The role of meditation in social work.

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THE ROLE OF MEDITATION IN
SOCIAL WORK

by

C

Marc Conrad Lavigne

A Thesis
submitted to the Faculty of Graduate Studies
through the School of Social Work
in Partial Fulfilment of the requirements
for the Degree of Master of Social Work at
The University of Windsor

Windsor, Ontario, Canada

1981
RESEARCH COMMITTEE

Professor S. Moore        Chairperson
Dr. L.E. Buckley         Member
Dr. R. Amore             Member
ABSTRACT

The purpose of this study was to explore the phenomenon of meditation through a library research and to consider its possible applications in social work.

The major research question concerned the appropriateness of meditation as an adjunct to social work.

Since few articles exist concerning the role of meditation in social work, this question was answered by surveying other literature which pertains to meditation so that a firm foundation could be established. These fields included religion, philosophy, medicine, transpersonal psychology and psychotherapy (East and West). This study was substantially supported by the data obtained from the literature.

Throughout the writing of this project particular attention was given to the applicability of meditation in the social work profession. Suggested areas of use for the practice of meditation have been included as well as a case illustration from the author's own practice.

The researcher suggests some opinionated hypotheses based on the information presented in the study. It is hoped that further studies may contain more direct empirical data, however, it seems appropriate that a foundation be established before such research can be undertaken.

This author is confident that this foundation has now been established through this exploratory library research paper.
ACKNOWLEDGEMENTS

The researcher would like to thank the members of the Research Committee, Professor Stewart Moore, Dr. Lola Elizabeth Buckley, of the School of Social Work and Dr. Roy Amore of the Department of Religious Studies for their encouragement, assistance and support. Special thanks to Stewart Moore who believed that this thesis needed to be written.

My parents, Mr. and Mrs. J. Conrad Lavigne, for their consistent love, caring and faith in my ability.

Margo Bettger, my dearest friend, for her unwavering support and understanding; for her patience in typing many drafts, including the final copy.

To meditators, the world over, who continue to raise their consciousness through right moral effort and discipline. Share your wisdom with all who pass.
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CHAPTER I

INTRODUCTION

Purpose of the Study

In 1961, James commented with regard to meditation:

Our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. We may go through life without suspecting their existence; but apply the requisite stimulus, and at a touch they are there in all their completeness, definite types of mentality which probably somewhere have their field of application and adaptation. No account of the universe in its totality can be final which leaves these other forms of consciousness quite disregarded. How to regard them is the question - for they are so discontinuous with ordinary consciousness. Yet they may determine attitudes though they cannot furnish formulas, and open a region though they fail to give a map. At any rate, they forbid a premature closing of our accounts with reality. (p. 11)

That observation is equally valid today. Social workers are asked to understand the day to day rational consciousness of their clients in order to bring about change in the desired direction. Social workers have already had or soon will have clinical contact with patients who are meditating. An understanding of the physiological, neurophysiological and psychotherapeutic responses of meditation is now essential for working effectively with these patients. For the last fifteen years in the West, there has been an increasing interest in the psycho-religious practices of the East such as Yoga,
Zen Buddhism, and Sufism. It seems that in all of these practices, personal experience through meditation is the means of achieving further growth and self-realization.

Hence the purpose of this study is to explore the phenomenon of meditation and to study its possible applications in social work. Such a study will contribute to theory building in the area of social work practice. The model will be developed from literature relating to meditation, specifically to its physiological, neurophysiological and psychotherapeutic effects. The implications of meditation in social work will also be explored since its practical application is being demonstrated in the East as well as the West through the widespread use of Morita therapy and Gestalt.

Background to the Study

This study has developed from the author's experience regarding the practical use of meditation in his daily personal life. After seven years of practice it was felt that meditation had indeed been life-enhancing and it is speculated that the same may be true for the clients that are presently being seen for a variety of personal and interpersonal difficulties.

If, as social workers, we are to adopt and accept a holistic position when we attempt to understand and help humans, then we owe it to ourselves to explore and come to some understanding of the body of knowledge which has only
begun to seep towards the West from the East. This familiar- 
ity with the benefit of meditation or with the philosophy 
which emanates from its practice has been a way of life in 
the East for the past three thousand years. To deny or to 
overlook the importance of this tradition was understandable 
some thirty years ago because very few translations of Eastern texts were available; today however, we are afforded the 
opportunity and luxury of becoming cognizant of a way of life 
that began many centuries before the birth of Socrates, Plato 
or Jesus. The truth of these philosophies struck a resonant 
chord in man's understanding of himself and the universe; 
the same holds true for the historicity and validity of 
Eastern thought and philosophy.

Rationale for the Study - the 
Place for Meditation in 
Social Work Practice

The word 'meditation' frequently stimulates a chain 
of associations in our mind such as mysticism, magic, Hindu 
shacklers, the drug culture, or an image of someone 
sitting silently in the lotus position 'forever'. As social 
workers we might think automatically of meditation as being 
similar to withdrawal in a borderline or psychotic patient, 
or we might perceive it as total passivity and lack of use-
fulness. At the very least we might wonder how one can 
just sit quietly and expect to reach some level of maturity. 
Ruesch and Bateson (1951) in their psychological exposition 
of American values state:
... the American Psychology has been described as being governed by the premises of equality, solidarity, success, and change, which are thought to be interconnected by the multiple premises of puritan and pioneer morality. (p. 59)

In puritan morality rugged individualism, work, doing something constantly in wakeful hours, and control of emotion and nature are encouraged. Change usually is admired and it is directly related to doing and moving.

In the West, therefore, being quiet is not only discouraged but it is considered synonymous with laziness, lack of interest, and inactivity. Sitting quietly and silently in one place without at least doing something such as watching television, listening to music, reading the newspaper, eating or snoozing, is interpreted as being at least uncommon, if not a downright waste of time. Most of the time, we are so caught up in what we are doing that we don't notice what we are doing or feeling or wanting. We identify with the content of what we are saying rather than noticing the process. When people identify with the content of what they are saying and doing rather than simply noticing themselves saying and doing, they get stuck in the endless repetition of process: feeling sorry for themselves, blaming their parents, judging themselves, etc. The difficulty is that much of our experience is so taken for granted that it recedes into the background of awareness. Somehow, we have to find ways of observing our process without being so immersed in it that we miss out on vital aspects of our living.

The most basic tenet which the practice of meditation
is predicated upon is that if we want to learn about ourselves, we need not only to be doing, but observing ourselves as well. Six or seven years ago this author remembers reading this short dialogue between a monk and a Zen Master which may illustrate a bit more clearly what has already been expressed:

Monk: "What is truth?"
Master: "Attention."
Monk: "What is the Way?"
Master: "Attention, Attention."
Monk: "What is Zen?"
Master: "Attention, Attention, Attention."

The social worker should become an individual who facilitates for his client the possibility of enhanced awareness which can be translated as the capability of being present to the whole process of life, without the blindness caused by taking parts of it for granted.

Until this decade most Westerners were skeptical of the claims that the practice of meditation could bring increased energy, clarity of thinking, emotional stability and health. However, beginning with an article in Science (Wallace, 1970) on "The Physiological Effects of Transcendental Meditation", a convincing body of physiological, psychological, and sociological data have been published showing that the regular practice of meditation does indeed result in profoundly beneficial changes.

Maharishi Mahesh Yogi first introduced Transcendental Meditation in its modern form to the United States in 1959, and since then over one million people have begun the practice. Its rapid spread can be traced to its ease in learning
and immediate effects; it can be learned in a few hours and is practiced for fifteen or twenty minute periods twice a day. Transpersonal psychology is still largely unresearched and therefore considered, in the main, to be "unscientific" but there are many examples of serious work in the psychology of consciousness, in parapsychology and related disciplines: careful experiments on Extrasensory Perception and dreams conducted by Montague Ullman and Stanley Krippner. (1973); pioneering work on aspects of psychic healing headed by LeShan. (1974); research on altered states of consciousness with cancer patients being conducted by Grof (1975) at the Maryland Psychiatric Institute; theoretical and experimental work on various states of consciousness painstakingly pursued by Tart (1975). These and similar studies deal with areas of inquiry that are largely uncharted but they are nevertheless being undertaken.

The major purpose of this thesis will be to synthesize and analyze the work which has been accomplished up to now in this fascinating field of endeavor so that we may ascertain the validity of meditative practices in relation to the holistic position that the social worker should take in order to comprehend the whole being.

Many of the statements which will be made during the course of writing this thesis will be based on verifiable data, however, at times the author may digress, since one can only experience meditation, and to simply talk about it can be seen as a travesty. If the author cannot make lucid
intellectual statements about the positive results of a process (such as meditation), the reader may remain either disinterested or skeptical and negative.

It is incomplete to hold that knowledge is exclusively rational. Even scientific inquiry, that most rational and logical of our pursuits, could not proceed without the presence of another type of knowledge... Scientific investigators act on personal knowledge, biases, hunches, intuition. It is the genius of the scientific method that the a rational thought becomes translated into the rational mode and made explicit, so that others can follow it. Ornstein (1972, p. 17)

This introduction is not the place to attempt any detailed assessment of what has been achieved thus far in this field, (I hope to study, however, some of the more pertinent data in succeeding chapters) but I think the results obtained so far may support the view that the practice of any meditational exercise induces a mental state, or series of mental states, with unusual but scientifically definable properties.

The medium of our thoughts is language. Words are the means by which we handle reality. This ability to use words has been one of the main reasons for man's prodigious success as an animal. It is also the source of our troubles, for the ability to use words and concepts, while so plainly of enormous value, all too readily becomes hypertrophied. Unconsciously, we come to suppose that to give something a name is to gain some measure of control over it. We come to live in a world of words and thoughts, which takes the place of direct contact with reality. As Murdock has put it: "Our minds are continually active, fabricating an anxious,
usually self-preoccupied veil which partially conceals the world." (1970, p. 84) To see the world as it is we have to check this all too pervasive mental activity, to empty our minds, to relinquish what we imagine to be our verbal hold on the world.

This author believes it is worth pointing out that the aim of meditation is not markedly different from what has been identified by some Western writers as the correct object of moral effort. Murdoch suggests that the prime need, if we are to reach correct moral decisions, is to develop the capacity for attention:

"I have used the word attention, which I borrow from Simone Weil, to express the idea of a just and loving gaze directed upon individual reality. I believe this to be the characteristic and proper mark of the active moral agent." (1970, p. 34)

"Attention," she writes, "is rewarded by a knowledge of reality." And Murdoch continues,

The love which brings the right answer is an exercise of justice and realism and really looking. The difficulty is to keep the attention fixed upon the real situation and to prevent it returning surreptitiously to the self with consolations of self-pity, resentment, fantasy and despair. The refusal to attend may even induce a fictitious sense of freedom: I may as well toss a coin. Of course virtue is good habit and dutiful action. But the background condition of such habit and such action, in human beings, is a mode of vision and a good quality of consciousness. It is a task to come to see the world as it is. (1970, p. 91)

From the above discussion it can be seen that there are many factors encouraging the use of meditation. However, it seems unlikely that social workers are aware of the benefits or drawbacks of meditation. As mentioned earlier, pertinent literature and scientific inquiries into the realm of meditation.
have only just begun to appear in Western civilization. It seems therefore both timely and necessary that some sort of credence be given to the practice of meditation and to ascertain as to its usefulness in the field of social work. This chapter has introduced the study by outlining its purpose, its background and its rationale. Chapter II will deal with the methodology being used for this thesis.
CHAPTER II

METHODOLOGY

The purpose of this research project was discussed briefly in the introductory chapter. Practical experience as a meditator created in the author a desire to explore the phenomenon commonly known as meditation and its applicability to the profession of social work. However, a literature search revealed that publications pertaining to the use of meditation in social work practice are relatively scarce. Accordingly, this author designed this research project to examine where meditation came from, what it is, what it does or does not do, how it is being used in the West and the East as an adjunct to therapy, and how social workers can use meditation in their personal life or in their daily practice with clients.

The scarcity of social work literature and research in the field of meditation, together with the comparative infancy of meditation as a social work activity dictated that this study be at an exploratory level. Tripodi, Fellin and Meyer (1969) present a classification system of research which identifies three major types of research: exploratory; quantitative-descriptive and experimental. The exploratory type of research is defined as follows:

10.
Exploratory studies are empirical research investigations which have as their purpose the formulation of a problem or questions, developing hypotheses, or increasing an investigator's familiarity of a phenomenon or setting for more precise future research. The intent to clarify or modify concepts may also be predominant. Relatively systematic procedures for obtaining empirical observations and/or for the analysis of data may be used. Both quantitative and qualitative descriptions of the phenomenon are often provided, and the investigator typically conceptualizes the interrelations among properties of the phenomenon being observed. A variety of data collection procedures may be employed in relatively intensive study of a small number of behavioral units. Methods which are employed include such procedures as interviewing, participant observation, and content analysis. Representative sampling procedures are typically not used. In some studies, there is a manipulation of an independent variable in order to locate its potential effects. (Tripodi et al., 1969, pp. 48-9)

We may differentiate between research that is undertaken within the context of discovery and research that is undertaken within the context of justification. The former seeks ideas, the latter attempts to prove them. This study belongs to the former category. Hence, its major purpose is to develop, clarify and modify concepts and ideas, and to provide a basis for further theory building and for practice.

Seltiz, Wrightsman and Cook (1976) present the following approach to exploratory studies:

1. a review of the related social science and other pertinent literature.

2. a survey of people who have had practical experience with the problem to be studied.

3. an analysis of "insight-stimulating" examples. Most exploratory studies utilize one or more of these approaches.

This author attempted to fill the suggested requirements of
the second of the above list by preparing comprehensive questionnaires which were to be given to a Zen Buddhist Master (Phillip Kapleau) and to a number of practicing Buddhist monks. To this end this writer travelled to Rochester, New York and spent a weekend at the Zen Center there. The questionnaires were not answered because it was felt that doing so would disrupt the life of the monastery, and that it would disrupt this writer's own practice since concern about the questionnaires being completed would interfere with the meditation. To some, this would suggest an uncaring position of the Zen Master but after some disappointment, the wisdom and compassion of such an attitude became apparent.

Insight-stimulating examples have been included in the writing of the research project, gathered through library research. Since the author has been meditating for the past seven years, practical experience with the problem to be studied will also be offered.

The Zen Master kindly invited this author to return to the Zen Buddhist Monastery in Rochester but only upon the completion of this research project.

Design

The structure of the research design for this study is partly derived from Polansky's paradigm of the research process. His paradigm involves nine steps, which are as follows:
1. A research problem is located, sharpened, and related to theory (conceptualized); since this is an applied field, its practical significance is also stated;
2. The logic by which conclusions will be drawn is specified (study design);
3. Potential subjects of the study are identified (sampling design);
4. Instruments for collecting information from or about the subjects are borrowed from others or created (method of data collection);
5. Data is collected (study execution);
6. The data is analysed statistically and/or qualitatively (analysis of results);
7. Results are compared with the problem originally posed so that conclusions may be drawn;
8. Larger implications for theory and for practice are inferred;
9. The significant elements of the whole process are summarized into an intelligible report to be disseminated to colleagues. (1975, p. 15)

The first stage, namely the conceptualization of a researchable problem, has to do with the selection of the topic for this study. Since very few and disparate studies were undertaken concerning the use of meditation in a social work model, this author felt that a broad exploration would acquaint social workers with what meditation is and its possible importance as an adjunct to therapy.

The second step is the formulation of a study design. In this research, the study design by which conclusions are drawn is based on two factors. The first of these is the author's practical experience as a meditator which has given him an appreciation for this particular activity. The second factor is the literature pertaining to meditation which has been gathered from the fields of religion, philosophy, medicine, transpersonal psychology and psychotherapy (East and West). There is no doubt that the literature deals with
areas of inquiry that are largely uncharted, however, in
the words of Claire Selltiz:

The relative youth of social science and the scarcity
of social science research make it inevitable that
much of this research, for a time to come, will be of
a pioneering character. Few well-trodden paths exist
for the investigator of social relations to follow;
theory is often either too general or too specific
to provide clear guidance for empirical research. In
these circumstances, exploratory is necessary to the
experience that will be helpful in formulating rel-
evant hypotheses for more definitive investigation.
(1976, p. 91)

The third stage in the research process is that of
identifying potential subjects for the study. In this study,
the sample source was the library and the books therein,
supplemented by material from other libraries as well as
some of the author's own material. No thesis or dissertation
closely related to this study was located. By the use of
purposive sampling, the author selected from this sample
source the material related to the study and its aims.

The next stage involves the determination of a data
collection method. This is a structure by which information
can be collected. In this study, the basic data collection
method is reading. This researcher has developed areas of
exploration to provide a framework for this reading. These
areas are outlined in the following section.

Once the data collection instrument has been decided
upon, then the data can be collected according to its dictates.
This completed, the data must be analyzed. In this study
the data will be analyzed primarily by qualitative measures.
Once results have been established, then any implications
for social work theory or practice will be discussed, thus completing the eighth stage of Polansky's paradigm. The pleasure of passing on the findings of the study to colleagues is achieved by the presentation of the study.
Areas of Exploration

Chapter III

This chapter will explore the dictionary and physiological definitions of meditation. The different forms of meditation such as Transcendental and Zen Buddhist will also be explained.

Chapter IV

Chapter IV will explore the concept of stress and its effects on mental health. Since physiological responses differ according to bodily states, the author will explore the effects of meditation on a meditator's oxygen consumption, galvanic skin responses and blood lactate concentration. The implications of this data for social workers will also be discussed.

Chapter V

This chapter will explore the use of the electroencephalogram to explain the production of brain wave activity during rest or relaxation as compared to meditation. Implications derived from this data will be related to the field of social work.

Chapter VI

Chapter VI will examine the psychotherapeutic responses of meditators versus non-meditators. The enhancement of self-actualization through the practice of meditation will also be investigated.
Chapter VII

This chapter will examine the Eastern concepts of Morita therapy and the parallels that may exist between Zen Buddhism and Moritist thought. This data will then be related to the social work sphere.

Chapter VIII

Here we will investigate a Western form of therapy called Gestalt and the parallels that may be drawn between Zen and Gestalt. This information will then be translated to social work terms and applications.

Chapter IX

This chapter will explore some contraindications concerning meditation and some differences between prayer and meditation. The benefits that a social worker may obtain through the practice of meditation will also be examined. Opinionated hypotheses for future research in this fascinating field will also be offered in this final chapter.
CHAPTER III

WHAT IS MEDITATION?

The Concise Oxford Dictionary defines meditation as "a type of conscious mental process." However, that definition, based on western psychology is inadequate for the intent of this paper. The act of 'pondering' or 'contemplation' is not synonymous with meditation as a spiritual discipline. The literature available to us concerning the practice of meditation would undoubtedly place it somewhere between the two. If we read further in the Oxford Dictionary for its definition of meditation, we find a better sense in which it may be understood. It reads; "a form of private devotion consisting of deep, continued reflection on some religious theme." (1964, p. 756)

Physiological Definitions

In physiological terms, meditation induces a fourth major state of consciousness. Neither waking, sleeping, nor dreaming, the meditation state has been described as a "wakeful hypometabolic condition." Wallace further states that brain waves, heartbeat, blood pressure, breathing, galvanic skin resistance, and many other factors are altered in meditation. (1970) Bodily functions slow to the point achieved in deep sleep, and sometimes beyond, yet the meditator
remains awake and emerges from meditation with a feeling of rest and loss of stress or tension. The common core of all meditation experiences is an altered state of consciousness that leads to a diminishing of ego, the self-centered sense of 'I'. This core experience state has been called relaxed attention or passive volition. To attain this state, many forms and techniques of meditation have been developed.

Forms of Meditation

When a Yogi sits cross-legged in a lotus position with so little motion that even his breathing is hard to detect, this represents a passive form of meditation. Other forms of meditation involve graceful body movements, such as t'ai chi ch'uan or the whirling dances of Sufi dervishes. Sometimes the eyes are open in meditation; sometimes they are closed. At times other sense organs are emphasized, as when beginners in Zen meditation pay attention to their nasal breathing. In other traditions, however, sensory withdrawal is dominant. Some meditative techniques are silent; some are vocal. Transcendental Meditation is an example of the former, whereas the Krishna Consciousness Society uses the "Hare Krishna" chant, together with music and dancing. The silent forms of meditation use three techniques: concentration, contemplation, and mental repetition of a sound. The sound may be a single syllable such as "OM", or it may be a word, phrase, or verse from a holy text. The Tibetan Buddhist's "Om mani padme hum" is an example. The head of
the Transcendental Meditation movement, Maharishi Mahesh Yogi and the teachers he trains initiate people into Transcendental Meditation with various Sanskrit sounds said to be appropriate for the meditators' mental characteristics; the meditator silently repeats this mantra during his meditations. However, Benson (1972) indicates in his research that a mantra as simple as "one" is as effective as any other esoteric mantra.

Zen Buddhism has a variety of meditative techniques, some of which involve the use of a "koan", an apparently insoluble riddle that the meditator mentally examines. A widely known "koan" asks, "What is the sound of one hand clapping?" Another inquires about the basic nature of self-identity: "Who am I?"

In contemplative forms of meditation, the eyes are open so that the meditator sees a "yantra", a form on which he centers his consciousness. The focus of attention may be a religious object such as a crucifix, statue, or a picture. An inscription, candle flame, a flower, may also serve the purpose, or the meditator may use a "mandala", typically a circle in a square design of many colours, symbolizing the unity of microcosm and macrocosm.

Concentration is generally considered the most difficult form of meditation. An image is visualized steadily in the mind - i.e. the thousand petal lotus of Buddhist tradition or the crescent moon of Islam. Alternatively, the mind may be held free of imagery and "mental chatter", a clearing
away of thought. Or the attention may be focused at some part of the body. Many people use the mystical "third eye" at a point midway between the eyebrows, which is said to coincide with the pineal gland. Also common is the so-called concentration on one's navel. This descriptive phase is actually a misnomer for the process of directing attention to the abdominal area and simply becoming one with your breathing - the rhythmical, cyclical body process by which life is sustained and united with the universe.

Some disciplines combine different aspects of several meditative techniques. In its advanced stages, karate and other martial arts use meditation in their training regimen. Gurdjieff (1954) taught his students to combine movements and meditation. Lilly (1958), the neurophysiologist-mind explorer, advocates dyadic meditation in which two people sit silently facing each other several feet apart, with their forefingers touching at the tips and their eyes gazing into each others.

In the more advanced stages of meditation, mental and physical stillness is complete. The meditator is totally absorbed in a blissful state of awareness having no particular object. His consciousness is without any thoughts or other content; he is simply conscious of consciousness. In Yoga, this emptiness of consciousness without loss of consciousness is *samadhi*. In Zen, it is called *satori*. In the West it is best known as cosmic consciousness or enlightenment and it is paradoxical that in the emptiness comes a
fullness — unity with divinity, knowledge of Man's true nature, and as stated in the Bible, "the peace that passeth understanding."

It should be apparent by now that meditation cannot be easily defined in a sentence or two. The very diversity of practices given the name of "meditation" by the followers of this or that particular approach is an invitation to search for the answer of what meditation is beyond its forms. If we are not content just to trace the boundaries of a particular group of related techniques, but instead search for a unity within the diversity, we may indeed recognize such a unity in an attitude. We may find that, regardless of the medium in which meditation is carried out — whether images, physical experiences, verbal utterances, or other ... the task of the meditator is essentially the same, as if the many forms of practice were nothing more than different occasions for the same basic exercise. That basic exercise is the realization that while in most of one's daily life the mind flits from one subject or thought to another, and the body moves from one posture to another, meditation practices generally involve an effort to stop this merry-go-round of mental or other activity and to set one's attention upon a single object, sensation, utterance, issue or activity. There is, for example, a Theravadan Buddhist practice called mindfulness of breathing. It consists of watching the rising and falling of the abdomen during the breathing cycle. While acknowledging these movements, the meditator also acknowledges
anything else that may enter his field of consciousness, whether sensations, emotions, or thoughts. He does it by mentally naming three times that of which he has become aware (e.g. "noise, noise, noise"; or "itching, itching, itching.") and returning to the rising and falling of the abdomen. What does such mindfulness accomplish? It slowly changes the meditator's ideas about the world, his ideas about the mind, and his ideas about his own system. This new dimension to which you come, if you are successful, brings you close to your inner psyche; it takes you away from your mental and physical hangups. For many centuries, meditation has been prescribed as a technique to bring about an altered perception of the world and the self. This altered mode of perception is usually characterized by a sense of unity, heightened sensory perception, strong affect, a sense of timelessness, and a sense of expanded awareness. (Deikman, 1971) The fundamental principle underlying all the disparate systems of meditation is the honing of introspection to such a refined quality of self-observation that one is fully able to observe oneself with complete detachment (DeRopp, 1968). This process involves a progressive detachment from social definitions of identity and a recognition that the individual is not defined or identified by his emotions, intellect, or by any metathoughts about any of these aspects of personality (Sen, 1952). Meditation is, in essence, a profound state of passivity accompanied by an apparently paradoxical state of complete awareness.
Pelletier and Garfield elaborate a little more concerning passivity and awareness:

Meditation is first of all a deep passivity, combined with awareness. The conscious, striving, busy attempts to maintain and defend myself are based on a partial and misleading concept of my vulnerability, my needs, and the deeper nature of reality. In meditation, I suspend this busy activity and assume a passive attitude. What I am passive to is conceived in many different ways, but I need only assume that deeper resources are available when I suspend my activity. Instead of diffusing myself in a welter of thoughts and actions, I can turn back on myself and direct my attention upstream to the out-pouring, spontaneous, unpredictable flow of my experience, to the state of mind which produces all the business and thinking.

(Pelletier, Garfield, 1976, p. 123)

There are many different types of meditative practices which are being currently used as adjuncts to psychotherapy. Hardly a month goes by without a magazine article documenting profound changes in businessmen, students, drug users, families and psychotherapists, who report increased wellbeing, relaxation, and energy, lessened anxiety, greater perceptiveness, deeper relationships, and the alleviation of mental and physical symptoms of all kinds.

Transcendental Meditation

This particular form of meditation is well suited to active people who want to benefit from a practice without adopting a new religious doctrine or spending weeks or years at a monastic retreat. Transcendental Meditation claims to be not a religion, a philosophy, or a way of life. It is a simple and effortless technique for expanding conscious awareness, which leads to improvements in many aspects of
life. The term "transcendental" means "going beyond", and Maharishi (1973) claims that Transcendental Meditation offers access to an unlimited reservoir of energy and "creative intelligence" that lies at the source of thought within the deepest layers of the psyche. Contacting this innermost source enables us to realize our unique human potential. This is done by letting your attention flow inward according to its own inclination, not by trying to force or direct it in any way. The practice of Transcendental Meditation often leads to the experience of pure consciousness, a state of awareness in which you are perfectly alert while deeply relaxed, but not distracted by any specific sense impression, feeling, or thought. Meditators report this experience as "blank awareness", "being awake inside with nothing going on", or "not being asleep, but not being aware of anything in particular." (Forem, 1973). Instead of the ordinary waking state of consciousness, in which you are constantly bombarded by a cascade of impressions, thoughts, and feelings, Transcendental Meditation facilitates the experience of a state of restful alertness and pure awareness. Maharishi (meaning "great seer") Mahesh Yogi, who founded the International Meditation Society, the Students' International Meditation Society, and the Spiritual Regeneration Movement states in his book, The Science of Being and Art of Living:

Once the mind becomes rooted in bliss-consciousness, eternal contentment becomes its very nature and it remains steady, even when it is associated with outer experiences and activity. In the Bhagavad Gita this is called the state of steady intellect. Just as a millionaire who has great wealth remains unaffected
by the rise and fall of the market, so the mind which has gained the state of bliss-consciousness through transcendental meditation remains naturally contented on coming out from the transcendental state to the field of activity. This contentment, being grounded in the very nature of the mind, does not allow the mind to waver and be affected in pleasure or pain, nor allow it to become affected by attachment or fear in the world. This natural equanimity of the mind, even while it is actively engaged, is the state of steady intellect. (Maharishi Mahesh Yogi, 1966, p. 156)

The Mantra

As we have explained earlier, Transcendental Meditation consists of repeating a mantra over and over again without any effort to exclude other thoughts that intrude. All mantras have a soothing and restful influence when repeated mentally. Their known effects are thus not due to their meaning, since in most cases they have none, but probably to their vibratory quality on the brain.

The sound of the mantra facilitates the inward flow of attention in a process often called mental diving. If during meditation the mantra leaves your awareness, you simply reintroduce it without making any effort to concentrate on it. Transcendental Meditation is therefore neither a strenuous process of concentration nor a deliberate effort to clear your mind. A meditator soon finds that the process of effortlessly thinking the mantra is not the paradox that it may appear to be. Since the ability to contact pure awareness is not a learned skill, but a naturally uncovered capacity innate in everyone, like speech or walking, it is not really an effort to allow the mind to move toward
deeper levels. It is a spontaneously catalytic process which, once begun, becomes progressively deeper and more absorbing. Repeating the mantra allows attention to loosen its attachment to surface level sense impressions and thoughts which have a tendency to feed on themselves as is the case of a neurotically disposed person.

Effects of Meditation

Meditators often experience a state of contentment and relaxation in pure awareness — usually only for a few moments at first, but with greater duration and clarity as practice proceeds. In his book *Transcendental Meditation*, Jack Forem reports his interviews with many students who had begun meditating and this is but one very brief account of one student's experience:

Having been meditating for only this short period (four months), I see that I am much healthier. I am able to cope with my environment much more than I could before. I have stopped taking drugs almost entirely, I've graduated from high school, which I was going to drop out of. I am not going to go to college. I've got a direction in life. I'm happier than I've ever been before. I'm calmer, yet more alert, more productive. I get along much better with my family. I rarely become angered about anything. To sum it all up, it's good. (Forem, 1973, p. 115)

Meditators characteristically find the inward flow of their attention frequently being interrupted by the intrusion of thoughts, emotions, and sensations, a few of which may be bizarre or dreamlike. Maharishi emphasizes that this process of stress release does not reflect unsuccessful meditation or something to be avoided. It is rather a
recurring by-product of the meditative state - the release of stress from the nervous system. It has been suggested that the released thoughts and emotions constitute an analogue to dreams, which interrupt the nightly cycle of sleep but are necessary for the relief of psychic stress accumulated during the day. After a difficult day, a meditator may experience considerable "unstress" during meditation; deep and pleasureable periods of pure awareness, followed by the recurrent release of stress that has accumulated in the nervous system. There is no need to analyze or remember the content of thought that occurs in meditation. You simply return to the mantra when you notice you are not thinking it, without trying to push the thought out of your mind.

Many of the beneficial effects of Transcendental Meditation on every day life are derived from its ability to release accumulations of deep-rooted stress. Maharishi defines stress as the physical imprinting in the nervous system of underlying excessive experiences that overload a person's faculties. Transcendental Meditation therefore seems to counteract stress by providing an equal and opposite state of deep rest.

Zen Buddhist Meditation

Throughout this chapter two types of meditative practices that have widespread appeal to the Western mind have been mentioned. The first is "Transcendental Meditation"
and the second is "Zen Buddhism". Since I have been living the way of "Zen" for the past seven years I would be remiss if I did not include here a few lines concerning this unique practice since I have long recognized in myself and in fellow meditators marked improvement of our psychological states and of psychosomatic disorders.

The Buddha

Gautama the Buddha was a man of a royal family who lived in northern India, probably from about 560 to 480 B.C. As a young man, though having no problems of his own, he became deeply impressed with the sufferings of human beings: sickness, old age and death. He decided to go around to all the Yogis and teachers he could find to see if they could tell him the cause and cure of human misery. It was notable that he felt that there just must be a solution to this problem. However, none could satisfy him, but at last, while sitting in meditation under a pipal tree, he experienced complete illumination and understanding, and discovered the way of life for the cessation of suffering, which was based on goodness and harmlessness and was entirely in conformity with human experience and reason, although it also transcended it.

After illumination, Buddha walked up and down the Ganges valley for a reported forty-five years, giving his knowledge freely to all. What Buddha teaches is not a system of knowledge but a path of salvation, the "Noble
Eightfold Path: right views, right aspiration, right speech, right conduct, right means of livelihood, right endeavor, right mindfulness and right meditation. Buddha taught that the goal which he had reached was within the scope of every man who would determine to have a pure heart with only love for all things and no hatred at all, and with a mind so dedicated to truth, eliminating all wishful thinking or leaning on ceremonies or on other people, that it reached the borders of illumination, and then through meditation surrendered itself to the reception of the higher light, the reality beyond bodily or mental processes.

When Buddha attained his illumination, the highest part of that attainment could not be given in verbal statements because it had no points of comparison with anything known or knowable to the sense or anything known or knowable to the mind (i.e. thoughts). However, it is not denied by the Zenists that Buddha's illumination contained also a new explanation of life concerning the business of living among materials and thoughts - a new view and mode of life and mind - which he described in the Four Noble Truths:

1.) The fact of sorrow
2.) Sorrow's cause - desire
3.) The ceasing of sorrow - by the conquest of desire.
4.) The Noble Eightfold Path - or a way of life for the ceasing of sorrow already described, albeit briefly.

In Buddha's time Hinduism for most people was a mass of do's and don'ts (rules). This large collection of do's and don'ts was in fact called in India the law or duty (dharma), and just as Jesus gave a new dispensation, replacing
obedience by love, and saying that love of man and God would lead to the Father, so Buddha's Four Noble Truths were and are calculated to set a man on his own feet and release him from mere obedience.

Zen Meditation

The Zenic endeavour is never as a simple growth. It requires very strenuous effort, which goes, however, not into the final attainment, but to the task of directing one's attention to the right aim, not withstanding old impulses or habits in the body, emotions or mind which arouse other desires than that of the one great achievement. This does not imply severe austerity, but as much of what may seem austerity to the self-indulgent as to establish peace and health in the body, emotions and mind, or else that state of the man's own conscious power which leaves him undirected from his purpose even while he is conscious of the nagging disturbances. This includes the disturbances from material objects, from other people, and from one's own past, and also, as far as this goal is concerned, disturbances from opinions or ideas. Questions such as what may happen after death should not come up. They are of no importance; what is important is what is here, now, and in what manner the man will face it. The will is all-important, not the opinion. It is related of a certain Zen Master that when someone asked, "What is Zen?", he replied, "Boiling oil over a blazing fire."
In sum, then, the Buddhist discipline is to realize that anguish or conflict arises from the grasping of entities singled out from the world by ignorance. This sets in motion the vicious circle of trying to solve the false problem of wrestling life from death, pleasure from pain, good from evil, and self from not self - in short, to get one's ego permanently "one up" on life. But through the meditation discipline the meditator finds out that he cannot stop this grasping so long as he thinks of himself as the ego which can either act or refrain from action. The attempt not to grasp rests upon the same false premise as the grasping: that thinking and doing, intending and choosing, are caused by an ego, that physical events flow from a social fiction. Therefore the unreality of the ego is discovered in finding out that there is nothing which it can either do or not do to stop grasping. This insight brings about a release from the false problem. However this insight is a radical transformation of how it feels to be alive: it feels as if everything were myself, or as if everything including "my" thoughts and actions - were happening of itself. There are still efforts, choices, and decisions, but not in the sense that "I make them"; they arise of themselves in relation to circumstances.

The school of Zen therefore employs quite an astonishing technique to teach how each and every one of us can attain a sense of well-being. It is the "direct pointing" instead of discussion. The fundamental position of Zen is
that it has nothing to say, or, again, that nature is not a problem.

The blue hills are simply blue hills;  
The white clouds are simply white clouds.

That is the whole of Zen, and therefore the student approaches the master with some such artificial question as "How do I enter the path of liberation?" The master replies, "Do you hear the stream?" "Yes." "There is the way to enter." The difficulty of Zen is the almost overwhelming problem of getting anyone to see that life and death is not a problem. The Zen master tackles this by asking the student to find out for whom the world is a problem, for whom is pleasure desirable and pain undesirable, thus turning consciousness back upon itself to discover the ego. But then it turns out that this mystical "I" that seems to confront experience or to be trapped in the world is nowhere to be found.

In a fine book written by Erich Fromm entitled *Psychoanalysis and Zen Buddhism* we are told that:

How are we going to define the question of well-being? Well-being is the state of having arrived at the full development of reason: reason not in the sense of a merely intellectual judgement, but in that of grasping truth by "letting things be" as they are. Well-being is possible only to the degree to which one has overcome one's narcissism; to the degree to which one is open, responsive, sensitive, awake, empty (in the Zen sense).

... Well-being means, finally, to drop one's Ego, to give up greed, to cease chasing after the preservation and the aggrandizement of the Ego, to be and to experience one's self in the act of being, not in having, preserving, coveting, using.

(1960, pp. 91-2)
To conclude this chapter I would like to relate a short story that has been attributed to Krishnamurti, a modern Hindu spiritual master. The Devil was walking down the street with a friend, and they saw a man pick something up, look at it carefully and put it in his pocket. The friend said to the Devil, "What's that?" The Devil said, "He has found a bit of the truth." The friend said, "Isn't that bad for your business?" The Devil said, "No, I am going to arrange to have him organize it."

This chapter has studied the tentative dictionary definition of meditation; followed by a physiological definition. The principal and most widely used forms of meditation are Zen Buddhist and Transcendental. Their effects have been alluded to, but subsequent chapters will explore the scientific data thus far gathered, so that we may ascertain the veracity and applicability of meditation when we as social workers are faced with problem clients. Can meditation be helpful? If so, in what context and under what conditions? If meditation is deemed to be helpful to clients, then what can be its applicability to the social worker? What are some of the cautions or contraindications that may arise? How have the main premises which underlie the philosophy of meditation been actualized here in the West or in the East? It is hoped that the following chapters will throw some light into these important questions.

The fourth chapter will begin the overview of the literature dealing with the psychophysiological responses
to the practice of meditation, so that we may begin to understand the relationship and the result of meditation upon the psyche and the soma.
CHAPTER IV

MEDITATION: PSYCHOPHYSIOLOGICAL RESPONSES

For thousands of years men have speculated about the nature of human consciousness. Only within the last fifty years, however, have scientists gained the technical ability to describe the physiological and biochemical correlates of states of consciousness. This ability has enabled them to better understand the processes and the neural structures which underlie these states.

(Wallace, 1970, p. 1)

Wallace was the first American scientist to undertake an extensive examination of the state of consciousness experienced during Transcendental Meditation. Karl Menninger, in his book, Man Against Himself, (1936) suggests that for every state of mind there is a corresponding physical state of the human nervous system. This, of course, implies that every thought evokes an emotion within the human organism. Fenfield writes:

Time was when the brain was considered to be the organ of the mind, functioning as a whole during conscious states. Such a point is no longer tenable. ... We are differently conscious from moment to moment, and concomitant with that there is a differing pattern of neuron activation. (1961, p. 13)

Mental Health and Stress

Mental health, to an extent, determines physical health. Human beings suffer from mental stress caused by various factors in the environment. Duodenal ulcers are
familiar cases of stress-related diseases but there are others, such as diarrhea, loss of appetite, heart palpitations, and increased blood pressure. Some people attribute these illnesses to upsets in the body balance caused by regression of the autonomic system, which regulates the functioning of the blood vessels. This upset is said to arise as an outcome of excitement of the cerebral membrane brought on by stress. In daily experience, we encounter few people who represent the extremes of mental outlook; that is, we know only a small number of constantly gloomy people and an equally small number of constantly rubicund and jolly persons. Some of our acquaintances are likely to be of the nervous type that suffer from stomach upsets and poor appetites. This is certainly the case as far as many of this author's clients are concerned; they may suffer from some form of depression or other mental problem with related physical distresses. In a recent issue of *Maclean's*, Val Ross in an interesting article entitled "Stress, The Business of Coping" writes:

Now standard medical texts acknowledge that anywhere from 50 percent to 80 percent of diseases are stress related. (1980, p. 47)

Ross further states:

Professor Harvey Brenner of John Hopkins University has demonstrated that even a one percent increase in unemployment shows up as increased suicides, cardiovascular diseases and mental hospital admissions. (1980, p. 50)

This state of affairs is indeed unfortunate and some of the causes may be traced directly to our technological
age which has brought about such rapid changes that man finds it difficult to adapt. But adapt we must, and often, as a last ditch solution or alternative, we will then seek out a helping person such as a social worker or psychiatrist to help him cope more effectively with the stressful reality that he perceives. As a preventive measure to the inordinate amount of stress that we all have to cope with at times, meditation seems to stand out as a real and viable alternative.

We will now proceed to a systematic study of the physiological changes which occur during the process of meditation, and we may hopefully be able to ascertain its effectiveness in dealing with the physiological components of stress-related activities.

**Oxygen Consumption**

Wallace et al. (1970, 1971, 1972) demonstrated that oxygen consumption, an excellent measure of metabolic activity, dropped about 16 percent during meditation. (See Page 43, figure 1-1) Oxygen consumption decreases in all subjects within 5 minutes after the onset of meditation. The mean decrease was about 20 percent from the control period. Benson, Wallace and Wilson reported that "after 6-7 hours of sleep ... oxygen consumption usually decreases about 15 percent." (1971, p. 1751) This suggests, therefore, that the metabolic rate, or the rate at which the system consumes energy, is more sharply reduced during meditation than during
sleep. This occurs within five to ten minutes, rather than after six or seven hours. Despite this rapid decrease, meditation does not produce any respiratory abnormalities. During the practice, the amount of carbon dioxide exhaled drops in proportion to the amount of oxygen consumed and the respiratory quotient remains the same. After the meditation period, oxygen consumption returns to its normal resting level, indicating a return to a metabolic level suitable for initiating activity.

**Galvanic Skin Responses**

David Orme-Johnson (1973) reported that meditators have lower spontaneous skin responses (G.S.R.) than non-meditating controls, indicating greater stability of the autonomic nervous system. (See Pages 44-5, figures 1-2, 1-3) Briefly, galvanic skin resistance measures how easily an electrical current passes across the skin, usually measured on the palm of the hand. When a person is relaxed, the skin is dry and the current passes relatively slowly; the resistance to its flow therefore is high. When tension increases, sweating occurs; because of the moisture, the resistance drops and the current moves more easily. High G.S.R. therefore indicates a high level of relaxation and calm. We can plainly see (Page 45, figure 1-3) that the autonomic quiescence fostered by meditation continues to be maintained after meditation, even during activity. Wallace maintains:
Other measurements on the meditation confirmed the picture of a highly relaxed, although wakeful, condition. During meditation their skin resistance to an electric current increased markedly, in some cases more than fourfold. (1971, p. 66) (See Page 46, Figure 1-5)

Concentration of Blood Lactate

During meditation the blood lactate concentration was found to decrease an average of 35 percent and to remain low for a considerable length of time thereafter. (See Page 47, Figure 1-5) Wallace and Benson note that:

It is significant that patients with hypertension show higher blood lactate levels in a resting state than patients without hypertension, whereas in contrast the low lactate levels in meditation is associated with low blood pressure. All in all, it is reasonable to hypothesize that the low level of lactate found in subjects during and after meditation may be responsible in part for the meditators' thoroughly relaxed state. (1970, p. 36)

Dr. Wallace reported the study he conducted at the University of California at Los Angeles Medical School, in which:

... oxygen consumption, heart rate, skin resistance, and electroencephalograph measurements were recorded before, during, and after subjects practiced a technique called Transcendental Meditation. There were significant changes between the control period and the meditation period in all measurements. During meditation, oxygen consumption and heart rate decreased, skin resistance increased, and the electroencephalogram showed specific changes in certain frequencies. These results seem to distinguish the state produced by Transcendental Meditation from commonly encountered states of consciousness and suggest that it may have practical applications. (1970, p. 1751)

Thus far the data seem to suggest that the practical applications for social workers are important. Most of the clients
seen are anxious. This seems to be the common denominator of almost all mental disorders, and this anxiety often precedes depressive episodes. At the present, most people who experience anxiety will reach for their pills which may offer some tranquilizing properties, but over a long period of time these pills have many drawbacks. It now seems clear from the studies that the activity of the body and the nervous system is reduced during meditation. The whole body becomes calm and quiet. Through meditation, the muscles are allowed to relax; blood flow in some areas of the body increases (indicating a dilation of the blood vessels). Since migraine headaches are a constricting of the blood vessels, it would be helpful for these clients to meditate since in so doing they would find relief. Also, through meditation, breathing becomes shallower and slower; heart rate slows down and cardiac output decreases; changes in blood chemistry also seem to indicate less anxiety. The human organism is now able to receive a degree of rest which is quite different from sleep because it is a totally wakeful state. This state, according to the studies, reduces the burden of stress and fatigue under which a person may be laboring and gives him or her the opportunity to live a life which is consistent with their wishes.

This chapter has shown conclusive evidence that stress and somatic disorders are very closely related. Social workers are often confronted with clients who are suffering from stress which is manifested by acute or chronic anxiety.
However it has been shown that there is a 16 percent drop in oxygen intake during meditation which can only be surpassed by sleeping for seven or eight hours. Meditators have fewer spontaneous galvanic skin responses which indicates a greater stability of the autonomic nervous system. Blood lactate concentration also decreases by one third and this organismic response is partly responsible for the meditator's relaxed state. A social worker who is aware of this information may recommend meditation as a tool to help his clients become much less anxious in a very short period of time. If the client is less anxious he will be much better prepared to deal with the problems of every day life. It is also evident that social workers are often placed under great stress because of the nature of their work, and meditation may be used as an alternative to other methods, such as pills or alcohol that may contain their own seeds of destruction. The role that meditation may rightfully play in contrast to prayer or a holiday will be explored in subsequent chapters.
Figure 1-1
Levels of Rest

CHANGE IN METABOLIC RATE

HYPNOSIS

SLEEP

TRANSCE NDENTAL
MEDITATION TECHNIQUE

CHANGE IN OXYGEN CONSUMPTION

TIME (hours)

0 1 2 3 4 5 6 7

-20%
-16%
-12%
-8%
-4%
0%
+4%

Figure 1-1 Changes in metabolic rate of sleep, hypnosis, and the Transcendental Meditation technique. From "The Physiology of Meditation," by Robert Keith Wallace and Herbert Benson, *Scientific American*, 1972, 226(2), 84-90.
Figure 1-2

Increased Stability

FEWER SPONTANEOUS GALVANIC SKIN RESPONSES

![Graph showing decreased galvanic skin responses in meditators compared to non-meditators](image)

Figure 1-3 shows fewer spontaneous galvanic skin responses in subjects practicing Transcendental Meditation technique and controls. From D.W. Orme-Johnson, "Automatic Stability and Transcendental Meditation," Psychosomatic Medicine, 1973, 35(4), 341.
Figure 1-4 Rapid rise in the electrical resistance of the skin accompanied by meditation in a representative subject. The 15 subjects tested showed a rise of about 140,000 ohms in 20 minutes. In sleep, skin resistance normally rises but not so much or at such a rate. From "The Physiology of Meditation," by Robert Keith Wallace and Herbert Benson, *Scientific American*, 1972, 226(2), 84-90.
Figure 1-5. Rapid decline in the concentration of blood lactate is apparent following the invitation to start meditating. Lactate is produced by anaerobic metabolism, mainly in muscle tissue. Its concentration normally falls in a subject at rest, but the rate of decline during meditation proved to be more than three times faster than the normal rate. From "The Physiology of Meditation," by Robert Keith Wallace and Herbert Benson, *Scientific American*, 1972, 226(2), 84-90.
CHAPTER V

MEDITATION: NEUROPHYSIOLOGICAL RESPONSES

We have seen some of the ways that meditation affects physiological responses in the human organism. These responses have been deemed as being beneficial to a meditator. This chapter will study the effects of meditation in a neurophysiological context in order to determine if the correlation between meditation and improved health is still a valid assumption.

The Electroencephalogram

The electroencephalogram or E.E.G. measures brain waves and gives visual representation of the activity taking place inside the brain. The brain produces electrical activity from the moment of birth and once a subject is connected to an electroencephalograph there is a continuously changing series of wave patterns; waxing and waning in both size and rapidity of fluctuations and produced in seemingly random sequence. The brain is composed of millions of brain cells called neurons and the points of connection between the neurons are called synapses. Along these nerves, and the bundles and systems they create, occur differences of electrical potential energy caused by the actions in the nerves. By attaching electrodes to the scalp and connecting
them to movable pens, scientists are able to trace the fluctuations in this electrical energy in the brain and in this way, a clearer picture of mental conditions may be analyzed.

**Alpha and Beta Waves**

The human being, as all animals, is mentally more active when the eyes are open. When the eyes are closed, the brain has a tendency to emit wide, regularly spaced waves that produce an even, smooth pattern on the electroencephalograph. These waves are called alpha waves. When the eyes are open and the mind is prepared for active work, the brain ceases to emit alpha waves but begins to emit waves with a much smaller amplitude, and these are called beta waves. Alpha waves, then, are emitted when the brain is oriented toward stability and tranquility; beta waves are emitted when the brain is oriented toward activity. Brain waves, therefore, can provide a reliable chart to the mental changes that take place in almost every second of daily life.

**Meditation and the Production of Alpha Waves**

It can be clearly demonstrated that when meditating, subjects will tend to show a predominance of alpha waves. (See Page 53-4, figures 2-1, 2-2) Wallace and Benson ask, "How do the physiological changes during meditation compare with those in other relaxed states, such as sleep and
hynosis?" (1972, p. 89) They conclude that there is little resemblance. In addition to the difference in metabolic activity already mentioned, the electroencephalogram patterns occurring during meditation clearly distinguish this state from sleeping or dreaming. The activity which predominates the meditative period is the production of alpha waves which are indicative of tranquility or calm.

**Similarities between Sleep and Meditation**

J. Younger and R.R. Pagano (1975) report that the brain waves during meditation are remarkably similar to those in states of drowsiness. They also report that the mind seems to hover between sleep and wakefulness during meditation and it is not unusual for sleep to occur at this time.

The most dramatic change in the kinds of waves emitted by the brain take place between the waking and sleeping states. When a person closes his eyes and remains quiet, the brain emits alpha waves. When he falls asleep, the brain first emits slower waves with wider amplitude; these are called theta waves. Later as sleep becomes more sound, the brain emits still slower, wider delta waves. J.P. Banquet (1972) clearly showed that Zen monks can remain in the Theta cycle of brain wave activity for extended periods of time without actually falling asleep.

In a very interesting study of brain wave activity during meditation, Tomo Hirai came to the following conclu-
1) Ordinarily when a person is in a quiet state with eyes closed, the brain emits Alpha waves. These waves are emitted in large numbers by meditating people, even though their eyes are still open. Experienced veteran priests attain a state in which Alpha waves predominate in about fifty seconds after the beginning of the meditation session.

2) Even when meditation has concluded, there is an after-effect period during which Alpha waves still appear. In some cases, the effects of meditation persist for as long as five minutes after the conclusion of the meditation session.

3) Unlike people who are asleep, people in meditation are receptive to exterior stimuli. This conclusion is also substantiated by the study of Dr. J.P. Benes (1972). Indeed they are more sensitive to such stimuli than waking people under ordinary circumstances. (1974, p. 90)

**Meditation: Active or Static**

These studies suggest, therefore, that the human mind is completely capable of being calm and static while remaining aware of and receptive to its surroundings. We must now, therefore, put to rest the notion that meditation implies a sort of passivity which is not particularly lively in nature. On the contrary, through meditation the mind always manifests both the active and the static condition. It is therefore the oneness of the active and the static.

If you are centered in yourself, then you don't adjust anymore... then you assimilate, you understand, you are related to whatever happens... Without a center... there is no place from which to work... Achieving a center, being grounded in oneself, is about the highest state a human can achieve. (Perls, 1969, p. 30, 37)

It is now, hopefully, becoming more obvious that
meditation is not a retreat from stress but is, in fact, a consciously willed, arduous task of controlled regression accompanied by a heightened state of self-observation. (Allison, 1967; Prince and Savage, 1972) In support of this conception is a project by Maupin in which he reported that if one has the "capacity for regression in the service of the ego" and "tolerance for unrealistic experiences", a positive response to meditation can be predicted. (Maupin, 1965, p. 99) Ego centrism is transcended during alpha activity, previously discussed in this chapter. The result is that the ego is strengthened through the more conscious awareness of formerly subliminal processes. It is this deeper awareness of an individual's psychological functioning that permits him to live increasingly in the moment, free of past distortions and future anticipations.

We have been introduced to the electroencephalogram and to the possibility of being able to use this machine to monitor three types of brain waves. During meditation, alpha waves are predominant, indicative of tranquility and stability. We have seen that there are some similarities between brain wave activity during sleep and meditation, however sleep is not a state of awareness. Also, as it was discussed in the previous chapter, the level of rest achieved through meditation is much more rapid than either hypnosis or sleep. The social worker who is aware of this data can now begin to ponder the possible applicability of meditation practice with selected clients, or for his own personal benefit.
Figure 2-1

Figure 2-1 Increase in intensity of "slow" Alpha waves, at eight to nine cycles per second, was evident during meditation in electroencephalograph readings of the subjects' frontal and central brain regions. This is a representative subject's frontal reading. Before meditation most subjects' frontal readings showed Alpha waves of lower intensity. From "The Physiology of Meditation", by Robert Keith Wallace and Herbert Benson. *Scientific American*, 1972, p. 89.
Figure 2-2 A time history of the intensity (mean square amplitude) of an Alpha frequency (9 cycle/sec) for one subject. The intensity was calculated from EEG recordings taken from a monopolar lead in the occipital region. The alpha frequency of 9 cycle/sec was selected as the most characteristic for this subject because it showed the largest Alpha-wave amplitude. This subject showed the characteristic increase in Alpha-wave intensity and the less common 2- to 5- minute fall in Alpha activity. The 2- to 5- minute period, denoted by arrow c, showed predominantly low voltage Theta activity. Before arrow a, the subject's eyes were open; from arrow a to arrow b his eyes were closed. Between arrow b and arrow d the subject was practicing Transcendental Meditation. At arrow d the subject stopped meditating and kept his eyes closed until arrow e. From "Physiological Effects of Transcendental Meditation", R.K. Wallace, Science, 1970, p. 1753.
CHAPTER VI

MEDITATION: PSYCHOTHERAPEUTIC RESPONSES

We have examined the psychophysiological and neurophysiological responses to meditation. This chapter will deal with the psychotherapeutic responses to meditation. This particular area of inquiry may be of greater importance to social workers since it is often our intention to have our clients move towards greater self-actualization. When a social worker intervenes in a client's life, the ideal as a change agent is to help this man or woman move towards their full human potential. If meditation can act as a catalyst toward further growth, we as social workers may benefit from becoming aware of this possibility.

Wallace (1970) suggests a fourth major state of consciousness - transcendental consciousness. He found oxygen consumption, carbon dioxide elimination, cardiac output, heart rate, and respiration decreased significantly during the practice of meditation. The mean decrease (17%) of oxygen consumption was greater than most of the values reported for the mean decrease over a full night's sleep. Skin resistance significantly increased and the electroencephalogram recorded specific changes in certain frequencies. During meditation, the intensity of slow alpha waves in the central and frontal regions and the occasional occurrence
of theta wave activity in the frontal region increase, and arterial blood pressure, acidity concentration, and carbon dioxide pressure decrease. A marked decrease in arterial lactate during meditation was recorded and remained low after the subjects stopped meditating. That there may be "higher states of consciousness" during meditation which might relieve physical and mental stress has been postulated for centuries. (Caycedo, 1967, p. 38) Systematic electro-physiological studies of yoga practitioners revealed a decreased respiratory frequency and an increased skin resistance during yoga exercises (Wenger, Bagchi, and Amaud, 1961).

Self-Actualization

Although meditation influences a variety of psychophysiological measures, few researchers have investigated the influences on more molar psychological measures. This chapter will explore the influence of meditation on measures of self-actualization. In this respect Rogers defines the self as:

the organized, consistent, conceptual gestalt composed of perceptions of the characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with values attached to these perceptions. (1959, p. 200)

Therefore the self and the organism become the principal actors in the individual's life long striving for self-actualization - that is, the fulfillment of all his
capabilities. This chapter will explore the possibility that meditation may help the individual to strive towards this ideal.

In Toward a Psychology of Being, Abraham Maslow demonstrated from his own research and from the findings of many others, that man is moving toward this state of fulfillment. He writes:

All the evidence that we have indicates that it is reasonable to assume in practically every human being ... that there is an active will toward health, an impulse toward growth, or toward the actualization of human potentialities. (1971, p. 25)

Along with such other writers as Erich Fromm (1968), C.G. Jung (1933), Kurt Goldstein (1947), Carl Rogers (1959) and others, Maslow has described the "will to health, the urge to grow, the pressure to self-actualization, the quest for one's identity," (1968, p. 193) which is essentially the tendency toward growth evidenced by normal biological organisms. Maslow suggests that man's higher capabilities, such as

... creativeness, spontaneity ... being able to love, yearning for truth are embryonic potentialities belonging to his species membership just as much as are his arms and legs and brain and eyes. (1968, p. 160-1)

and that these potentialities "press to function and to express themselves and to be used and exercised ... and cease their clamor only when they are well used." (1968, p. 201) In short, man has within himself "a tendency toward, or need for, growing in a direction that can be summarized ... as self-actualization or psychological health." (1968, p. 155)
Meditation and the Enhancement of Self-Actualization

There are some studies which focus on the greater psychological health of persons who practice meditation. Seeman, Nidich, and Banta (1972) reported in the *Journal of Counseling Psychology*, a study comparing the responses of fifteen undergraduate meditators with a control group. The test was based on Maslow's categories of self-actualization using the measures of the Personality Orientation Inventory developed by Shostrom (1966). This inventory measures the characteristics of healthy, loving, creative, fully functioning people as described above in the writings of Abraham Maslow.

On the first test, the experimental (meditating) group and the control (non-meditating) group did not differ on any of the scales. But after two months, following regular meditation sessions by the experimental group, there were statistically significant differences. The meditators scored higher on six of the twelve categories, in the direction of self-actualization. The control group's scores did not change. Self-actualization was found in terms of increased self regard, greater acceptance of aggression and higher capacity for intimate contact. Spontaneity was found to increase also. There was a clear tendency toward inner-directedness rather than other-directedness. (See Page 61, figure 3-1) Meditators therefore seem to have better "psychic gyroscopes" and are more open to their
own deep experiences and feelings, as well as to those of others.

Bloomfield (1976) summarized the case of a young woman afflicted with anxiety neurosis through the utilization of the Minnesota Multiphasic Personality Inventory. The scores were taken at the time of her initial presentation, and after one year of practicing meditation.

The high scores on hysteria and hypochondria indicate that Joan was quite neurotic before the Transcendental Meditation program. Chronic anxiety probably contributed to her high depression score as well. The decrease of the hysteria, depression, and hypochondria scales into the normal range parallel Joan's clinical improvement. She no longer complained of bodily aches or attacks of fear, and felt much more autonomous and stable. (1976, p. 102) (See Page 62, figure 3-2).

Bloomfield also summarized the case of a young woman who was suffering from depression as measured by the Minnesota Multiphasic Personality Inventory. She was given the test when she entered the psychiatric hospital and then once again after practicing meditation for approximately six months.

When she was initially tested on our psychiatric unit she appeared to be an angry, sullen person who blamed others for her difficulties. Mary's interpersonal relationships were impaired; she was argumentative, tactless, and unpleasant. She showed marked depression, irritability, suspiciousness, and judgment defects, and we were concerned about the possibility of a psychotic or pre-psychotic condition. Despite her obvious distress, this patient was considered likely to show minimal response to psychotherapy and to have a poor prognosis. Therefore, the improvement Mary demonstrated after just six months of practicing the Transcendental Meditation technique was unexpected and gratifying. (1976, p. 107) (See Page 63, figure 3-3)

These studies, even though small and still few, unanimously point to a strong correlation between what Maslow found to
be the traits of self-actualized persons (and what appear to be healthy and strong personality traits) and the experience of transcendental meditators. Meditation offers an alternative, not necessarily to replace the interpersonal encounter that is the core of social work and psychotherapy, but as a significant means of reducing tension, broadening awareness and making life more meaningful and pleasurable, thereby serving as an important "adjunct to treatment" (Moore, 1979, p. 112). Empirical investigations in the area of meditation continue to abound. Although most of this research originally dealt with Transcendental Meditation to the relative exclusion of comparative studies of other meditative systems, the results have been encouraging. Significant physiologic and psychologic alterations in the direction of what most researchers agree is improved functioning, lead us to conclude that meditation can indeed be a potent tool in the development of human potential.
Figure 3-1

Development of Personality

PERSONAL ORIENTATION INVENTORY

INNER/OUTER DIRECTEDNESS

ACCEPTANCE OF SELF

SPONTANEITY

SELF-REGARD

ACCEPTANCE OF AGGRESSION

CAPACITY FOR INTIMATE CONTACT

NEGATIVE CHANGE ⇐ POSITIVE CHANGE

(change in mean scores over 2-month period)

NON-MEDITATORS

MEDITATORS

Figure 3-2 Bloomfield, H. "Applications of the Transcendental Meditation Program to Psychiatry", in Binder, V., Binder, A., and Rimland, B. (eds.) Modern Therapies, New Jersey, Prentice-Hall, 1976, p. 102.
CHAPTER VII

NORITA THERAPY: THE USE OF MEDITATION AS A THERAPEUTIC TOOL IN EASTERN COUNTRIES

We have examined how meditation can be an adjunct to the treatment of certain clients in social work practice. This discovery is recent in origin here in the West, however some Eastern countries, such as Japan, have been using meditation in therapy for the past century. This chapter will explore this particular form of treatment so that we may determine its present day application to social work practice.

Shoma Morita

Morita therapy is a unique psychotherapy in the Zen mode of thought. Shoma Morita (1874-1938), then professor of Psychiatry at Jikeikai School of Medicine, Tokyo, reached this therapy after a long search for an effective therapeutic method for the treatment and cure of neurosis. The effectiveness of Morita therapy has gradually come to be recognized among Japanese psychiatrists and psychologists. After the Second World War it was introduced into the United States by the American psychiatrists and clinical psychologists who had stayed in Japan as military physicians and clinical psychologists. Caudill (1962) characterizes Japanese
psychiatry as oriented around three traditions:

... foremost in number of adherents and influence is a descriptive-type psychiatry derived from the German influence traditional in Japanese medical schools. A much smaller minority found mostly in child psychiatry are adherents of a more recent American-derived psychoanalytically oriented understanding of psychopathology. A third approach, that of Morita therapy, is a blend of modern descriptive psychiatry and the indigenous cultural traditions of the Samurai class. (1962, p. 116)

Morita therapists dispute the relationship between Morita therapy and Zen Buddhism. Kora (1965) interprets Morita therapy on a rational, scientific basis with hopes of expanding its recognition and adoption by the West. Apparently Morita himself belonged to this group because he explicitly denied any close direct connection between his method and Zen Buddhism. However, there is another group headed by Sato (1958) which emphasizes that the attitudes underlying the psychotherapeutic method and the terms used are related to or identified with those of Zen Buddhism. Neither Morita therapists nor Western scholars deny any connection between Morita's method and Zen. Rather, it is the strength of the connection that is in question. Several authors seem to have taken an interest in Morita therapy primarily because they see in it a working out of Zen principles. From the beginning, Morita therapy has continually been supported in Japan by a small number of followers who have reported their research findings. Increasing interest in this subject has been brought about by the fact that Morita therapy has been able to achieve good results in a relatively short period of time. This
therapeutic efficacy is coupled with the advantage that the method of treatment is simple and easy to perform. These factors have contributed to the popularization of this therapy.

Morita Therapy and Neurosis

Morita therapy is a method of treating neurosis. It is particularly effective with patients who manifest hypochondriacal tendencies as the outstanding feature of a whole symptom complex found frequently in Japan. Kọfa and Sato (1958) explain further:

The hypochondriac disposition is nothing but one aspect of the introvert temperament. These people are over self-conscious and direct their attention to their own mental and bodily conditions, which are not always abnormal, and gradually come to believe that these conditions are unusual or maladjusted, culminating in the idea that in this way they are defective or weak. (1958, p. 220)

In this connection—the neurotic is described by Morita in an article by Kondo (1953) as being:

... a person with a hypochondriacal mood who attempts to make the impossible possible, to avoid facing reality directly or accepting facts and learning from the facts, who tends to think himself different and to set himself apart from others, who wishes to have happiness without effort, and who, in contrast to an insistence on absolute perfection, is troubled by a feeling of inferiority and incapacity. (1953, p. 31)

These clients generally demand high standards and have a strong perfectionistic tendency. Since they place great emphasis on achieving an ideal image that "something should be so", they are always betrayed by the fact that "something is so". The same explanation applies to the problem of mood.
If a person hopes always to be radiant, his desire will be betrayed by the fact that it cannot be so; this is because mood fluctuates in accordance with internal and external stimuli which creates both bright and dark aspects. Therefore, the more one hopes always to be radiant, the more he will be betrayed, and he will finally suffer all the more from the disharmony of his mood. Kora and Sató (1958) offer this comment:

The patient must accept the sufferings and worries just as they are, must become "open minded" and avoid any kind of repulsive tendency, that he should not lead a life dominated by mood, but be made to keep the same attitude and do the same type of work as a normal individual in the presence of different symptoms and that he is able to lead a life wherein he can work just like a normal person even in the presence of the symptoms and that he is able to overcome the power of such symptoms. (1958, p. 221)

Morita therapists view the neurotic as a person with a particularly strong need to live a full life, perfectionist tendencies, and extreme self-consciousness. Such a person encounters some unpleasant event that focuses his attention on a particular problem; blushing, headaches, and constipation are typical examples. He becomes quite concerned about the problem, and he becomes increasingly conscious of its effects on his life. He becomes caught in a spiral of attention and sensitivity which produces a sort of obsessive self-consciousness. His efforts to overcome the problem directly by his will, will serve only to exacerbate his fixation.

Put another way, from Morita's perspective, the problem of neurosis is that too much "self" stands out as figure against the background of the perception of the external
world. When self-consciousness fills our attention we cannot attend to the other aspects of our world which require our interest and attention. We will elucidate further concerning this particular concept when we examine Gestalt therapy.

According to Morita therapists (Kora, 1964; Suira and Usa, 1970) the neurotic patient usually has the following diagnostic characteristics:

a) a comparatively strong will and desire to recover.
b) the ability to achieve some (Moritist) insight into his condition.
c) hypochondriacal tendencies.
d) asocial but not antisocial tendencies.
e) no evidence of intrinsic intellectual disturbance or dulling of feeling.
f) general pattern of development of symptoms as discussed above from precipitating experience through psychic interaction and perfectionism to full neurosis. (1970, p. 180)

Four Phases of Treatment

Morita therapy was originally carried out on an in-patient basis in the home of Professor Morita. Therapy was on an informal basis as the patients became, in a sense, temporary members of his family. Today there is still an effort made to keep some family-like warmth and informality within the hospital milieu. There are four phases of in-patient treatment with each period lasting about one week, thus the entire course of hospitalization lasts about a month. The first stage (4 to 7 days) is called the period of absolute bedrest. During this stage the patient is not allowed any distractions: he is prohibited to read, to
write, to talk with others, to smoke, to sing, to do manual work. The patient is also instructed to leave himself to the dynamics of his present situation: to eat as much as he wants to, to keep awake when he cannot sleep, to hear sounds as they are heard, to see things as they appear, and to suffer or worry, if he has to suffer or worry. His therapist may make brief visits daily to check his progress. The remainder of the time is to be spent simply thinking whatever thoughts come to mind and feeling whatever feelings well up without resisting them. His instructions might sound like this (Kora, 1965):

1) You can think of anything you want to think of. As a matter of fact, it is better that you ruminate your thoughts as much as possible. If you are worried about your symptoms and conditions, go ahead and worry. If you are suffering from them, suffer to your heart's content.

2) During the course of bedrest, you might get bored and feel the strong urge to get up. You might feel this treatment of staying in bed doing nothing to be unbearable, or even ridiculous. You might even come to wonder if you would be cured by just lying in bed like this. You might want to leave the hospital. Whatever mood might grip you, lie in bed as you are told to and keep it up, believing it to be your duty. (1965, p. 625)

By obeying the instructions to accept his feelings and thoughts as they are, the patient reduces his perfectionistic struggle against them, facilitating the breakdown of the vicious cycle of attention fixation and oversensitivity. The ennui of bedrest motivates the patient naturally to desire activity and work, and it is work that will dominate the remainder of the treatment process. Bedrest is also an opportunity to establish a positive relationship.
between therapist and patient since any social contact, however brief, is welcome under conditions of isolation. Two patients' retrospective accounts of their bedrest experience are relevant here. The first wrote, concerning his sixth day of bedrest:

I have nothing more to think about. I have no way of passing the long day doing nothing. I'm now at my wit's end; I don't care what would happen now ... (Kora, 1965, p. 626)

At this particular juncture one would assume that the intervention of a trained therapist would be quite fruitful. The second wrote of his fifth day of bedrest:

The ennui is so unbearable that even going to the toilet is now a great pleasure. I have never experienced such a great joy in my life. (Kora, 1965, p. 627)

Other patients write of their boredom, their suffering and struggling with memories and symptoms. Bedrest tends to evoke strong emotional responses.

The second stage is called the period of light work after getting out of bed. The patient is permitted to get up and to begin to engage in light manual work, such as weeding. He is instructed to observe, in detail, the behaviours of animals and plants while he weeds. At this stage, the patient is instructed to begin to write his diary, and to attend a lecture (with critical comments on the diaries of the patients) by the doctor. To the patients who are almost completely deprived of stimuli from the outer world during their bedrest stage and who are hungry for stimuli, the outer world has a fresh charm. However, as a reaction
they often feel some sort of displeasure. Even in such cases, patients are told to experience pleasure as pleasure, displeasure as displeasure, and to continue to pursue work allotted to them, just as they are. As previously mentioned, the patient will, in most cases, after a period of seven days in bed, feel quite euphoric at the opportunity of experiencing varied stimuli. This euphoria provides the therapist with an opportunity to make a very important point. The patient must learn that his pleasant emotions, as well as the unpleasant ones, will decline with time. The patient may come to an understanding of a basic Zen principle that his feelings and moods are constantly shifting and impermanent, so he would do well to base his life on something more stable than his emotional state; that is, he must build his life on his behavior, not on his feelings.

The third stage is the period of moderate work which extends to sweeping, kitchen work, preparing baths and so on. When he is able to concentrate on his work, he is then permitted to read books. In this period, the patient learns by experience that no matter in what mood he may be in or what symptoms he may have, he is able and fit to work and that his symptoms recede as he works. The third stage is an extension of the second stage as the variety and heaviness of work increase, and they help the patient acquire self-confidence in his capacity.

The fourth stage is the period of hard work where the patient is instructed to do more complicated work and go out
shopping, or sometime, to go to their job or school from the hospital. By this time, the patient has begun to develop confidence and joy in his accomplishments. He is more job oriented. He does not notice the passing of time because he is fully occupied in his work. He is also working without pay, so he begins to realize the satisfaction and feelings of self-worth which spring naturally from contributing to social ends.

Kora (1965) offers this advice in conducting work therapy within the Morita therapy hospital setting.

The patient is guided to put hands on, tackle, and complete anything that has caught his attention and that needs to be done. I tell the patient that "work is born there and then when you find something that is not in good order." An example would be a stalk of a chrysanthemum that is falling. The falling stalk is something that is not in good order and so there and then the work is born of giving it support and preventing it from falling. If a patient walks down the narrow land in the garden of the hospital and finds a small puddle obstructing his path, he finds before him the work of filling it with the ground he can find nearby. When the patient has acquired this attitude and this frame of mind, he can find work anywhere, and he will be so busy that he will feel the day to be very short. Once he has reached this stage, the symptoms diminish at a rapid pace. (1965, p. 629)

There appear to be three distinguishable values related to work in Meritist thought. First, work is good in itself. Second, the effects of work are good, both for society and for the growth of the individual. Third, work allows the self-centered person to "lose himself", that is, to transcend himself.
Morita and Zen Buddhist Philosophy

What seems to link Morita therapy to Zen Buddhism is its conception of the ideal state of mind as the one in which the mind is not unduly arrested by anything and flows smoothly and continuously. In Morita therapy, the patient is told not to shy away from his feelings, but rather to accept them. This would not look different from what is set forth as the ideal in psychoanalytic treatment. However, in the case of Morita therapy there seems to be a slight element of detachment in the way one accepts one's feelings. This is partly because in Morita therapy one does not go out to probe one's feelings as one does in psychoanalysis. Rather one is encouraged to look at them summarily as things that simply happen; partly because one is practically made to stand aloof from the conflict-ridden self by engaging his whole person in manual work. Simply put, Zen doctrine holds that the misconception that there exists a "self" is the source of all man's hesitation, suffering and desire. Ultimately, according to Zen philosophy, the self, or ego, does not exist at all; it is a social fiction. Watts (1961) has argued that the concept of self is a fiction imposed on the young child by his society in order to exert control over his behavior, and that unless we undergo special training we never outgrow our habits of thinking as if there really were a self. Zen philosophers contend that one's inner suffering and
conflict are by-products of this initial misunderstanding that "I" am separate from "you" and separate from this "chair" and this "pen" and so on.

The parallel with Moritist thinking is apparent. It is precisely too much self-consciousness that results in the misdirection of one's attention and energies. The cure in Morita therapy lies in losing one's self in work. One's feelings, thoughts, and moods arise naturally in the course of daily living; they become problems only when we allow ourselves to become distracted and obsessed by them. When one thinks in terms of a "self" that "has" these experiences, rather than in terms of an acceptance of these experiences as they occur, one is thinking falsely in Zen Buddhism's estimation and "neurotically" in Moritist terms. Through guided meditation as part of Zen training, one can experience loss of a sense of self. This meditation, called zazen, is usually accomplished by sitting in a cross-legged position with the back held straight and with the breathing controlled. The key to meditation is attention. However, in contrast with concentrating one's attention, the uncontrolled stoppage of one's natural flow of thoughts is undesirable in both Zen and Moritist systems. This stoppage can come about through obsessions, blocking, rationalizing, or trying to oppose one's thoughts. Yasutani Roshi, in his lectures on meditation, advises that various thought forms will dart about in your mind. Now, they will not hamper or diminish the effectiveness of zazen unless, evaluating them as 'good', you cling to them or, deciding they are 'bad', you try
to check or eliminate them. You must not regard any perceptions or sensations as an obstruction to zazen, nor should you pursue any of them.

(Kapleau, 1965, p. 33)

Just as the student, while studying, must not struggle with stray thoughts, says the Moritist, so the student of zazen must accept the natural flow of his thoughts.

The Zen ideology, like the Moritist way of thought is not to be confined to meditation alone; it must be put into daily practice. Phillips explains further:

For the soundness of ideas must be tested finally by their practical application. If they fail in this — that is, if they cannot be carried out in everyday life producing lasting harmony and satisfaction, giving benefit to all concerned, to oneself as well as to others, no ideas can be said to be sound and practical ... the truth must be the product of one's living experiences.

(1962, p. 254)

"The basic principle of the zendo (temple) life is 'learning by doing'." (Phillips, 1962, p. 264) In particular, the principles of Zen must find their expression in work. After the morning meal at most Zen temples, there is a period of physical work: raking leaves, gathering fuel, sweeping, scrubbing, weeding, and other kinds of labor. The principle, "No work, no eating," is fundamental to Zen temples in Japan. The Zen master himself (like Professor Morita) shares in the common labor, and while working together with his novices, he takes the opportunity to lecture on Zen principles as they apply to the immediate task. As Suzuki puts it, "The events of daily life, manifestly trivial on the surface, thus handled by the masters, grow full of significance." (Phillips, 1962, p. 236) When the
Zen masters become old and unable to contribute to the life of the temple, it is said, they simply refuse to eat until they die. Work is seen as a learning situation, in both the Zen and Moritist traditions, but it can also be seen as the expression of the client's need to love and serve others.

The aim of Zen seems to be to promote spontaneity of behavior, that is, to break down the social controls in the mind, the psychological processes that analyze and screen impulses before they crystallize in behavior. These screening mechanisms are the root of hesitancy, doubt, and suffering. Watts (1961) explains it thus:

Spontaneity is not an ego action at all; on the contrary, it is action which the social control mechanism of the ego does not block. If anyone says, "With all my heart I love you," it is not the ego that speaks. He means that it is delightful to love spontaneously without blocking from and conflict with socially implanted notions of one's role, identity, and duty. (1961, p. 124)

In a completely different tradition, that of the Yaqui Indians in Mexico, the same message is apparent when uttered by Don Juan, the Yaqui sorcerer, to his apprentice, Carlos Castaneda:

When one does not have personal history, nothing that one says can be taken for a lie. Your trouble is that you have to explain everything to everybody, compulsively, and at the same time you want to keep the freshness, the newness of what you do. Well since you can't be excited after explaining everything you've done, you lie in order to keep on going. (Castaneda, 1972, p. 16)

He further states:

You see, we only have two alternatives; we either take everything for sure and real, or we don't. If we follow the: First, we end up bored to death with ourselves and with the world. If we follow the
second and erase personal history, we create a fog around us, a very exciting and mysterious state in which nobody knows where the rabbit will pop out, not even ourselves. (Castaneda, 1972, p. 17)

There is spontaneity and openness in the Zen master. Like the Morita therapist, he seems to have accepted himself with his good and bad points, living fully regardless of them. Yet he is not a libertine. From this level, we can clearly see that there is indeed much overlap between Zen training and Morita therapy.

Effectiveness of Morita Therapy

The question that now remains is how effective is Morita therapy? A number of studies have looked at pre- and post-treatment psychological test results. Several studies rely on the therapists' evaluations of treatment results in a consecutive population of patients. None of the studies utilize blind or double-blind research designs. With the obvious opportunities for unintended bias and selectivity of respondents in mind, we shall look at some of the better evaluations of effectiveness.

Yokoyama (1968) reported the results of a questionnaire sent out to the 136 patients he had treated by Morita therapy during a three-year period. Of these, 110 responded (a response rate of 80.9 percent). The results were as follows: 37 persons were free of symptoms, and 42 persons still had symptoms but were not apprehensive about them and their daily life was not disturbed. Yokoyama labelled these persons "cured" (71.8 percent). In addition, 28 persons
(25.5 percent) had symptoms remaining and were apprehensive but found daily life possible, and thus were called "improved." Only three persons (2.7 percent) were unable to carry out their daily tasks owing to their suffering. Yokoyama also asked when the first two groups of former patients felt they had been cured or improved. The replies were: during hospital residence - 32.7 percent; soon after discharge - 19.8 percent; within six months after discharge - 21.8 percent; and over six months after discharge - 25.7 percent. (1968, p. 179-84)

Yora (1959), in a follow-up mail questionnaire sent out four to five years after out-patient treatment, got a response rate of 37.6 percent from 406 responding ex-patients. Overall, he found 63.3 percent cured and 16.2 percent improved. The best results were realized among males suffering from anxiety neuroses (80.0 percent cured, 16.3 percent improved), and the worst, among obsessive-compulsive males (49.0 percent cured, 22.6 percent improved). Yora found no significant differences in success by age or education for the group as a whole. Morita's own research results from a population of 301 neurotics treated between 1919 and 1929 are reproduced in Table 4-1. (See p. 81)

Morita reported that 66.5 percent of the completely cured were discharged between ten and forty days after admission, and that 61.3 percent of the improved were discharged between ten and forty days after admission. (Ohara, Aizawa and Iwai, 1970, p. 491) Eleven other studies reported by
Chara, Aizawa and Iwai (1970) over a period from 1919 to 1960 (patient populations ranged from 29 to 1,317 per study, with a mean of 336) showed that, on the average, 84 percent were cured or improved.

Bearing in mind the Moritist definitions of "cure" (which means not necessarily 'symptom-free' but no longer bothered by symptoms) and "improvement" (bothered by symptoms but able to carry out normal functioning daily behavior), and recognizing that these studies were carried out without comparable control groups and without double blind designs, (some evaluations of cure were based solely on the clinical judgement of the therapist), we cannot dismiss the opportunities for unintended bias in the results. On the other hand, it is quite clear that some patients consider themselves cured by Morita therapy. Even if the efficacy of Morita therapy in Moritist terms were documented to our complete satisfaction, the results would not be comparable to the results of psychoanalysis or behavior therapy because the treatment goals were different. Whatever one's definition of "cure", however, a number of studies do suggest that patients undergoing Morita therapy tend to change in expectable ways.

What can the social worker learn from Moritist therapy? Some of the clients that come to us are neurotically disposed and we are faced with personalities that avoid facing reality directly; happiness is somehow to be achieved without effort: self-consciousness is a constant hindrance
that demands absolute perfection.

The social worker can take the stance that these occurrences are constantly recurring because of increased resistance to thinking and feeling on the client's part. Through meditation and increased awareness the client will come to the conclusion that pleasant as well as unpleasant emotions do decline if one simply observes the process through choiceless awareness. This conclusion will then lead to an acceptance that moods or feelings are indeed impermanent and spontaneity of behavior will ensue.

For the client to write a diary is also an excellent suggestion since it gives the social worker day to day information as to how the client may be discounting himself and others.

The social worker who is aware of the value of work will stress its importance to the client. Healthy self-concept is often an outcome of productivity geared to an improvement of self and others through work; social workers who are aware of this will help and encourage their clients to find meaningful work.

A social worker who is aware of his own thinking will grow in spontaneity and openness. He will then become a role model for his clients, much like the Zen master who lives fully regardless of his good or bad points that may appear evident to everyone else, but that do not in any way bother the master.
Table 4-1

Results of Treatment by Morita - 301 Neurotic Patients between 1919 and 1929

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
<th>Percentage Cured</th>
<th>Percentage Improved</th>
<th>Percentage Not cured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessive-compulsive</td>
<td>147</td>
<td>54.4</td>
<td>36.4</td>
<td>8.2</td>
</tr>
<tr>
<td>Ordinary neurotic</td>
<td>125</td>
<td>60.0</td>
<td>32.0</td>
<td>8.0</td>
</tr>
<tr>
<td>Anxiety neurotic</td>
<td>29</td>
<td>62.1</td>
<td>37.9</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>301</td>
<td>53.8</td>
<td>29.7</td>
<td>6.7</td>
</tr>
</tbody>
</table>

From Ohara, Aizawa, and Iwai (1970)
CHAPTER VIII

AN ADAPTATION OF THE PHILOSOPHY UNDERLYING

MEDITATION IN THE WEST:

GESTALT THERAPY

Buddhism and Gestalt

Buddhism is the result of over two thousand years of investigating the mind. Its aim depends on our directly inspecting the nature of inner experience and taking responsibility for the quality of our awareness. This concept has been adopted in the West, and it finds its applicability in the writings of Fritz Perls. Gestalt therapy began in the early 1950's and remains today an interesting, original and vital therapy that has gained wide acceptance among social workers. Gestalt is a word for an orientation, a description of the process involved in individual human awareness and functioning. This chapter will explore Gestalt therapy and its direct affinity to the meditative philosophy of Zen Buddhism.

Gestalt is really more of a personal practice, a way of living, than it is a professional "therapy" or a "cure." The same may be said of Zen since it is not considered as being a religion but rather a way of life. Gestalt, as well as meditation, is something that you do with others, not to
Gestalt therapy, although formally presented as a specific type of psychotherapy, is based on principles considered to be a sound way of life. In other words, it is first a philosophy, a way of being, and superimposed on that are ways of applying that knowledge so that others may benefit from it. Gestalt therapy is the service organization of the gestalt philosophy. Hopefully, the gestalt therapist is identified more by who he is than what he is or does. The presumption then, is that the fundamental premises underlying the psychotherapeutic model are as appropriate at home as they are at the office, as applicable to a healthy child as to a disturbed child, as relevant at a party as at a reunion: as a teacher or a student, as a supervisor or a senator. (Kempler, 1973, p. 273)

Gestalt therapy serves as an orientation to living, a reminder that awareness is always useful, and provides a number of specific strategies and techniques that we can use to move toward greater awareness. Before we begin exploring Gestalt therapy and its meditative implications, a definition of Gestalt therapy would be useful and James Simkin offers us this interpretation:

Gestalt therapy is a noninterprative, ahistoric, existentially based system of psychotherapy originally founded by Frederick S. Perls (1893-1970) in which awareness is the primary focus in the here-and-now. Most interactions between the Gestalt therapist and patients are dealt with in an I-Thou manner, rather than assigning or assuming transference or counter transference meaning. By concentrating on what is going on (the process) rather than what could or should be going on (the content), the patient is encouraged to take the responsibility for what he is doing. Being in contact with the potential nourishment or toxicity of behavior enables assimilation or rejection of that behavior. Choice and growth are thus enhanced through organismic self-regulation. The focus in Gestalt therapy is on immediate present awareness of one's experience. Cognitive explanations or interpretations of "causes" or "purposes" are rejected. (Simkin, 1979, p. 273)

It is important at this juncture to keep in mind the
aforementioned definition of Gestalt therapy since it bears such a striking resemblance to a definition of Buddhism given to us by Jack Kornfield:

Buddhism starts from the known. What is the world? The world is objects of sight, hearing, taste, smell, and touch; objects of mind; and the knowing (or consciousness) of these objects. It is through the quality of choiceless awareness that we can best penetrate and understand the nature of our world. For example, the attention is not on evaluating the object of sight, forming concepts of good or bad, pretty or ugly, familiar or unfamiliar in regard to it. Rather the attention becomes an awareness of the process of seeing, the fact of seeing, rather than the facts associated with seeing. The concepts follow the experience. Mindfulness focuses on the moment of the process rather than on the reflection of it in concepts. Awareness is directed at the present moment, to the process itself, the only place where the understanding of reality’s true nature can be gained. This awareness brings an understanding which will result in wisdom, freedom, and an ending to suffering. (Kornfield, 1977, p. 13)

Buddhism therefore assumes that the person to be helped must have or acquire an unembellished view of reality, and that self-transcendence is the path toward health. Although some of the new therapies (Transpersonal therapy, Biofeedback, etc.) take this view, Western psychotherapy is predominantly oriented around treating problems, such as a symptom, drug abuse, depression, phobias. Generally the social worker in the West tries to help his client with the presenting problem, were it a migraine headache, fear of darkness, or a poor marriage. The symptom might be seen as the first of a string of problems that could be traced back to childhood. A Buddhist might see no problem at all, except in the person’s current expectations and attitudes.
The Client and the Social Worker

What is it that happens when a social worker engages himself with a client? What happens when there is true communication and transparency with an understanding of each other? Often, the client will sense for the first time that he is vain, that he is frightened, that he hates, while consciously he had believed himself to be modest, brave, and loving. The new insight may hurt him, but it opens a door; it permits him to stop projecting on others what he represses in himself. Fritz Perls offers this interpretation:

I suggest we start with the impossible assumption that whatever we believe we see in another person or in the world is nothing but a projection. ... We can re-assimilate, we can take back our projections, by projecting ourselves completely into that other thing or person. What is pathological is always the part-projection. Total projection is called artistic experience, and this total projection is an identification with that thing in question. In Zen, you are not allowed to paint a single branch until you have become that branch. (Perls, 1969, p. 72)

With the help of the social worker the client will proceed and through greater awareness of the here and now, he will experience the infant, the child, the adolescent, the saint, the artist, the male and female within himself; through increased mindfulness he will become more deeply in touch with humanity, with the universal man; he will repress less, be freer and have less need to project, to cerebrate. In time, he will come to understand the simple yet powerful means whereby he may comfortably abide in what is, instead
of continually desiring what should be. Fritz Perls expresses it thus:

What Freud called association, I call dissociation, schizophrenic dissociation to avoid the experience. It's a computer game, an interpretation-computer game, which is exactly an avoidance of the experience of what it is. (Perls, 1969, p. 55)

The client comes to the social worker in hope of finding something definite, something permanent, something unchanging upon which to depend. He is offered instead the reflection that life is just what it seems to be; a changing, ambiguous, ephemeral mixed bag. The client wants a definite way of living but is shown that:

The way that can be spoken of
Is not the constant way;
The name that can be named
Is not the constant name. (Lao Tzu, 1963, p. 57)

Comparison: Zen Buddhism and Gestalt

According to Zen Buddhism, sense impressions are six-fold, including the five physical senses and the mind. Thus, perceptions stem directly from one or more of those six senses. Mindfulness is developed from what Thera (1972) chooses to call bare-attention, an accurate, non-discursive registering of the events taking place in the six sensory modes without any reaction to those events through mental evaluation, mental comment or naming. In fact, bare attention is the careful, deliberate observation of all mental and physical activity, the purpose of which is coming to know one's own mental processes as thoroughly as possible.
Thera (1972) compares the mind's everyday activities to a dark and unkempt room cluttered with refuse. Lack of vigilance and awareness of mental activities accumulate over a long period of time into a condition where a large proportion of mental activities take place in a kind of twilight state, a semi-conscious background from which unwholesome neurotic behavior easily arises. The core or heart of meditation is to eventually achieve greater awareness through the process of simply being mindful.

The same goal is aspired to when we consider Gestalt therapy. Awareness leads to an immediate grasp of the obvious unity of disparate elements in a client's experiential perception and awareness is always accompanied by Gestalt formations of organized wholes; each whole is organized around an emerging foreground or figure that is spontaneously energized and given a positive or negative weight by the person's dominant need. When a need is met, the Gestalt it organized becomes complete and no longer commands organismic energy. When this Gestalt formation and destruction is blocked or rigidifies, when needs are not recognized and expressed, unmet needs form incomplete Gestalten, pressing for attention and interfering with the formation of new Gestalten. In an excellent book entitled Gestalt Therapy, Perls, Hefferline and Goodman offer this comment:

Gestalt formation always accompanies awareness. We do not see three isolated points, we make a triangle out of them. The formation of complete and comprehensive Gestalten is the condition of mental health and growth. Only the completed Gestalt can be organized as an automatically functioning unit (reflex) in the
total organism. Any incomplete Gestalt represents an unfinished situation that clamours for attention and interferes with the formation of any novel, vital Gestalt. Instead of growth and development, we then find stagnation and regression. (1951, p. 15)

Social workers should see the actuality inherent in a meditative mind and its inherent applicability to the therapeutic situation especially as it may be expressed in Gestalt terms since this orientation is more Westernized. The Gestaltists and the Zen Buddhists make it quite clear that human dissatisfaction occurs because the mind spins around in such a way that there seems to be no beginning and no end to its motion. Thought processes continue on and on - thoughts of the past, thoughts of the future, thoughts of the present moment. This creates irritation. Thoughts are prompted by and are also identical with dissatisfaction, the constantly repeated feeling that something is lacking, incomplete in our lives. Somehow, something is not quite right, not quite enough. So we are always trying to fill the gap, to make things right, to find that extra bit of pleasure or security. The continuing action of struggle and preoccupation is very irritating and painful. Eventually, one begins to become irritated by just being "me".

Zen Buddhism as well as Gestalt, proposes that to understand the truth of pain and suffering is actually to understand the mind's problem. We are driven here and there with so much energy. Whether we eat, sleep, work, play or whatever we do; life contains dissatisfaction. If we enjoy
pleasure, we are afraid to lose it; we strive for more and more pleasures or try to contain it. If we suffer in pain, we want to escape it. Somehow we pattern life in a way that never allows us enough time to actually taste its flavour. There is continual busyness, continual searching for the next moment, a continual grasping quality to life. Yet, as social workers we can come to an understanding of this process within ourselves as well as the clients whom we see. We can instruct and show the client that this vicious circle we have talked about can be broken through by the acquisition of awareness which is the result of meditative practices.

In Gestalt, Fritz Perls is very clear and forceful in this regard:

"Yah. That's what I'm talking about. Awareness per se. If you become aware each time that you are entering a state of confusion, this is the therapeutic thing."

(1969, p. 25)

He further states:

And I believe that this is the great thing to understand: that awareness per se - by and of itself - can be curative. Because with full awareness you become aware of this organismic self-regulation, you can let the organism take over without interfering, without interrupting; we can rely on the wisdom of the organism.

(1969, p. 17)

Therefore, the therapeutic encounter in Gestalt between a social worker and his client is really very similar to the whole practice of meditation which is essentially based upon the situation of this present moment, here and now, and means working with this situation, this present state of mind. Any meditation practice concerned with transcending
ego is focused in the present moment. For this reason, it is a very effective way to live. In this respect, Fritz Perls tells us:

Every external control, even internalized external control - "you should" - interferes with the healthy working of the organism. There is only one thing that should control: the situation. (1969, p. 20)

We may use various meditation techniques to facilitate this kind of awareness, but these techniques are simply a way of stepping out of ego. Meditation then, is the awareness of the overall pattern rather than the focusing of attention upon details. We begin to see the pattern of our fantasies rather than being immersed in them.

The centipede was happy, quite, Until a toad in fun Said, "Pray, which leg goes after which?" This worked his mind to such a pitch, He lay distracted in a ditch Considering how to run. (Watts, 1957, p. 27)

We discover that we need not struggle with our projections, that the wall that separates us from them is our own creation. Meditation means allowing things to be as they are. We then begin to realize that this needs no effort on our part because things are as they are. We do not have to look at them in that way: they are that way. When, through Gestalt and meditation, the client begins to see the oneness of the very moment, there will be no room for anything else except openness and peace. Fritz Perls explains further:

These are the two legs upon which Gestalt therapy walks: now and how. The essence of the theory of Gestalt Theory is in the understanding of these two words. Now covers all that exists. The past is no more, the future is not yet. Now includes the balance
of being here, is experiencing, involvement, phenomenon, awareness. Now covers everything that is structure, behavior, all that is actually going on - the ongoing process. All the rest is irrelevant - computing, apprehending, and so on. (1969, p. 47)

In its broadest sense social work is concerned with the welfare of human kind. However, if a social worker is to be effective in his intervention, he must have some understanding of what makes man the human being. Social workers, therefore are concerned with ontology or the study of being. At this level, the social worker encounters his many clients with an attitude that accepts man as always becoming, which means potentially in crisis. The social worker should be grounded in his own existence if he is to accept the existence and pain of others. However, as we have already mentioned when dealing with the theories of Gestalt, the ideal of a "whole" existence can only come about through real awareness. Man is the only "being" which can be said to possess true awareness, not only of his universe outside of him but of his own existence through his awareness of self. Ironically the human being can lose his own being by his own choices, as a tree or stone cannot. Through increased awareness, which is the meditative goal, man can come to affirm one's own being which creates the values of life. In this respect, great philosophers such as Kierkegaard and Nietzsche were much more concerned with understanding man as the being who represses, the being who surrenders self-awareness as a protection against reality and then suffers the neurotic consequences. As social workers, we may come to know every-
thing about drives, instincts, mechanisms, motivations, but we have everything except being. Being is that which remains. It is that which constitutes this complex set of deterministic factors into a person to whom the experiences happen and who possesses some element, no matter how minute, of freedom to become aware that these forces are acting upon him. It seems in our Western society that man has lost his awareness of a sense of being: this loss of a sense of being is related to our tendency to subordinate existence to function: a man knows himself not as a man or self but as a grocer, professor, student or by whatever his economic function may be.
CHAPTER IX

DISCUSSION AND RECOMMENDATIONS

This study was undertaken in order to acquaint social workers with a phenomenon commonly known as meditation. Throughout the writing of this project particular attention was given to the applicability of meditation in the social work profession. Since there were very few social work articles dealing with meditation and no thesis of any kind was to be found dealing with this subject, the author felt that it was time to research this phenomenon. It is hoped that the level of conceptualization for further studies in this fascinating field will contain more direct empirical data; however, it seems appropriate that a foundation be established before such research can be undertaken. This author is confident that this foundation has now been established through this exploratory library research paper.

In Chapter I the purpose, background and rationale for the study were explained. Chapter II outlined the research questions to be studied and these were answered by analyzing the data presented in the literature. In Chapter III the researcher provided background information on the topic of meditation, defining the term, acquainting the reader with the different forms of meditation and placing
this activity within its historical concept as embodied in the person of the Buddha. Chapters IV, V, and VI explored the literature from a variety of professions which pertained to meditation and this review was presented as the data for the study. The analysis showed that meditation does have a place in social work.

Chapters VII and VIII explored the underlying philosophy of meditation as expressed in the East through the use of Morita Therapy and in the West through Gestalt Therapy.

There are four issues raised by this study which merit further discussion. These issues are:

1. Contraindications pertaining to the use of meditation.
2. The difference between prayer and meditation.
3. The social worker as a meditator.
4. Awareness: implications for further study.

**Contraindications**

Meditation is by no means a cure-all. It is a tool that has to be wielded wisely. The lifestyle of a person should be considered. A few examples of this would be the person who is overly ambitious, driving himself and others constantly. This person's self-esteem rests on his having to "do" all the time: the prospect of tranquility would then be firmly resisted. It should also be noted that meditation is a very personal activity, essentially resulting in a confrontation with your own self. Many people do not want to come face to face with their selves and to propose meditation would not be useful. One can also consider that there is a right and wrong time during the seasons of life to
consider possible alternatives and some people may not yet be ripe for learning such a discipline. As already indicated during this research, some people may experience sudden and dramatic changes of behavior after having meditated for some time. This may serve to create further anxiety for the client and a social worker may have to be prepared to deal with new issues that are now concerning the meditator. People who are slightly depressed may find solace in meditation; however, one should be aware that people experiencing deep depressions may not be ready for practice. In time, with a competent therapist, these severely depressed people may surmount their emotional state and at that time meditation may be considered. Some people may be afraid to experience the fulfillment that meditation offers, or they may feel that they have no right to feel good. Glueck (1973), for example, has noticed that some patients in the Institute of Living study seemed unable to accept the pleasurable feelings which resulted from Transcendental Meditation and that they frequently stopped meditating rather than face the guilt that this practice brought to them.

When considering the lifestyle of a client the social worker should also be aware that some clients tend to go to extremes. Since some clients can abuse alcohol or drugs, the same may be said of meditation. Glueck (1973) suggests that overmeditating seems to be similar to other forms of addiction. Studies of drug usage have shown that those who
tend to abuse drugs, as opposed to those who simply use them, show many more signs of severe personality disturbance, social withdrawal, and the like. In the same way, those who consistently overmeditate, when studied psychiatrically, most often turn out to have a previous history of addiction to drugs or to have other psychiatric problems of a serious nature. Taken in heavy doses in a person with an unstable background, meditation can be dangerous since powerful emotions and thoughts can be released too rapidly to assimilate and the meditator may be forced into sudden confrontations with previously repressed aspects of himself for which he may not be prepared.

It is essential that the social worker use discretion when suggesting the use of meditation to a client. The social worker should take the lifestyle of a person into consideration and inquire at regular intervals as to the effects that are perceived by the client.

**Prayer and Meditation**

In the West it is much more common to observe a religious person using prayer than practicing meditation. The relationship between the two is elusive. Profound prayer probably necessitates a meditative mood; however, far too often prayers are recited mechanically and thus little can be gained from their intention. Meditation and prayer do present some important similarities. Both are usually contemplative and inner-directed activities requiring peace
and solitude. The meditative mood in prayer is usually evoked through ritualistic words that are repeated over and over again much like the use of the mantra that has been discussed in previous chapters. One important distinction between the two may be made. Prayer is goal-oriented: the deity which is invoked is regarded as being outside of us and He can grant us forgiveness or help us attain our own personal goal. Meditation, on the other hand, does not have an object to strive for and is essentially an activity without a particular goal. It is useful for people to know that they can bring about their own peace and that one may have to help oneself before hoping to receive God's help. Maupin (1968) has described silent, contemplative prayer as having been for a long time the West's only widely used, socially approved "form of meditation". He suggests that with the lessening of prayer in the West in recent years, we have lost important benefits of this form of "meditation" that have little to do with religious beliefs — psychological quiet and contact with inner experience and our deeper resources.

It appears that a growing number of people in the West today are not finding solace in religion: at times the absurdity of life, that it has no meaning, can cause much unhappiness. In the past, prayer was an alternative; today meditation may offer the same gift. Religious institutions have traditionally supplied sanctuaries in churches or temples where people could be alone and turn inward in a tranquil
atmosphere. With the decline of participation in the organized religions in recent years, this manner of evoking the meditative mood is no longer available for many; modern men and women may be in need of a socially sanctioned retreat: a meditation break which is respected by others.

The Social Worker as a Mediator

Social workers become involved in other people's lives. As soon as problems crop up the social worker is called in to determine the extent of the problem and what may be done about it. By and large therefore social workers help others to help themselves. During this daily ongoing process the helping person will meet with many frustrating situations that may result in mild or severe forms of stress. A fifteen or twenty minute meditation break during the day may dilute the tension and may also offer other benefits.

Lesh (1970) studied the effects of meditation of clinical psychology students studying to be psychological counsellors. Empathy (that is, the ability to "feel with" another person as though his or her feelings were your own) cannot really be taught, yet it is essential for good counselling. Lesh wondered whether meditation might improve the capacity of future psychologists to empathize with their patients. She chose to study the effects of zazen meditation, on the development of empathy. What she found was that empathetic ability significantly improved in those counsellors who regularly practiced meditation during the course of the
study, and either did not improve or got worse in the two groups of psychological counsellor trainees who did not practice meditation. Lesh's study and this author's own observation leads to the conclusion that learning meditation might be a valuable addition to the standard training for students entering the field of social work.

Meditation may also foster the kind of "evenly suspended attention" when listening to patients in psychotherapy that Freud considered essential to psychotherapists. Freud (1912) pointed out that deliberate attention to what the patient is saying during treatment may actually prevent a deeper understanding of the real meaning of his or her comments. Instead of actively listening, he therefore advised the psychotherapist to "turn his own unconscious like a receptive organ toward the transmitting unconscious of the patient".

As we have seen, the nondirected, goal-less state achieved during meditation brings about a greater than usual openness to inner and outer impressions and an increased awareness of emotional reactions. Perhaps meditation might be considered an exercise designed to strengthen the very "psychic muscles" necessary to achieve Freud's ideal state of evenly suspended attention.

**Implications for further study**

When people begin to ask themselves questions about their own lives, when they come to the point where they no longer assume that what they have been striving for is
necessarily good or right, they may be faced with some difficult questions: If what I was told is right is not necessarily right, then what is? How do I decide what to do and what not to do?

Some believe that the answers about what shall be done, what is right, have to be found in tradition. Believers in this point of view refer to traditional or sacred documents, such as the Bible, or the Koran, Dr. Spock, or to written or unwritten law, and find their answers there. Others believe that the answer to that kind of question is to be found through logical or rational inquiry. Others of course come to social workers hoping that they will have the answers.

There is a fourth point of view, one which many would have difficulty taking seriously; namely, that the most valuable source of information about what is good for people is within every one of them. This belief holds that human beings have a deep, built in notion of what they need, what benefits them and harms them, and that, through meditation and increased awareness, people will follow their human core, their Center, and find the correct path toward harmony with themselves, each other, and nature.

Meditation may be regarded as a tool or a personal technique that helps one toward the process of becoming centered in one's own self. In the future people will be able to regulate their heartbeat and blood pressure (it is already being accomplished through meditative biofeedback);
they will be able to slow down or hurry up their digestion and metabolism. Men will be able to control ejaculation. As people learn to have power over their bodies they might be able to kill malignant tumors by controlling their blood supplies. They will be able to fight infections and eliminate toxic substances far more effectively than most people can now. They will be able to do things with their bodies which are considered "miraculous" by medicine today.

People whose minds are in good touch with the rest of their bodies can be said to be centered as opposed to being split-off. Meditation enhances centering and when all of the mental and physical functions work in harmony and unison the person is then focused. Centering has been taught and mastered in the martial arts for centuries. When a martial arts black belt is under attack and he means to defend himself, the whole of his faculties and functions is focused on that task. The breathing, heartbeat, circulation, vision, hearing, and all of his senses and musculature are centered around self-defense. The same analogy may be used when a social worker meets with his client. The social worker owes it to himself as well as to his client to be powerful, completely in control, completely focused in which every fiber of his body is involved with the task at hand.

The kind of personal power that comes with centering, when complemented with the full use of one's loving capacities and one's capacities to think rationally and intuitively, is a firm basis for autonomy. Love of self and others is
contained in the act of centering and meditation can be an important vehicle for the social worker to achieve this awareness.

Some suggested areas of use for the practice of meditation are as follows: young people in group homes may benefit from fifteen or twenty minutes of reflection and meditation every day; the Children's Aid Society could teach parents how to meditate since raising children is often fraught with stress; some inmates in the penitentiary system may find that meditating on a regular basis is helpful if only to alleviate the boredom and rigidified time structures; since grieving for a loved one is an attachment to the past, meditation may help foster a greater awareness of life lived in the present; housewives or workers on any job that may result in some form of burnout may also find solace in the practice of meditation; children of all ages in schools could learn very early from their teachers the benefits of a short meditation break during the day; Rev. Ken Jaggs from the Addiction Research Foundation suggests in the Windsor Star of May 7, 1981 that many people depend on pills or alcohol to relieve the stress of daily living. He suggests that a viable alternative may very well be the use of meditation.

At this point, the author would like to offer some opinionated hypotheses concerning the use of meditative practices.

1) It has been an underlying assumption throughout this thesis that meditation produces a relaxed state of body and mind. A testable hypothesis derived from this assumption is: The process of meditation will help alleviate anxiety faster than through the use of tranquilizers.
2) As already mentioned in this study the process of meditation consists of maintaining steady attention of the mind process either upon itself or an outside object. We can hypothesize therefore that in time a meditator will enhance his capacity for the concentration of steady attention more readily than a non-meditator.

3) Since a meditator seems to attain a relaxed state of body and mind through the use of concentrated attention upon his self, including bodily as well as mental processes, we can state that a meditator will achieve greater awareness of self than a non-meditator.

4) If hypotheses #3 is justified we can then assume that through enhanced self awareness a meditator will augment his perceptual modes much faster than a non-meditator.

5) If a meditator becomes more relaxed in body and mind and achieves the capacity of steady attention as well as enhanced self-awareness we can hypothesize that a meditator will also be able to accomplish a desensitization of anxiety arousing thoughts faster and more successfully than a non-meditator who is taking some form of medication for his anxiousness.

6) As a final hypothesis the author would suggest that meditators will develop in time a greater capacity for empathy than non-meditators.

Some research has been done recently concerning the value of meditation, however, our understanding is far from complete. There is little empirical knowledge concerning the effects of meditation upon the nervous system, social life and psyche. Keefe (1979) suggests:

Well controlled outcome studies comparing meditation with autogenic relaxation, biofeedback, and similar techniques following the work of Glueck and Strobel is in order ... Researchers also have rich opportunities to follow the differential effects of meditation used with various clinical problems and various personalities. (p. 326)

This author hopes that what has been presented in this thesis will serve as a basic foundation for future studies.
This author mentioned at the beginning of this thesis that meditation was not widely used or recognized as a viable adjunct to therapy in the social work field. However, it is slowly being explored and accepted by social work practitioners. In an evocative and brilliant book by Brandon entitled *Zen in the Art of Helping*, we are served one social worker's account of the role that the philosophy of meditation can occupy in our lives. Brandon offers these thoughts:

The beginning of compassion both to oneself and to others is in decreasing the number of judgements. I begin to see what is there without continuously labelling the events with the colours of my judgements and values. I stop punishing myself for falling short of standards which I erected. I see the way someone behaves and do not feel that it is either bad or good. That desire had melted away by feelings of respect for the other's independence. He or she is not there anyway to suit or satisfy my view of the world. (p. 49)

Brandon is a social worker who has accepted and who lives a meditative life. It is of no use to separate the person from the social worker; his ability to live in the now is the therapeutic encounter and is an extension of what the social worker truly is at all times. Keefe is another social worker who has written about meditation and he offers these comments regarding the direct perception of reality.

... holding cognitive processes in temporary obeysance and allowing things and others to speak for themselves gives rise to critical re-orientation of the helping person's approach to others. One's capacity for empathy is enhanced. The self is no longer separated from the world and others as expericer. One does not watch one's self interact and react with the mind's eye. Experience is unified. The skier, for example, is skiing but not watching himself skiing; his ego is preoccupied with, but wholly consumed by, the action. (p. 142)
To conclude this thesis the author will give a case illustration from his own practice concerning the use of meditation with a selected client.

At the present time the author is working with outpatients at the Windsor Western Hospital Centre. Adults of both sexes are seen in marriage counselling, individual therapy and group therapy. Approximately eight months ago a forty year old woman named Cathy was referred to the Centre by her family physician. Cathy was seeking help for her bouts of recurrent anxiety attacks. She is an insightful and intelligent woman who immediately showed interest when I mentioned to her the benefits that may be accrued through the daily practice of meditation. This author suggested to her that she begin meditating with the counting of the breaths during two ten minute periods during the day. This exercise as we have mentioned earlier develops concentration and discipline in the initiate. I continued during the next few months with our weekly therapy sessions dealing with other aspects of her behavior that she wished to change. Cathy continued meditating during this time and she slowly became aware that her anxiety attacks were less frequent and less severe in duration. During therapy, using the Adlerian concept of early life recollections, we discovered that she had been told at the age of three or four that to be scared was silly and not to be tolerated. Her mother had given her that message while Cathy was still in her crib. I suggested to Cathy that ever since that event,
she had continuously pushed away any scared feelings and the resistance often created more anxiety. At this point in our therapeutic relationship this author felt that the practice of shikan-taza would benefit Cathy. The reader may remember that shikan-taza is a Zen Buddhist meditative practice which consists of accepting the flow of thoughts during the meditative period just as they are without making an effort to alter the flow in any way. Whatever thought or feeling that is experienced is not judged in any way and the meditator simply becomes aware of the impermanence of thoughts and feelings. The author explained to Cathy that pushing away a feeling is like feeding a big dog; the more you push, the hungrier it becomes. I offered to Cathy the possibility through the use of shikan-taza of simply accepting what was happening in the present moment and not to resist or push away any scared feelings: to accept them would in time starve the dog that was attacking her. Cathy proceeded to meditate using this technique and within a month the anxiety attacks were no longer a part of her life. Cathy has not had an attack for six months and continues to meditate regularly.

This and other examples of the use of meditation constitute a profound self-education. Repeated daily over a period of time, these lessons form a conglomerate of experiences and attitudes which can affect our outlook in fundamental ways. One of the most profound lessons of meditation comes from temporarily experiencing the totality
of ourselves, a totality which is unknowable through the limited concepts of our rational mind alone. In this sense, meditation opens up fresh vistas, unexplored territories. Where this new "meditative" awareness is likely to lead us, as a society, will depend on the quality of future social research. This case illustration was a dramatic one; however, it does demonstrate vividly that meditation does indeed have a role to play in the field of social work.
BIBLIOGRAPHY

BOOKS


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ARTICLES


Yokoyama, K. Morita therapy and seiiza. Psychologia, 1968, 11(3-4), 179-84


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Marc Conrad Lavigne was born in Kirkland Lake, Ontario on February 2, 1947. He attended elementary school in Timmins, Ontario and graduated from Sacred Heart College Secondary School in Sudbury, Ontario in 1966. He attended Ottawa University in Ottawa from 1969 to 1972 receiving his Bachelor of Arts degree in the French language and his Bachelor of Education degree. After teaching one year at the primary level and one year at the secondary level of education he enrolled in the Bachelor of Social Work program in 1975 and graduated from Laurentian University in Sudbury in 1977. He founded and worked at the Mental Health Clinic of Kapuskasing, Ontario from 1978 to 1980. He plans to graduate in the Spring of 1981 with his Master of Social Work Degree.

In October of 1981 he plans to establish a private practice in the city of Ottawa.