggests that there are so many painful stories recounted to us in our role and that *"with mindfulness, you are making a place where you can tolerate hearing that"*. Social workers *"feel the pain of others and need a way to meet their own pain"* and mindfulness can help social workers to *"recycle what they absorb from clients"*(C). Participants seem to be saying that mindfulness can have an important role in protecting social workers from what Conrad and Kellar-Guenther (2006) call "psychic overload" (1072).

Social workers are not only vulnerable to stress from front line work with clients, but also to pressures created by the organizations in which they work. Participant C spoke of feeling "yanked around" in an agency where there was constant background tension. She suggested that,

If the organization is bearing down on you and you realize that you are reacting in such a way that is depleting for you, then mindfulness gives you a choice as to how you are going to meet it...we do have options to the demands that are put on us and mindfulness makes you more conscious, first of all, of the effect of those demands on us, and on how we might respond to the organization and also to the work differently.

4.4b Relationship to Clients

"We are here to awaken from our illusion of separateness."

(Hanh, retrieved Aug.3, 2012)

Participant A says as a social worker, *"if you can sit and be with somebody, you can be the rock in the raging river...I can say to clients I am here to be a safe space for you"*. The social workers in this study found mindfulness had a significant impact on how they related to clients in their practice. Participant F says that mindfulness assists him to *"acknowledge there is strength in the other person that they are going to figure it out*

shortly; this energy allows it to happen". Participant C comments that if one's relationship with oneself is authentic and holistic, it *"helps you to look at the uncomfortable aspects of other people, and to be less judgmental and more compassionate with their struggles."* Participant B believes that mindfulness encourages social workers to have *"an open, generous, and non-judgmental frame of mind"* and this promotes,

Listening so that people feel you are more present...you are really listening and not doing too much of something such as questioning or jumping to a solution...bringing compassion to it without feeling that you're responsible and that you have to do something, other than skilled intervention.

Participants seem to be saying that mindfulness enables them to bring presence and compassion to interactions with clients, supporting relationship-based work. This is supported by Grepmaier et al's (2007) study that suggests that when a therapist practises mindfulness, they are more empathetic (337).

While participants talked about benefits to the social worker-client relationship that accrues from mindfulness, Participant C explains that there are consequences in encounters with clients when social workers lose their mindful stance. She suggests that *"you can disempower the victim by thinking you are the rescuer, rather than mindfully working together with people."* She notes that when she loses connection with her mindful stance, she is more likely to find herself *"becoming prescriptive so that they will stop feeling pain to relieve my pain"*. This can lead to various consequences, since she reports that if clients do not follow through on prescribed 'solutions', they may *"pick up on my frustration, disappointment, irritation and subtle judgement, which is another overlay on top of what they are already dealing with."* Participant C adds, *"if I*

am with someone who is difficult, and if I am here with it, I can notice resistance and judgement arising, and then I have a choice about my reaction”.

Participants explain that mindfulness has an impact on reactions and responses in communication, by providing a pause that can lead to skilful choices.

In a mindful response, you notice something is rising. It registers as a threat, and you identify that, notice it, then take a space to decide how you want to respond.
(C)

Mindfulness helps to judge what is skillful in that situation because it creates some distance so it lessens the impact”. (B)

Shapiro and Carlson (2009) suggest that mindfulness teaches us to be aware of “habitual reactivity” in our responses, which may allow for more thoughtful and reflective responses in a mindfulness informed practice (37).

4.5b Relationship to Supervision and Leadership Roles

You do not have to have your whole staff on board. If 4 or 5 of you come together and practice living deeply each moment of the day, focusing on receiving the nourishment and healing you need, that will be a strong mindfulness practice (Hanh, 2007,152)

Social workers not only do clinical and community work, they also function as supervisors and take on leadership roles in agencies and organization. Participants remind us that relationship-based skills are as important here as they are in work with clients. Social work supervisors have traditionally had both an administrative and educational role (Kadushin, 1985, 19). The role of education and support in supervision however, has increasingly diminished, with maintenance of policies and procedures taking predominance (Foster, 2011, 86). Within this supervision structure, there is no support for social workers in containment of difficult emotions (Foster, 2001, 86). Participant D

indicates he worked for several years in child welfare. He noted that in his work environment,

There is no space for emotional processing...Supervisors don't ask how you are doing, it's are your notes caught up...there is a risk in bringing feelings forward in supervision, exposing your vulnerability.

This is a problem, as Davies & Collings (2008) have emphasized that there needs to be room in supervision to normalize and process the level of feeling engendered in social work, in particular in child welfare (11-12). Lloyd et al (2002) suggests when emotional support is provided in supervision, there are lower levels of negative outcomes associated with stress (261).

Participants in this study who are in supervisory positions felt that mindfulness does provide a means to slow down the process, to take a step away from task oriented management matters, and to focus on the needs of their social work staff. Participant E has worked in child welfare, both as a front line worker and as a supervisor. At that time, he already had a well-developed personal practice of mindfulness. He believes that *“how you are with your staff, is how you are with your clients”*. He indicates that mindfulness allowed *“me to be present with my staff...mindfulness practice opened up the relationship so that there was no fear of reprisal”*. Within this type of supervision, he suggests that social workers can expose their vulnerabilities, so that concerns that may be impacting in their work with clients can be processed.

Participant F indicates that when mindfulness is incorporated at the leadership level, *“we can leave what is happening outside the door and just be together as people, not rushing around in crisis, with permission to slow down”*. Participant F suggests that it

is important “*to find a place where people can be retrospective in practice*” and to work to incorporate a culture of mindfulness in social agencies.

4.6 b Relationship to Social Justice

Mindfulness is not the answer to all of life's problems, rather it is that all life's problems can be seen more clearly through the lens of a clear mind.

(Kabat-Zinn, 1990, 26).

Participants indicate that social work’s relationship to issues of social justice is an essential aspect of our profession. Participant B notes that,

In order to be authentic to our roots and social work, we need to attend to social justice issues...social justice is seeing our commonality, and because we are all the same, we should have the same rights.

Participant D explains that mindfulness can help foster our attention to our responsibility to issues of social justice:

Mindfulness fits into social justice because we need to think about social injustices and to look at how our system is unjust requires us to be present in how our role contributes to this...the macro level, it starts with micro person.

Participants seem to suggest that in terms of starting at the micro level, mindfulness nourishes a relationship with oneself, and this foundation then can expand into broader domains of social work practice that relate to social justice, by reminding us of shared sense of what it is to be human.

Mindfulness is interactive, both on ourselves and others...it increases self efficacy and self awareness and connects to the humanity of all our clients. (D)

The more awake you are about yourself, the more latitude you give others, because you see that we are not different...through mindfulness, I can really listen to a person, instead of through these filters. (C)

Participant F points out that mindfulness can support anti- oppressive practice (AOP), by bringing social workers’ attention to these filters. He suggests that social

workers may be quick to publicly embrace AOP, without being willing to look deeply inward at their own biases:

AOP has really taken, but it's almost like the flavour of the month all of a sudden...privileged young people coming through the system talking about anti-oppressive practice and I don't think they get it...I think mindfulness can help people get really grounded in, "Who am I"?

Mandell (2008) reminds us that in working with vulnerable populations, social workers need to be cognizant of issues of privilege and power (237). Participant E is very aware of this and notes, *"As a white male social worker, if I'm not paying attention to my privilege, I'm replicating power."* This participant talks about the marginalized populations that social workers interact with, and the vulnerability of the people that social workers see on a daily basis, and asks, *"how do we engage with people and not cause more trauma?"* He reports that his personal practice of mindfulness was an asset to him in his work in child welfare:

For someone working in child protection work, seeing families in great discomfort, it's very important to be present. It (mindfulness) let me become close to the families and their understanding of what was going on. I could advocate for my families because I felt connected to them.

This participant believes that mindfulness provides the sense of connectivity to others from which advocating with *"courageous conversations"* can emerge.

The participants point out that mindfulness reminds us of the commonality of being human, the interconnectedness of all beings, and the potential that mindfulness has to foster that connection. Participant G notes that mindfulness speaks to,

an idea that we can communicate without words by sitting beside each other, to the nature of consciousness and connection is something Buddhist communities have been doing for thousands of year...you can sit in silence and have another kind of relationship.

On a broader scale, Participant G suggests that mindfulness can be a form of resistance to oppressive epistemologies, particularly the emphasis on individualism:

Using resistance with compassion can be unsettling and more effective in bringing about change rather than blaming... Western psychotherapy and 500 years of scientific materialism say individualism is the way... Mindfulness creates the idea that we are connected by consciousness and relationships...and has the potential to create a world of we rather than a world of me.

Kabat-Zinn (1994) proposes that “mindfulness practice is simply the ongoing discovery of the thread of interconnectedness” and that attention to the flow of our breath in meditation grounds us in this sense of interdependence (215).

A discussion of social justice and social work is not complete without considering advocacy. In exploring what has become of the advocacy role of social workers, Participant G relates some history of mindfulness in Tibet. She indicates that originally Tibetans had a fierce warrior tradition, and that they developed many skills relating to present moment attention in perfecting these warrior skills, before changing their society and making a commitment to peaceful, mindful meditation. In the 1950’s China invaded Tibet. Participant G reports that when His Holiness, the Dalai Lama was asked if there was anything he regretted, he said, “we forgot to be warriors”. I asked this participant, who is clearly a proponent of mindfulness, if his response is in contradiction to mindfulness. Participant G was very thoughtful, and responded that,

Peacemaking and war making are both hard things, but I think peacemaking is more complex, more subtle and takes relational skills...social and emotional intelligence...I do feel social work has forgotten its roots and its wings...to settle for a perch...and the new neuroscience is showing that what we do...attachment, relationship building, reflection, creating resiliency (Dan Siegel’s work) is the stuff of life. The warrior stance is fierce and sometimes just standing tall with fierce compassion, reminds people of doing something better or different. I think social work needs to combine peacemaking with a willingness to fight for

principles; policies, ideas and the people who are being served. In health sciences, protocols determines what we do...but these are like maps for us to follow...what social work has always said, is let's look at the person, the situation, the circumstances and find out where we can bring change for the greater good...this requires neuro-ethics, a mind that does not know all, and this is a life beyond the parameters of efficiency and effectiveness...it is a pathway of compassion.

Participant G suggests that the mindfulness can foster the 'fierce compassion' that social workers can bring to social advocacy work.

Chapter 5: Discussion and Implications

"We have more possibilities available in each moment than we realize"

(Hanh, retrieved Aug.4, 2012).

5.1 Discussion

In this section, I discuss the findings of my research. Firstly, I review my thoughts of an overall explanatory model of what mindfulness offers to social workers, in response to my primary research question. I review the findings and contextualize with literature. Next, I delve into some considerations regarding methodology. As a critique, I share some concerns about mindfulness from a social constructive perspective. I then consider implications for social work practice and future research initiatives. A final reflective piece follows.

Based on my research findings, I propose mindfulness complements the traditional roots of social work, and has the potential to both strengthen relationship-based work, as well as to help social workers keep social justice issues in the forefront of

their practice. The evocative phrase, ‘bringing yourself home’, contributed by Participant G particularly resonated with as a central metaphor for an explanatory model for what mindfulness offers to social workers. Mindfulness is a practice that can ‘bring social workers home’ in two significant ways. Firstly, mindfulness can assist social workers in the personal realm by nourishing their connection to their inner self so that they can be authentic and empathetic in doing solid relationship-based social work practice. Secondly, mindfulness can help bring social workers ‘home’ to the roots of social work practice, by keeping them attuned to their professional values in terms of social justice issues. The introspective work that mindfulness supports, assists social workers in appreciating our essential human commonality and interconnectedness, which is consistent with Friere’s (1993) belief that overcoming oppression requires internal work (Todd, 2009, 178).

The emotional intensity inherent in social work practice, combined with the stress that is currently characteristic in the managerial practice environments can diminish capacity for relationship-based work, and relegate social justice issues to the periphery. Findings in the data in this study would suggest that mindfulness has the potential to address these issues by promoting social workers’ overall well-being, increasing their capacity for relationship-based work and reflective practice.

The explanatory model I propose is that mindfulness nourishes social workers’ relationship with themselves, which serves as a key foundation for relationships with others in an ever-expanding outward circle from our core. Participants spoke of using mindfulness to look into themselves to ‘discover for yourself who you really are’ and

appreciating the ground of just being. One participant elaborated that knowing yourself means not only being aware of your own vulnerabilities, but to “revel” in them, and connect to our intrinsic humanity. Participants indicated that their mindfulness practice helps them to be awake to the present moment, and to be connected to their bodies and emotions. In this way, they felt they could return to place of authenticity, that may become lost as various roles and responsibilities are assumed each day. When social workers can be authentic, nonjudgmental, and compassionate with themselves, ‘bringing themselves home’, the impact on their ability to engage with others is fostered.

Mindfulness not only has the capacity to allow social workers to ‘bring themselves home’ personally by strengthening their core, but also facilitates ‘bringing themselves home’ professionally, by returning them to the roots of their social work heritage. Mindfulness supports relationship-based work with clients, ‘the soul of social casework’ tool accentuated by Biestek in 1957. More currently, Davies and Collings (2008) have encouraged social workers to return to their roots and to engage in relationship-based practice, and in so doing to explore their own emotions and subjectivity (22). Davies and Collings (2008) assert that AOP, while much needed for recognition of power dynamics, does not however allow for the processing of social workers responses to clients based on their own personal histories (13). Participants in this study emphasized being present with their clients, really listening, being less judgemental, and more compassionate. By being aware of their own frustrations and personal triggers that might arise, participants felt they could make more skilful choices in responding to clients. Ruch (2005) suggest that in relationship-based social work

practice, it is essential that social workers be aware of their emotional responses and that in so doing reflective social work practice can be facilitated (115). Participants in this study spoke of mindfulness helping them to be aware of when their personal vulnerabilities are being activated. By being aware of their emotions arising as well as their bodily reactions, these participants felt they could pause and reflect before responding.

The explanatory model I propose of mindfulness nourishing the relationship with self, and thereby relationships with clients, is supported by the literature. Christopher et al (2010) indicated that participants in their study identified increased awareness of self and relationships (326). Cigolla and Brown (2011) results are also consistent with the theory I suggest, as participants in this study noted both a greater awareness of self, as well as increased attention to the therapeutic process between therapist and client (714). Serendipitously, one of the participants in Cigolla and Brown (2011) also referred to her experience of mindfulness as “a kind of coming home to something” (713).

Participants indicate that mindfulness fosters resiliency, and helps protect social workers’ vulnerability in the midst of listening to clients’ stories of pain and suffering. This suggests to me that mindfulness may play a significant role in protecting social workers from compassion fatigue, by as one participant put it, helping social workers to ‘recycle what they absorb from clients’. Another participant indicates that experiencing herself in being more through mindfulness, helps her to see that she is more than a collection of roles and responsibilities. What social workers consider good practice, such as time to be present with their clients, viewing their client as a whole person, taking time

to debrief and reflect, is currently being undermined by managerialism, a system in which these essential ingredients of good practice are treated as luxuries we cannot afford (Rogowski, 2011; Tsui & Cheung, 2011).

One participant suggests that mindfulness fosters appreciation of the small ‘exquisite moments’ during the day. I see a connection between this appreciation and fostering of compassion satisfaction. Most social workers are drawn to the profession with the desire to help others and to address social inequities. The choice of social work as a vocation often has powerful roots stemming from personal life experiences in struggles social workers have witnessed or lived through, including first hand exposure to oppression or marginalization (Rompf & Royce, 1994). Since social work may be more than just ‘a job’ for individuals who come to the profession with a sense of vocation, it is important that “small victories” return a sense of satisfaction (Aronson & Sammon, 2000, 185).

By first nourishing social workers relationship with themselves, and increasing their capacity for relationship-based work, mindfulness impacts all levels of social work, micro, mezzo and macro, since relationship work is involved all levels in building alliances (Hick, 2009, 25). Mindfulness then expands to foster reflective practice. Ruch (2005) writes that reflective practice for social workers includes many ways of knowing and involves thoughtful consideration of the complexity of the situations they encounter (115). On a micro-practice level, participants responses suggest that mindfulness promotes reflective practice through introspective work, using embodied and emotionally based knowledge to allow for the processing of complex interpersonal dynamics between

the social worker and client. One participant spoke of mindfulness bringing social justice issues to attention at this micro level, by fostering awareness of filters through which we see our clients, and through that attunement, to recognise that we are all more similar than different. Some participants suggest that mindfulness encourages sensitivity to issues of power and privilege, and this implies that mindfulness may have broader implications for the mezzo and macro levels of practice. One participant alluded to anti-oppressive practice (AOP), and suggested that while social workers may have an intellectual understanding based on their academic training, some may have difficulty connecting to this practice on a deeper level if they themselves come from a position of privilege. He seems to be indicating that mindfulness can help people in understanding AOP, by assisting in their awareness of who they are in their relationships with clients. By encouraging this sensitivity to power and privilege, mindfulness may support critical consciousness, described by Sakamoto & Pitner (2005) as “the process of continuously reflecting upon and examining our own biases and assumptions and cultural worldviews affect the ways we perceive difference in power dynamics” (2). Wong (2004) suggests that the ‘knowing through discomfort’ that mindfulness provides can be part of fostering critical consciousness (4). Hick (2009) proposes that by cultivating attention to the here and now, mindfulness can assist with social workers understanding of the structuring of organizations (25). One participant echoes this by emphasizing that at a leadership level in social agencies and organizations, social workers need to be reflective and retrospective, and also to find a way to be together as people. Other participants indicate that mindfulness can have impact in creating changes in the world, by creating a

consciousness of the interconnected of humanity, and by utilizing resistance with compassion. In fostering this awareness, participants suggest that mindfulness intensifies our appreciation of social justice issues. This then has the potential to return social workers to their roots of working towards social reform as initiated by the dual stances of Mary Richmonds and Jane Addams.

Participants in this study talked about the challenge of finding time for practicing mindfulness meditation, and describe sustaining practice by finding small moments to incorporate mindfulness into the day. The discomfort participants experience when they do not practice, a sense of ‘something missing’, serves as reminder for them to make time for mindfulness meditation practice.

Participants shared that they ‘suffer’ when they do not practice, and have more difficulty regulating their emotions. They have contextualized social work practice as an occupation where there are potential risks of compassion fatigue and burnout. When emotionally exhausted, it is much easier to fall into what Langer and Moldoveanu (2002) call “mindless” behaviour, mechanically carrying out tasks and “checking out psychologically” (6). Just as functioning in a mindful state has a positive impact on social workers’ relationship with their inner self, with their other professional relationships, as well as with social justice concerns, operating in a mindless state can have an insidious, negative impact in these areas. Figure 1 is a diagram illustrating the impact of a social worker functioning in a mindful state, and Figure 2 depicts the converse, when a social worker is operating from a mindless stance.

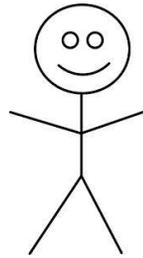
Figure 1: Social Worker in ‘Mindful’ State

Relationship to Self

- authentic
- aware of self, including bodily sensations and emotions
- aware of vulnerabilities, biases, and assumptions
- accepting of self and compassionate towards self
- better able to protect self from compassion fatigue and burn-out
- able to make skillful choices

Relationship to Clients

- fully present
- connected
- non-judgemental
- compassionate
- able to hear painful stories



**Relationship to Supervision/
Leadership**

- space for emotional processing and support
- space for reflexive practice and critical analysis
- allows for creation of relationships

**Relationship to Social Justice
Issues**

- awareness of power and privilege
- space for critical consciousness
- see commonality of people, and interconnectedness
- navigate within systems
- ‘fierce compassion’ for advocacy work

Figure 2: Social Worker in ‘Mindless’ State

Relationship to Self

-not true to self, fragmented
-unaware of own bodily signals and emotions
-unaware of own biases, vulnerabilities, etc.
-more susceptible to compassion fatigue and burn-out

Relationship to Clients

-not fully present
-unaware and disconnected
-judgemental
-less compassionate



Relationship to Supervision/Leadership

-only focused on tasks and numbers
-staff are to be ‘checked up’ on
-unsafe to for social workers to expose emotions, vulnerabilities in supervision
-too busy for and/or little value re: reflective practice
-relationships not created

Relationship to Social Justice Issues

-unaware of power and privilege
-in ‘automatic pilot’ mode
-sense of isolation
-aware of differences, rather than a focus on commonalities
-navigating for systems
-no energy/compassion for social advocacy

In considering these diagrams, it's important to note that relationship with self is the core of the explanatory model I propose. When a social worker is feeling centred within themselves, this has a resultant impact on relationship to others and awareness of social justice concerns. In the course of a day's work, it is easy to start feeling fragmented, and to drift into a 'mindless' state. Brief moments of mindfulness practice during the day, taking some time to focus on your breath, to return to this present moment can have a powerful impact in terms of internal stabilization.

5.2 Critique: Methodological Considerations

As a qualitative researcher, I have sought to understand how the participants in this study make meaning of their mindfulness practice and how it relates to their experiences as social workers. I am cognizant that I have been part of the research process, in formulating a primary research question, as well as in developing interview guidelines. In addition, since I interviewed participants myself, I was involved in an interaction with the social workers in this study. Using grounded theory, I interacted with the data, in deciding on codes and categories at various stages in the analyses process.

When I began to see 'relationship' as a core element during my data analysis, I was concerned that I was being overly influenced by my own values. I tried moving codes around and looking at other potential themes, but in the end I always returned to 'relationship with self' as being the core ingredient of an explanatory model of what my participants were telling me about their mindfulness practice. Charmaz (2012) has reminded us that, from a social constructivist theoretical framework, we construct theories based on "our past and present involvements and interactions" (19), so it is not

surprising that who I am as a social worker interacts with the data. Relationship-based work has always been important to me, and has always been a vital part of the social work profession.

The data came from the participants however, who often chose areas they wished to address. Upon reflection, the responses I received to my questions may have been influenced by my pool of research participants. They tended to be quite experienced social workers, some of whom represented a generation of social workers who received training around the same time I did, and whose early work experiences may have been in environments that also emphasized relationship-based work. In addition, innate characteristics that draw social workers to mindfulness practice may also be traits shared by social workers who appreciate the value of relationship-based work.

Given my theoretical framework of social constructionism, I am aware that my analysis of this qualitative data represents only one version of ‘truth’. I have used reflexivity in my approach, and have checked my understanding of these results with other social workers who could bring objectivity to my data. As well, I compared my results with existing literature, which complements my findings. I feel this research meets criteria for trustworthiness, and that the results are credible.

The results may not be transferable however, in that the sample was small, and saturation was not met according to grounded theory requirements. The participants in this study all self-selected in terms of this research by volunteering to participate. These participants chose to incorporate mindfulness into their life, partly as a result of seeking to alleviate suffering, either their own, or their clients. For some participants there was an

element of spiritual or existential seeking. The participants may therefore not be representative of all social workers. Many of the issue they spoke to may be concerns shared by other social workers however, and I am hopeful these findings may be helpful to individual social workers who are also seeking ‘something’ more in their lives.

5.3 Critique: A Social Constructivist Perspective

When I started to explore mindfulness some years ago, I was concerned that mindfulness may become construed as a panacea to all life’s problems, and a trend that social workers might adopt because of its current popularity. The participants in this study indicated they adopted mindfulness as an attempt to fill a personal need and to help them in their work with clients. There was no suggestion that they were following a trend, and in fact many had lengthy mindfulness practices, ranging from four to thirty years, with an average length of practice being twenty years. While they were enthusiastic about mindfulness, they were very thoughtful in their approach. Participants indicated that in their work with clients they continued to use other methods as tools in their repertoire of what might be helpful, and utilized mindfulness as a foundation for their social work practice.

Participants did indicate that science had now made their practice credible, and seem to feel acknowledged by current research findings involving neurobiology. The social construction of mindfulness as evidenced-based has allowed it to enter into health care, whereas at one time it was viewed, in Kabat-Zinn’s words as “hocus-pocus” (1990, 21). The deification of evidenced-based research calls into question the issue of whose evidence is acceptable (Witkin and Harrison, 2001). Other non-traditional approaches

than mindfulness may also be helpful to people even if they have not met this standard; in this regard, practices by Canada's First Nations' people come to mind.

At that same time, I am aware that mindfulness is currently being socially constructed in Western culture as being universally helpful in the significant research literature, and also being extolled in popular self help books as way to better your life. Some examples of the latter include, *How to be an Adult in Relationships: Five Keys to Mindful Loving* (Richo, 2002), and *The Power of Now: A Guide to Spiritual Enlightenment* (Tolle, 1999). Such literature can subtly contribute to locating problems within the individual and further suggest that if people were being mindful enough, they would be able to solve all their difficulties. Such philosophies can ignore the social realities for peoples' lived experiences both with personal troubles, oppressive structures and systemic marginalization. Some may argue that such self-help books are no different from the literature being written by such spiritual leaders as Thich Nhat Hanh and His Holiness the Dalai Lama, however my sense is that there is a distinction in terms of the place of authenticity the latter authors come from in terms of their commitment to Buddhism.

The considerable articles and books focusing on mindfulness also suggest that mindfulness is being socially constructed as a commodity. Within academic communities, completing research can not only lead to research grants, but act as another type of currency involving stature and reputation. Agassi (2010) writes, "in the current academic system, they say, rewards rest on reputation, and reputation rests on "efficiency in increasing the stock of reliable knowledge."(161). From a financial perspective, Salerno

(2005) estimates self-help books and programs are estimated to be an eight billion dollar a year business.

If mindfulness is socially constructed as universally beneficial as a clinical intervention, there are other critiques around its potential misuse. There could be risks to incorporating mindfulness in work with clients. For example, I have noticed in my own work, I naturally tend to privilege therapies and techniques that personally resonate with me. The potential risk is that what makes intuitive sense to me, may not be a fit for a client I am working with, and as social workers it is incumbent on us to work with where the client is at, and to modify our approach accordingly. Given the considerable discourse in regard to mindfulness, social workers may be tempted to start integrating mindfulness into their work with clients, assigning mindfulness exercises as homework, without really having any idea from an experiential level of what mindfulness is really about. It is generally thought that you need to have your own daily mindfulness practice if you are going to be teaching mindfulness as a clinical intervention in order to come from a place of deep authenticity (Hick, 2009, p.6). There is also the possibility that a social worker not fully informed about mindfulness as a therapeutic intervention, might not be aware that mindfulness needs to be used very cautiously with clients with a history of trauma or psychosis (Kosanski & Hassad, 2008, 20). Dobkin, Irving and Azar (2012) have been investigating contraindications to mindfulness and suggest this is an area that requires further research (44).

Of future concern is the potential for mindfulness to be misappropriated, in this neoliberal age, by organizations constructing mindfulness for their own purposes. Just as

individual therapies have the possibility of locating problems within the individual, it is conceivable that mindfulness could be co-opted by employers around ‘professional duty to self care’. Kelly and Colquhoun (2005) note that professionals are being encouraged to “discover an authentic inner self, to nurture and care for this self in environments that are said to be hostile and dangerous to this self” (140). Caring for our overall well-being in organizations today can become “a professional duty” in order to maximize employee’s performance at work, and “stress management in some settings emerges as a form of ethical self-problematization” (Kelly and Colquhoun, 2005, 135-136). This raises the question of whether mindfulness could be misused. If mindfulness is socially constructed as a solution for stress, responsibility for the management of stress could become the individuals’ responsibility, and organizational factors that are contributing to pressures can be ignored. If a workplace provides mindfulness training, could an employee be chastised if they voice that they are feeling stressed, for not being mindful enough, or not ‘practicing’ enough? Also, if mindfulness training is pushed as an imperative from management, what impact does that have on mindfulness practice? The openness, curiosity, and beginner’s mind that is suggested for mindfulness practice may instead be replaced by a cynical approach and resistance.

Mindfulness is also being looked at in the business world as a possible means to enhance task performance (Dane, 2011). Dane indicates that:

Although issues involving the physical and mental health of organizational members are important, from a managerial perspective they are perhaps not as foremost a concern as performance related outcomes (1004).

Rather than mindfulness being looked at as a possible means to greater overall well being, there is a risk that mindfulness could be adopted into organizational discourse in order to push employees for greater task performance and to support managerial imperatives.

There is therefore a tension between widespread and indiscriminate implementation of mindfulness within work environments. The language of mindfulness may be adopted without the intention that accompanies it. Incorporating mindfulness in work environments for helping professionals must be done in the right spirit of wanting to support employees, and creating healthy workplaces. When small groups of social workers decide to meet to nourish their existing individual practice, or to start a practice together, this self-chosen path may be the most effective means of initiating a culture of mindfulness at the front line level. If social workers do this as a group, the impact of their mindfulness practice may become an act of resistance to functioning in automatic pilot mode and support questioning of policies and procedures.

An additional tension exists between the use of mindfulness by social workers in terms of social justice. While participants indicate that mindfulness fosters awareness of social justice issues, and the interconnectedness of humanity, there is a question of where social advocacy fits into this. One participant reminded us that internal work on a micro level is a precursor to social advocacy, but it is not clear how this leads to action. Advocacy work is very much part of social work heritage, and we refer to Jane Addams push for social reform. Have social workers “forgotten to be warriors”? Perhaps by adopting the ‘fierce compassion’ of Tibetan traditions of mindfulness, we can use our significant relationship skills to return to the roots of social advocacy.

5.4 Implications

My research findings support significant benefits in terms of what mindfulness offers to social workers. Enough positive support for mindfulness has emerged in both my research study, and the existing literature I have reviewed, to indicate it would be beneficial for social workers to consider exploring a personal practice of mindfulness.

Once involved in the busyness of practice in the work world, social workers may find it difficult to engage in the practice of mindfulness meditation with any consistency, in order to solidify a mindfulness base. Social work students may have more time to be introduced to mindfulness if it is offered as an elective by Schools of Social Work. Evidence from both Birnbaum's (2008) study and Shapiro's (1998) research with medical students suggests that students value a safe place where they can expose their vulnerabilities and do some emotional processing. How such a course would look would take thoughtful planning. There is a dichotomy between attempting to provide therapy to students, which would be both intrusive and inappropriate, and leaving students ill prepared to handle the emotional intensity of work in the social work arena. The possibility that mindfulness could fill this gap is worth exploring.

Birnbaum (2008) has already piloted a mindfulness meditation group for students, and her work could be used as a starting point for other schools. It would be important to have mindfulness as an experiential course in a curriculum, as mindfulness is a process of being that involves connecting body, emotions, and mind. A mindfulness class could offer students both the opportunity to "sit with discomfort" as suggested by Wong (2004), and also serve as "an accompanying place", as posited by Birnbaum (2008). This could be an introduction to

mindfulness practice, offered as preparation for field placement, to both stimulate reflexivity, and to provide a basis as a practice to support well-being.

Although there is a large body of research focused on mindfulness, there is scant literature regarding mindfulness as a practice for social workers, and during the course of my research several interesting directions for additional study have emerged. Further research is warranted in terms of offering mindfulness training to social workers, with the goal of discovering the long term impact of this practice in nourishing relationships with the self, and preventing fragmentation that can occur with the emotional intensity of the work, and with the stress of organizational demands. A longitudinal study that provides optional training in schools of social work, and follows new social workers through the first few years of their career would be of interest. This would allow for assessment of the impact of mindfulness practice on the risk of burn out, compassion fatigue, as well the influence on social workers ongoing ability to receive compassion satisfaction in their work.

Future research could also entail widening the scope of the findings of this study in several ways. A social work agency interested in mindfulness practice could offer optional training and support in mindfulness practice, and design research to ask their staff if this practice is indeed helpful to them. It is certainly possible that mindfulness may be helpful to only a segment of participants, and it would be important to clarify this, since it may be misleading to universally suggest that mindfulness is helpful to social workers. Another suggestion would be to expand on Grepmair's (2007) work, and conduct research with clients who are receiving services from social workers informed by a mindfulness practice, and explore the clients' experience of the practitioner.

Implications for research include not limiting research focus to those who connect to mindfulness and find it helpful. Participants in Grepmaier et al's (2007) study noted being busy as reason for discontinuing mindfulness, however individuals also drop out for other reasons. A study exploring reasons for not engaging with mindfulness would therefore also be informative.

A second implication for research involves a tension in terms of both universally offering mindfulness meditation exposure to both social work students and agency personnel, without careful consideration, keeping in mind the possible contraindications to mindfulness suggested by Dobkin, Irving and Azar (2012, 44). Further research in how to ascertain suitable candidates may be necessary in order to avoid exposing social workers to adverse effects.

Finally, while this study was able to touch on participants views on how mindfulness might relate to social justice, other areas were discussed in the interviews so that this connection may not have been thoroughly pursued. Further research examining where social workers see mindfulness situated in regard to social justice could be conducted with a similar group of participants.

5.5 Summary

Participants in this qualitative study described significant and far-reaching benefits they gained from their mindfulness practice. The participants in this study chose mindfulness, and were at a place in their life where the adoption of this practice met a personal or professional need, and eventually mindfulness became integrated in both spheres of their lives. Introducing mindfulness to social workers may start them on a journey in discovering the richness that a mindfulness practice provides. Mindfulness may offer social workers a means to return to a place of authenticity and meaning,

returning the sense of vocation that initially called many to social work, allowing social workers a pathway to ‘bring themselves home’.

5.6 A Final Reflection

The bell rings softly, signalling the end of a sitting meditation. The small group of social workers, who have been meeting to share their mindfulness practice, decide to end with a poem for reflection. Next time I think I’ll join them.

Wild Geese

You do not have to be good.
You do not have to walk on your knees
for a hundred miles through the desert repenting.
You only have to let the soft animal of your body
love what it loves.
Tell me about despair, yours, and I will tell you mine.
Meanwhile the world goes on.
Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.
Meanwhile the wild geese, high in the clean blue air,
are heading home again.
Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting
over and over announcing your place
in the family of things.

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Inspiring Innovation and Discovery

Appendix B

DATE: February 17, 2012

LETTER OF INFORMATION / CONSENT

Mindfulness: A Promising Practice for Social Workers?

Investigator:

Mary Lou Doxtdator, MSW Candidate

School of Social Work

McMaster University

Hamilton, ON, Canada

(905) 522 1155 ext.36745

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Research Supervisor:

Sheila Sammon

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Purpose of the Study

In this study, I want to hear from social workers who have a personal practice of Mindfulness. I would like to learn from participants about what a Mindfulness practice can potentially offer to social workers. I am doing this study for a Master's of Social Work (MSW) thesis.

I am a social worker with many years of practice experience working with clients, mainly in the mental health system. I have had some initial exposure to mindfulness by attending a mindfulness group, and listening to guided meditation recordings. I am very much a beginner in terms of meditation training.

I would like to explore your understanding of mindfulness and what it means to you.

I am hoping to learn about your experiences with incorporating mindfulness into your life.

I would like to learn about any benefits you feel you experience in your personal life as a result of practicing mindfulness. I would also like to discover if your mindfulness practice may have any benefits in your professional life as a social worker, in terms of your work with clients.

I would also like to hear about any challenges you have in incorporating mindfulness into your life, and how you address those challenges.

I hope to draw conclusions from your feedback about what Mindfulness practice can offer to social workers.

Procedures involved in the Research

If you volunteer for this study, you will be asked to participate in one 60-90 minute interview. This interview will take place in person. It will take place at a quiet location that is convenient to you, at a time we can mutually agree on.

With your permission, I would also like to audio-tape the interview.

You will be asked questions about your experiences with your mindfulness practice, and about the impact this has on your personal life and professional practice. I will also be asking about some of the challenges you experience in terms of incorporating a mindfulness practice into your life, and how you try to resolve these challenges. I will also ask you for some demographic information, including your years of experience as a social worker, and general information about your practice setting (for example, private practice, community agency, etc.).

Potential Harms, Risks or Discomforts:

It is extremely unlikely that there will be any harm, risk, or discomfort associated with your participation in this study.

Since we are discussing mindfulness practice, the possibility of its use as a self care measure regarding stress may arise as a topic. In this instance you may recall stress in your life and there is the possibility that you may feel stress or discomfort.

Please remember, you do not need to answer questions that make you feel uncomfortable, or that you do not wish to answer. You are free to take a break, or stop the interview entirely at any point.

If you do become upset for any reason, I will ask you if you feel you can use your usual support system after interview.

I will also offer to follow up with a phone call the next day if you wish, to ensure that any experience of stress or discomfort has resolved.

Potential Benefits

Although participating in this study will not benefit you directly, your involvement could lead to a greater understanding of the benefits and challenges for social workers in developing a personal practice of mindfulness. This information may contribute by furthering knowledge in this field, for those interested in mindfulness, and for social workers in general. This knowledge may have implications for social work education, since offering exposure to mindfulness training as an elective in curriculum may be of benefit for social workers as a foundation for their future practice.

Payment or Reimbursement

You will receive a gift card for the amount of \$10.00 for Tim Horton's as a thank you for participating in this study. If you decide to discontinue your involvement in this study at any point, you will still receive the gift card.

Confidentiality

Your participation in this study will remain confidential. In order to respect your privacy, your name and any personal identifying information will not be used in any report. All electronic records will be on my home password protected computer. If a USB key is used at any point, the data will be encrypted and thus protected.

With your permission, the interview will be taped, and the tape will be transcribed. I will be the only person with access to the names of the participants. No identifiers will be included with transcription. I will code each interview by number, so that no name is attached to it. I will use a professional transcriptionist, who I will have sign a confidentiality agreement. All data will be kept in a locked drawer in my home office. The recordings and the transcription will be destroyed upon completion of my research project, by August 30th, 2012.

Participation and Withdrawal

You can choose whether or not to participate in this study. If you do volunteer to participate, you can withdraw without consequence. The last date for withdrawal will be upon my completion of analysis of the data, July 31, 2012. You may refuse to answer any questions you do not wish to answer and still remain in the study. In cases of withdrawal, any data you have provided to that point will be destroyed unless you indicate otherwise.

Information about the Study Results

Upon completion of my thesis, I will write a 1-2 page summary of the findings, and will mail this to you, upon request, to an address of your choice, by September 15th, 2012.

Questions about the Study

If you have questions or require more information about the study itself, please feel free to contact me directly by either phone or email. You may also contact my faculty supervisor.

If you know of someone else who may be interested in participating in this study, please feel free to give them my contact information so that they may contact me directly.

Student Investigator: Mary Lou Doxtdator, (905 522 1155 ext.36745) mbdoxtdator@yahoo.ca

Faculty Supervisor: Sheila Sammon, (905) 525-9140, ext. 23780

This study has been reviewed by the McMaster University Research Ethics Board and received ethics clearance.

If you have concerns or questions about your rights as a participant or about the way the study is conducted, please contact:

McMaster Research Ethics Secretariat

Telephone: (905) 525-9140 ext. 23142

c/o Research Office for Administrative Development and Support

E-mail: ethicsoffice@mcmaster.ca

CONSENT

I have read the information presented in the information letter about a study being conducted by Mary Lou Doxtdator of McMaster University. I have had the opportunity to ask questions about my involvement in this study, and I have received answers to my satisfaction. I understand I may withdraw from the study at any time, if I choose to do so.

I agree to participate in this study. I agree to my interview being audio recorded. I have been given a copy of this fo

Name of Participant (Please Print) _____

Participant's Signature _____

Researcher's Signature

Email Script

Hello (name),

I am conducting some qualitative research on what Mindfulness has to offer social workers. I am in the process of recruiting volunteer participants. This research is for the purpose of completing a thesis for the Masters of Social Work program at McMaster University.

I realize you may be quite busy and may not be able to participate, or to respond to this email in any way.

I am looking for Social Workers who have a personal practice of Mindfulness who would be willing to participate in an individual interview, for 60 – 90 minutes. Questions asked would be about the benefits social workers experience from mindfulness practice, in both their personal and professional life. As well, I will ask about any challenges social workers may have in incorporating mindfulness practice into their life, and how they attempt to resolve these challenges.

As a token of appreciation for their time, participants will receive a \$10.00 Tim Horton's Gift card.

If you know of any social workers who might be interested in participating, please feel free to forward them my information.

Please remember, participation is voluntary.

Sincerely,

Mary Lou Doxtdator, B.S.W., M.S.W. Candidate

Appendix E

Background Questionnaire

How many years experience do you have as a social worker? _____

What is your current social work practice area? Please describe briefly.

Appendix F

Interview Guide

Mindfulness: What does this Practice Offer to Social Workers?

Student Investigator: Mary Lou Doxtdator Faculty Supervisor: Sheila Sammon

Department of Social Work, McMaster University

Information about these interview questions: These questions will give a broad idea about what I would like to know about your mindfulness practice. These questions are intended as a guide and may not be worded exactly as written. I may not ask all of these questions.

Sometimes I will use other questions to clarify what you have told me, to ask you to elaborate, and as a probe for more information.

1) Tell me about your mindfulness practice.

Probe: a) For how long have you been practicing mindfulness?

b) How did you learn mindfulness?

2) How do you understand mindfulness?

a) What does mindfulness mean to you?

3) How do you incorporate mindfulness into your life?

Probe: a) Do you meditate?

b) How often do you meditate?

c) How long do you generally meditate for?

d) Are there other ways you incorporate mindfulness into your life?

4) What are some of the personal benefits you receive from your mindfulness practice?

Probe: a) Do you feel it helps with stress? How so?

b) Are there other ways Mindfulness helps your frame of mind?

c) Are there physical benefits you notice?

5) Does Mindfulness have an impact on your social work practice?

Probe: a) Do you notice an impact in your work with your clients? How so?

b) What impact, if any, does it have on your empathy with clients?

6) Are there other benefits to your Mindfulness practice I have not asked about?

7) What are some of the challenges you experience in your Mindfulness practice?

8) How do you try to resolve these challenges?

9) Is there something important we forgot? Is there anything else you think I need to know about your mindfulness practice?

		<p align="center">McMaster University Research Ethics Board (MREB) c/o Research Office for Administrative Development and Support, MREB Secretariat, GH-305, e-mail: ethicsoffice@mcmaster.ca</p> <p align="center">CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH</p>	
Application Status: New <input checked="" type="checkbox"/> Addendum <input type="checkbox"/>		Project Number: 2012 035	
TITLE OF RESEARCH PROJECT:			
Mindfulness: A Promising Practice for Social Workers?			
Faculty Investigator (s)/ Supervisor(s)	Dept./Address	Phone	E-Mail
S. Sammon	Social Work	23780	sammon@mcmaster.ca
Student Investigator(s)	Dept./Address	Phone	E-Mail
M. Doxtdator	Social Work	905-522-1155	mbdoxtdator@yahoo.ca
The application in support of the above research project has been reviewed by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster University Policies and Guidelines for Research Involving Human Participants. The following ethics certification is provided by the MREB:			
<input type="checkbox"/> The application protocol is cleared as presented without questions or requests for modification.			
<input type="checkbox"/> The application protocol is cleared as revised without questions or requests for modification.			
<input type="checkbox"/> The application protocol is cleared subject to clarification and/or modification as appended or identified below:			
<p>COMMENTS AND CONDITIONS: Ongoing clearance is contingent on completing the annual completed/status report. A "Change Request" or amendment must be made and cleared before any alterations are made to the research.</p>			
(Empty space for additional comments)			
Reporting Frequency:		Annual: Mar-13-2013	Other:
Date: Mar-13-2012		Chair, Dr. Br. Detlor: 	