Mindfulness as Enhancing Ethical Decision-Making and the Christian Integration of Mindful Practice

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The strong growth of research in mindfulness-based therapies reflects an integration of spirituality in social work practice. Mindfulness has been shown to improve self-awareness, promote cognitive flexibility, increase empathy, and develop resiliency in the social worker. When used by the social worker, mindfulness may also aid in the ethical decision-making process by helping calm reactive emotional states elicited when faced with complex issues in practice. As a result, its utility in practice is that it clarifies dilemmas and allows for a more intentional response, with the potential to help social workers avoid boundary violations that occur in our profession. Mindfulness is congruent with a Christian ethical framework because of its identification of the importance of values. Contemplative practices from the Christian religious tradition may be an alternative to the Buddhist framework that much of mindfulness research has as its base.

MINDFULNESS CAN BE DEFINED AS A MEDITATIVE PRACTICE THAT CULTIvates present-moment awareness and attention, a non-judgmental stance, intentional observation of one's thoughts, heightened sense of experience and self-awareness, which all lead to feelings of equanimity rather than reactivity (Birnbaum, 2008; Brown & Ryan, 2003; Hick & Chan, 2010; Kabat-Zinn, 2003; McGarrigle, 2011)The study of mindfulness is a relatively new phenomenon that has been introduced to Western researchers through the realm of medicine and championed by the work of John Kabat-Zinn, a physician, author and founder of the Mindfulness-based Stress Reduction (MBSR) clinic in Massachusetts. Today, mindfulness is an increasingly popular topic of research in the social sciences, including social work (Lynn, 2010; McGarrigle, 2011).

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Buddhist Roots of Mindfulness

Mindfulness is part of the *eightfold path* in Buddhist religious philosophy, characterized by helping individuals to build self-awareness through non-judgmental observation of emotions, focused attention through contemplative practices and the present moment, and detachment from negative experiences (Williams & Kabat-Zinn, 2011). In this way, mindfulness as a social work practice skill includes some underlying presumptions in line with Buddhism's *four noble truths*:

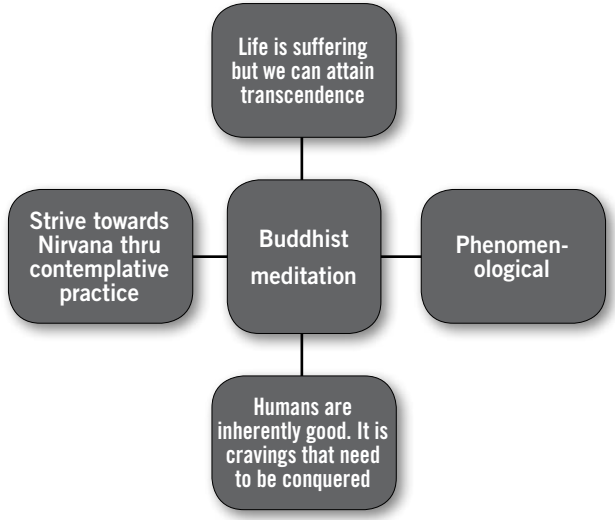
- All life is suffering
- Suffering is caused by our cravings in life; the truth is that there is impermanence in life
- Detachment to cravings and seeing that we are one will end suffering
- The path of cessation of attachment which is the Eightfold path (Maex, 2011)

Therefore, the epistemological basis of mindfulness practice assumes some spiritually based metaphysical reality. Most social workers who study mindfulness are quick to point out that one does not have to practice Buddhism in order to use mindfulness and secularize their approach and/or emphasize a neurobiological benefit of using mindfulness (Shier & Graham, 2011; Turner, 2009). However, the epistemological basis for the benefits of using mindfulness still points to an underlying Buddhist worldview. Nonetheless, with appropriate and intentional adaptations, the practice of mindfulness is both compatible with and supported by a Christian worldview.

Mindfulness Theory and its Application

Mindfulness as applied, particularly in clinical social work practice, often assumes that human beings are essentially good and have capacity to strive toward a self-actualized state by remaining consciously aware in the present moment (Kabat-Zinn, 2003; Lynn, 2010). Through meditation, contemplation, deep breathing, and various other techniques, the person can "remain with an open heart" and not be afflicted with the suffering in this world (Kabat-Zinn, p. 150). The detachment from the world's sufferings is what helps individuals practicing mindfulness experience transcendence. The goal of transcendence is to realize that we [as humans] are all interconnected, which leads to compassion (Maex, 2011). Not only is this detachment a cognitive endeavor, but it is also experiential. In essence, the mastery of mindfulness is phenomenological. Please see Figure 1.

Figure 1: Mindfulness Meditation and Underlying Worldview

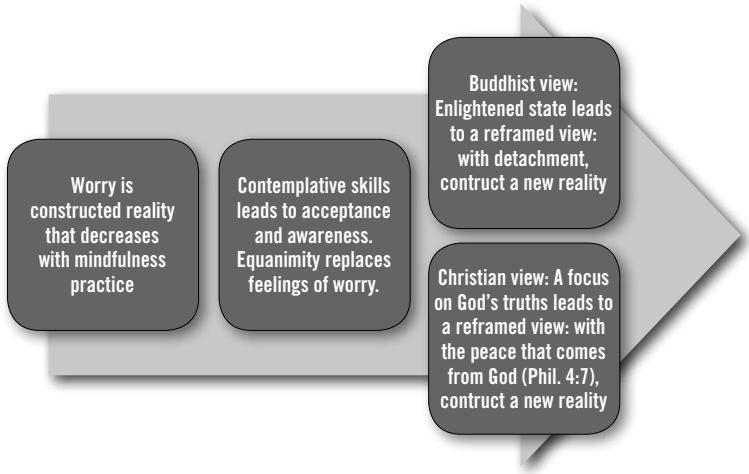


Though mindfulness comes from an experiential framework rooted in Buddhist thought, its manifestation in clinical social work practice is interwoven into behavioral models of interventions such as Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT), and Mindfulness-Based Cognitive Therapy (MBCT). These therapies are often called the "third wave" of behavioral interventions (Hayes, Follette & Linehan, 2004; Howells, 2010; Springer, 2012, Tan, 2011). Decreased depression, anxiety, and trauma are outcomes that mindfulness practitioners and researchers have found in empirical and positivist studies, many using pre- and post-tests to correlate findings as well as MRI to show neurobiological effects (Hayes, Follette, & Linehan, 2010; Hansen, Lundh, Homman, & Wångby-Lundh, 2009).

In practice, a social worker using mindfulness may guide an individual suffering from anxiety or worry, for instance, in techniques such as deep breathing, meditation, internal observation, and intense focus on thought and attention. The goal in a clinical application is for the person using mindfulness to become aware of any negative thoughts or attachments/cravings that persist in keeping the person in a state of suffering and then to help the person transcend their emotional suffering. The negative thoughts encountered are then reframed to adhere to the underlying assumptions based on Buddhist philosophy. Detachment and an enlightened mental state is a goal which helps to alleviate depressive symptomatology (Hayes, Follette & Linehan, 2004; Twohig et al., 2010). In contrast, a Christian adaptation of a practice that incorporates mindfulness can include truths and assumptions from a Christian worldview. The techniques in practice of

a Christian application of mindfulness may look the same (e.g. deep breathing, meditation, internal observation), but the presuppositions that undergird the aims of the practice are completely different. Please see Figure 2.

Figure 2: Mindfulness intervention Progression



Mindfulness Can Contribute to Ethical Social Work Practice

Social workers in social service agency, medical, clinical, and other human services settings often struggle with high caseloads, limited budgets, and an emphasis on documenting outcomes of their work (McGarrigle, 2011). As a result, protection from burnout, stress, and cynicism in social work practice has been a focus of concern in the profession that mindfulness has been able to address (McGarrigle, 2011; Shier & Graham, 2011). Mindfulness can also be used as a tool for social workers to stop, think, and intentionally evaluate the way they are processing ethical issues.

West (2002) posits that it may just not be possible to avoid all ethical dilemmas all the time and pessimistically asserts that the goal for any clinical practitioner is to minimize client harm. West also identifies, less pessimistically, a need for practitioners to practice "ethical mindfulness" by building growth in self-awareness, seeking consultation, and being open to evaluating the self. Attunement to the complexity of emotions elicited by the client/social worker relationship is enhanced by the contemplative characteristics of mindfulness.

For instance, in a setting where dual relationships can be expected, such as in a rural setting, the social worker may often "bump into" a client at the grocery store or gas station. The client may feel open to begin discussing her case management plan, for example, with their social worker

in such a public place. As a response, the social worker has to decide how much he should engage with the client on this topic, potentially violating ethical standards of confidentiality since other members of the community are within earshot of the conversation. Deep breathing, focused intentional thought about the social worker's potential responses, and breathing a prayer may help the social worker center his thoughts enough so that a response balances the inevitable ethical challenges of this situation. As a result, the social worker can weigh the cost and benefit of the nature of the conversation he will engage in to protect the client's confidentiality, maintain trust and rapport in the relationship, and adhere to values of the social work profession.

Garland & Yancey (2014) describe a setting where the roles of social worker and religious leader are intertwined. In congregations, a congregant may not understand the different roles and may feel free to seek out the social worker for clinical care. Dual-relationships are at times an inevitable outgrowth of the work a social worker in this setting. Protecting the congregant's/client's confidentiality and helping to maintain her self-determination in these situations can be challenging. Because these situations are common, maintaining constant vigilance in the face of repeated ethical challenges can be wearing. Mindfulness, therefore, can help produce and maintain the social worker's equanimity in a setting where almost every congregant is a potential client by providing the mental space and capacity to make judgments in the face of dual-relationships.

The NASW Code of Ethics (2012) provides the guidelines that social workers adhere to in practice. Abbott (2003) asserts that breaches of social work ethical guidelines can be rooted in a lack of self-awareness and/or a lack of training in the areas of countertransference and transference. An alternative explanation is that social work practice is so complex that despite the training social workers receive in their education, ethical violations will continue to affect the profession (Strom-Gottfried, 2000). From a Christian perspective, human frailty and our propensity toward sin are reflected in ethical violations within our profession (Romans 3:10).

Sherwood (2012) indicates that certain values in social workers' ethics may come into conflict. Prioritizing these values requires appropriate judgment, and he encourages an exploration of the Christian social worker's faith to clarify such values. In practice, social workers often make ethical judgments amidst experiences involving ethical dilemmas. Social workers attempt to honor the Code of Ethics but can make decisions and judgments that not all social workers would agree with. These kinds of ethical judgments are part and parcel of social work practice; they are complex and may lead to tension. The ability to make sound ethical judgments can require mindfulness, insight and self-awareness.

Shapiro, Jazaieri, & Goldin (2012) conducted a study of graduate students using a Mindfulness-Based-Stress-Reduction (MBSR) training

that comes out of the work of Kabat-Zinn. They measured moral reasoning and ethical decision-making by using self-reported measures that included measures of anxiety, compassion, and stress, as well as presentation of moral dilemmas. The researchers found that MBSR training improved emotion and wellbeing of the participants. Although no significant change in moral reasoning occurred immediately after the training, after a two-month follow-up there was a significant improvement. The researchers explain that moral reasoning skills develop with practice and over time, so a post-measure immediately conducted after the MBSR training may have been too short a time to capture gains and skills made.

What their study also addresses is that, with practice, mindfulness can help individuals attune to shifts in emotion needed for ethical decision-making such as lower anxiety and stress, as well as increased compassion. Social work practitioners face pressures, which, when left unattended, can potentially lead to boundary violations (Strom-Gottfried, 2000). The contemplative aspect of mindfulness brings about an awareness of self by helping the social worker to stay in the moment and attend to feelings earlier rather than later. Much of social work training and education require an awareness of how one's own biases and presuppositions need to be managed so as not to pollute the client experience (Abbott, 2003). However, addressing the need for social workers to use coping strategies that can balance a social worker's self-care and responsibility to the client is warranted as related to ethical professional conduct. Being self-reflective enough to identify feelings that can lead to boundary violations can be protective for both client and social worker.

Social workers' own management of ethical decision-making is buttressed by the integration of a spiritual/faith model, which mindfulness embraces. As discussed earlier, inherent in mindfulness practice is an epistemological and metaphysical assumption of a spiritual reality, especially because mindfulness comes out of Buddhist religious thought (Birnbaum & Birnbaum, 2008; Maex, 2011). Chamiec-Case (2012) asserts that faith can be an asset to strengthening resilience, providing the support and coping strategies needed for long-term sustainment in our work. Hulsheger, Feinhodt, & Lang (2013) document how mindfulness helps increase job satisfaction and decrease emotional exhaustion. Mindfulness fosters an awareness of feelings of stress in the social worker and utilizing mindfulness skills can help increase well-being and improve the capacity of social workers (McGarrigle, 2011). This integration of the spiritual resources inherent in mindfulness practice can be identified as not only a way to relieve these pressures, but also supportive of moral reasoning and enhancing ethics.

Stassen & Gushee (2003) advocate a scripture-based ethical framework that, like mindfulness, attends to the inner character formation of the individual. They propose an ethical framework drawn out of spiritual disciplines, which admonishes the reader to seek out biblical truth as a

source. Lastly, they encourage individuals to seek out other authority (like social work supervision) because the Holy Spirit is active and alive.

A Christian Integration of Mindfulness

According to the Pew Forum on Religious and Public Life (2013), about 74% of people living in the United States describe themselves as Christian or Catholic and only 0.7% identify with the Buddhist religion. So far, most of the research literature on mindfulness has focused on Buddhist practices, and a prominent figurehead in mindfulness is a practicing Buddhist (Kabat-Zinn, 2003).

Within the Christian faith tradition, a paradigm of Christian mindfulness has been present for many centuries. As far back as medieval Europe, Hildegard of Bingen was a German female mystic who saw visions starting at a very young age, usually after intense periods of prayer and contemplation of scripture. In 1112, she was formally accepted into the monastery and by 1136 was elected to be the leader of a women's religious group. She then went on and became a prolific writer, detailing her theology and mystical experiences (Dreyer, 2005). In her writings, she described her meditations based on visions she had seen. For instance, she associated images of fire with the Holy Spirit and Christ's passion visually represented by a burning love—red, orange, and yellow in color. She used elements of nature and weather to help the reader relate to characteristics of God; she likened love of God to a flowing river that "refreshes the earth and believer's souls" (Dreyer, 2005, p. 81).

Another exemplar of a Christian mindfulness practitioner can be found in the Jesuit founder and Saint, Ignatius of Loyola. St. Ignatius knelt for prayers for six hours at a time, meditated on passages for most of the day and from this devotional practice wrote and developed his *Spiritual Exercises* while living in Manresa, Spain in 1521 (Ganss, 1992). His exercises outline Christian contemplative practices and meditations as well as directives regarding the time of day one should use the exercises that Christians can find useful today (Warner, 2010).

Both Hildegaard of Bingen and St. Ignatius provide a template for a mindfulness practice that includes Christian practices and imagery. For instance, guided imagery has been used in clinical intervention which contains similar characteristics of meditation/contemplation (Fernros, Fuhoff, & Wandell, 2008). Therefore, visualizing God, Jesus, or other sacred Christian images can be integrated in guided imagery techniques.

Likewise, more contemporary Christian contemplatives identified other spiritual practices that address some of the goals of mindfulness. Thomas Keating, a member of the Cistercian monks since 1944, became exposed to meditation practice from Eastern religious philosophy during the 1960s and finds the meditative practices from Christian mystics com-

plimentary (Keating, 2008). One of these practices is a contemplative form of prayer, known as Centering Prayer. Keating (1999) describes this type of prayer as differing from the prayers of supplication—the type of prayer that many Christians follow. Instead, contemplative prayer is meant to improve our ability to be silent and hear from God; thus, the goal of this prayer is unity with God. He describes this type of prayer as a way to withdraw attention from the ordinary flow of thoughts in order to "awaken our faith".

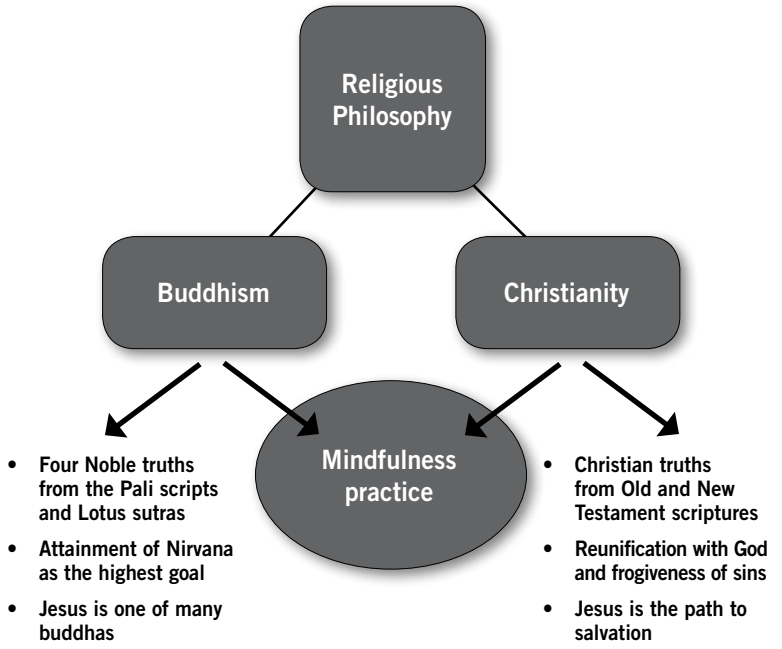
Some methods to initiate Centering Prayer would include keeping eyes closed and sitting in a comfortable position, choosing a sacred word that helps express and open oneself up to God, and focusing awareness of this word each time your thought shifts outside. Then, as you direct more of your focus toward God, you allow your intention to flow and God to speak into your spirit. Hopefully, what follows, according to Keating, is finding moments of awareness and unity with God in ordinary moments of the day.

Like Centering Prayer, *Lectio Divina* is meditative in its characteristics and centers on developing heightened awareness and self-reflection. *Lectio Divina*, Latin for "divine reading" is an ancient monastic tradition that has roots in Catholicism before the 12th century and includes a meditative reading of a biblical text. Its basic practice is to call on the divine (*oratio*), read a scripture (*lectio),* meditate on the reading (*meditatio*), and then practice listening (*contemplatio*) (Howard, 2012). According to Keating (2008), the goal of this divine reading is to "interiorize the truths of faith so that we can understand them at the level of the heart as well as the level of the mind" (p. 47). Keating describes some of the steps to include the use of brief relaxation exercises, then reading the scriptures, a few words or paragraph at a time, and inviting God into the process in a united meditation with an invitation of the Holy Spirit to inspire and lead the process.

Perhaps because of the work of contemporary Christian contemplatives such as Thomas Keating, along with other contemporaries, such as Richard Rohr and Thomas Merton, a few Christian psychologists have begun to be more specific about how they incorporate Christian faith into mindfulness, which could inform Christian social workers in their practice as well.

Symington & Symington (2012) have distinguished aspects of mindfulness skills that differ between Buddhist and Christian philosophy. For instance, in mindfulness-based therapies, the use of breath is a frequent technique to help open up the less reactive centers of clients' emotion and intellectual process. According to the researchers/practitioners, the aim of the breath training in mindfulness, from a Christian perspective, is to reflect on God and find the presence of God's love and intention in the breath. This differs from the Buddhist aims in Mindfulness, which is part of the Four Noble Truths, in that breath reminds us that there is no self and attachments are the roots of suffering. Symington & Symington argue that the same practice (in this case, breath meditation) can differ in meaning to the client, when working from a Christian integration of mindfulness (Please see Figure 3).

Figure 3: Conceptual Map of a Christian vs. Buddhist Integration of Mindfulness Practice



Tan (2011) also discusses how Christian practitioners can integrate and ascribe different meaning in their work while using mindfulness-based interventions. A Christian can retain her belief while still using mindfulness practice techniques that differ from the Buddhist presuppositions of those practices (Please see Figure 3). For example, Tan describes how even the practice of letting the mind flow to and fro can be brought into a Christian framework. He suggests that clients can reflect on those inner thoughts in a sacred space and the content of the thoughts can lead them back to the Christian truths found in the Bible, as well as in the characteristics of compassion and loving-kindness that are promoted within Christianity as well as in Buddhism.

Therefore, the internal process of finding Christian meaning ascribed by clinicians while providing mindfulness-based therapies, can form a basis for expanding the practice and utility of mindfulness. The evolution of mindfulness therapies from a Buddhist framework of understanding to one that can be inclusive by those who are more familiar with Christian integration models can only expand its reach and benefit.

For the Christian social worker practicing mindfulness, reaching into the contemplative tradition may just very well lead to a more ethical and

active practice as described in Micah 6:8 (ESV) "He has told you, O man, what is good; and what does the Lord require of you; but to do justice, and to love kindness, and to walk humbly with your God?"

An Everyday Example of a Daily Mindfulness Ritual

In McGarrigle's (2011) study, social work practitioners participated in an 8-week meditative group session using a mindfulness-based practice manual that they adapted. The researchers explained the interconnectedness between a social worker's self-care and reflection and their impact on clients. The researchers proposed that mindfulness skill practice in the workplace can take various shapes. Though reflective-journaling was a central intervention, the researchers also included yoga practice, body scan, mindful walking, and listening exercises as part of their mindfulness work in general. What is notable is that most of these mindfulness skills are easily practiced, uncomplicated, and adaptable to fit the needs and settings of the social worker who uses them. Finding time throughout a workday to use any of these methods is easily done in most settings and the benefits, worthwhile and robust.

As a clinical social worker myself, I counted on my weekly yoga class to cope with the emotional stresses I carried both professionally and personally. With every amount of weight I bore, every twist and intentional breath of each pose, I subconsciously worked out my inner anxieties and literally felt their release from my body. Prayer, meditation on biblical scripture, and deep breathing are mindfulness skills I have used to help me center my thoughts and detach from my clients emotionally while maintaining feelings of empathy toward them. I acquired equanimity through this process that allowed me to better handle the information I received and guide my clients through their journey of healing, usually from the trauma of sexual abuse.

During the workday, between meetings or classes, I often prepare a mug of hot tea and use mindful breathing while uttering short prayers of gratitude to God for the privilege of work. I make requests for wisdom and guidance from the Holy Spirit as I prepare for field seminar, facing unexpected situations, or good discussions from my students. As I sip my tea throughout moments in class or back at my office, I pay attention to the warmth of the hot liquid as it slides down my throat and enters my stomach. For me, this is a symbolic act of receiving God's grace; with every sip I am taking in God's restoration and guidance, and acknowledging that He has heard my prayers. I am also able to connect to the truth that God's goodness not only extends to me, but also to my students. Through these simple acts, I feel better equipped to extend that grace to my students as well…even the most challenging ones.

The tea-drinking mindfulness practice I adhere to throughout my workday takes all of five minutes to accomplish, and the yoga practice, all

of one hour per week—hardly time commitments that could be considered burdensome by most. As a busy mom and social worker, these mindfulness skills are practical, and have been extremely helpful to me in navigating some complex client relationships in an ethical way. I was able to keep myself from premature termination with clients due to high stress in those situations and maintain appropriate boundaries in my dealings with others, even when clients tested the boundaries of our working relationship. With students, I can attend to their feelings of anxiety and respond in an empathic way, even as we sort through mistakes they make in the field. For these small victories, I attribute my faith and my practice of mindfulness for the last few years.

Summary

Mindfulness is a theory that comes from a Buddhist religious philosophy but is easily integrated with the Christian faith. In its application, social workers can root their mindfulness practice in a Christian religious framework that has historical antecedents. Its emphasis on self-awareness, non-judgment, and equanimity can bring about clarity in light of common ethical issues faced by social workers in practice. Mindfulness skills are practical, accessible, and attainable for every social worker. It can help social workers avoid emotional burnout, improve attention and assist in self-care needs. Lastly, mindfulness can help social workers attend to internal shifts that can inform them of potential ethical dilemmas in their work. A Christian social worker can use mindfulness to hone in on truths of scripture and develop character traits that could help him or her better navigate such dilemmas. ❖

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