Meditation in Social Work Practice: A Systematic Review of the Literature for Applicability and Utility

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ABSTRACT: This article focused on the use of meditation in social work practice. Because meditation is a complex construct that has not been readily discussed within social work, the article begins with distinguishing meditation and mindfulness by providing definitions and theoretical relevance to social work. A systematic review of the literature on meditation's effectiveness and use in social work practice was conducted. A total of seven articles met the inclusion criteria, of which, two were quantitative and five were qualitative. The majority of study participants were either social work students or practitioners. The evidence to date is promising for the use of meditation within social work practice, however is hindered the amount and quality. Further, closer examination is needed into what types of meditation are effective for specific conditions.

Keywords: meditation, mindfulness, spirituality, contemplative practices

1.   INTRODUCTION

Social work is responsible for responding to ever changing contexts and to promote social justice. This means remaining abreast and utilizing various methods that are readily available and shown to be efficacious for various conditions and populations. The need to examine different ways, such as Eastern medicine and philosophy, to address mental and physical well-being has direct relevance to social work. Vohra- Gupta, Russell, and Lo (2007) recognized that both the Baby Boomer and Generation X cohorts have embraced Eastern ideology and may challenge traditional definitions and applications of spirituality. Understanding that social work practice both locally and abroad does not always incorporate methods of psychotherapy, finding other ways of empowering people and connecting them to resources is vital. It is also believed that using these types of practices utilize the strengths-based perspective, where clients can be self-empowered (Lee, Zaharlick, & Akers, 2011). Meditation is one practice associated with Eastern thought that is believed to impact mental health. Empowering people to cultivate self-sustaining resources through such practices help to decrease inequity and promotes equality.

The practices of meditation are often associated with religion and spirituality. Although closely interlocked, meditation does not necessarily need to be associated with religion and has utility completely exclusive from religion. Meditation practices and philosophies are diverse and vary from tradition to tradition, such as American Indian, Central Asian Sufi, Hindu, Taoist, various Buddhist, and some Christian traditions (Keefe, 2011).

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Meditation has been defined as practices that achieve a well-defined state of undifferentiated awareness (Keefe, 2011), focusing attention on the present moment and diverting attention away from dwelling on the unchangeable past or undetermined future, reducing unnecessary and unproductive "background mental noise" (Arias, Steinberg, Banga, & Trestman, 2006). The clearing away of "background mental noise" is very conducive to spirituality where a person can connect to his or her inner self and feel a part of a bigger picture. Although related to mindfulness, meditation is its own practice. Meditation and mindfulness are often used interchangeably, and although share many commonalities and subtle differences are not the same.

To understand these subtleties, it is important to discuss the commonalities as well as the differences between the meditation and mindfulness. Another operational definition of meditation is a specific technique that involves muscle relaxation, and produces a self-induced state involving an anchoring or self-focusing technique (Arias et al., 2006). A common goal of meditation is mindfulness, which can be described as the self-regulation of attention and relating to one's experience through curiosity, experiential openness and acceptance (Arias et al., 2006). Mindfulness has been also defined as nonjudgmental awareness that arises through attending to one's moment-to-moment experience (Kabat-Zinn, 1994).

Initially, mindfulness was identified as a concept that is distinct from meditation but one that is also used in conjunction with meditation in existing social work literature (Lynn, 2010). Meditation is often considered as a spiritual practice that encourages self-reflection, while bringing awareness to the present situation or experience (Birnbaum, 2005). Some may argue that meditation is a form of mindfulness while some may argue that mindfulness is a form of meditation. In fact, both can be true. One goal (or step in the process) of meditation can be to reach a state of mindfulness. It is commonly accepted that all meditation practices pair a relaxed body and a concentrated or attentive mind. However, in the lineage of Vipassana meditation, the ultimate goal is not to just clear away the "background noise", to reach a state of mindfulness, but rather, to purify the mind. Through Vipasanna, we see that we create the reality we live in, which is the only way out of suffering (Fleischman, 2003). Vipassana is a process of self-observation, and is believed to affect an individual at the molecular, biological, psychological, cognitive-behavioral and environmental levels (Fleischman, 2003). These are all levels in which social work are concerned (biological, psychological and sociological). Thus, some meditation practices, such as Vipassana, focus on more than just reaching a state of mindfulness.

Being mindful during meditation is helpful, but another distinction is that one does not necessarily need to be formally meditating to be mindful. Some practices encourage mindfulness at all times, such as when walking, eating, bathing, working, and engaging in conversation. The extent one can bring attention to one's experience beyond a formal meditation period is ultimately beneficial. Being mindful, whether it is during a formal meditation practice, or mindful exercises, such as mindful eating, walking, talking helps to improve concentration, awareness and acceptance, which are all beneficial for one's stress and well-being. Mindfulness has been researched heavily in the healthcare (Birnbaum, 2005) and psychology fields (Roeser & Eccles, 2015) and is a widely

accepted practice. Mindfulness has been incorporated theoretically and empirically in social work practice in various ways. Progress has been made in the areas of mindfulness-based cognitive therapy with older adults (Foulk, Ingersoll-Dayton, Kavanagh, Robinson, & Kales, 2014), mindfulness training to foster clinical intervention skills (Gockel, Cain, Malove, & James, 2013), mindfulness and reflection in listening skills (2011), mindfulness in self-care (McGarrigle &Walsh, 2011; Napoli & Bonifas, 2011), developing empathy (Napoli & Bonifas, 2011; Raab, 2014), and in social work education to create space for reflection to become aware (Birnbaum, 2005; Lynn, 2010).

Like mindfulness practices, formalized meditation practices have the power to heal and transform. Birnbaum (2005) indicated that the function of meditation is to heal and transform and the energy used is mindfulness. The altered state that meditation can bring can be used with a high degree of success in the treatment of psychosomatic disorder (Singh, 2006). Lee et al. (2011) indicated that there are two intentions to meditation practice, the first is to reach a mindfulness state, and the second is to cultivate love and compassion.

2. Theoretical Links to Social Work

There increasing interest in meditation in social work practice (Senriech, 2014), and results from a 2018 study show that a sample of licensed clinical social workers engaged in meditation and considered themselves to be spiritual more than the general population (Oxhandler, Polson, & Achenbaum, 2018). The theoretical relationship between meditation and social work practice has been articulated by Lee et al. (2011), in that not only does meditation has neurobiological effects on a person, but it also draws on both self-determination theory as well as the systems perspective. Compatible with social work values, meditation assumes that human nature is good, rather than flawed (Keefe, 2011). Meditation encourages self-determination by creating the open awareness that is essential in facilitating choices of behaviors that are consistent with one's needs, values, and interests (Deci & Ryan, as cited by Lee et al., 2011). It also helps clients build and strengthen self-resources and capacities (Lee et al., 2011). Meditation encourages living and being attentive in the present moment, rather than turning to old habit patterns and reactive thinking, while systems theory helps to link the external stimuli with the internal response. Lastly, meditation also initiates changes at the metacognitive level (Lee et al., 2011). This is perhaps articulated by another goal of Vipassana meditation, which is ultimately, wisdom. In addition to attentiveness (or concentration), and love and compassion, Vipasanna also focuses on gaining wisdom through the understanding of impermanence. Because of its compatibility with social work values, meditation have been incorporated into practice in a variety of settings (such as schools, medical settings, and psychiatric wards) with individuals, families and groups (Logan, 2013).

Although the relationship between social work and meditation has been articulated theoretically, there less empirical support for meditation and social work practice than there is for mindfulness in all fields, including social work practice. Mindfulness already has a large literature base within social work and other fields, particularly psychology. In fact, in searching the Cochrane Summaries, there were only 22 reviews on meditation, but 186 on mindfulness

(http://www.cochrane.org, January 20, 2018). Though mindfulness is an important practice, so is meditation, which although strongly related to mindfulness, is its own practice or "tool" that warrants distinct empirical investigation and support. Thus, the purpose of this article is to provide a systematic literature review of where the profession is regarding meditation in terms of empirical support, use and applicability in social work practice.

3. Methods

A systematic literature review was conducted in January 2018. The following is the inclusion criteria for this review:

1.   Empirical research study with the use of meditation practice or intervention
2.   Sample of social work students or practitioners or use of a meditation intervention with a client population by social workers
3.   Published in the English language in a peer-reviewed social work journal since 2000

Various search engines were used, such as EBsco Host, Google Scholar, and Academic Search Premier. Various terms were included in the search, such as meditation, mindfulness, mindfulness-based, spirituality, and social work practice. Reference lists of potential articles were also checked for additional records. Abstracts of identified articles were then reviewed to determine if the articles met the above criteria. If the abstract met the criteria, then the full text article was reviewed to determine final eligibility. Data of the research designs, study populations, types of meditation and key findings were extracted from each article.

 Although operationalized mindfulness and meditation for this literature review as described above, in the articles reviewed, the authors' definition of meditation superseded. For example, if an author called their intervention "meditation", but after closer review, if it was determined that it was really a mindfulness practice, it was still included because the original authors deemed it as meditation. Reasons for exclusion included use of a mindfulness practice without a formal meditation component (such as walking mindfulness) or non-social work related. Dissertations were also excluded. Other general interventions, such as psycho-educational, mindfulness, or well-being interventions that included a meditation component were excluded. Similarly, if an article did not specifically report on meditation but grouped it with other techniques (for example, yoga or Eastern arts), it was also excluded.

4. Results

A total of seven articles were found that met the criteria. Table 1 provides a summary of the study participants. Table 2 reports on the study designs, methodology and findings of the studies.

Table 1

Summary of study participants

Author & Year	Population	Sample Size	Sex	Race/Ethnicity	Age	Sampling
Birnbaum (2005)	Social work students	50	37 females, 13 males	Not reported	Average age = 25	Not reported or, presumably convenience sample in social work class
Brenner & Homonoff (2004)	Clinical social workers who have practiced Zen for at least five years	10	7 females, 3 males	White= 8 Hispanic= 2	Age range: 41-58	Recruited using purposive, non-random snowball sampling through announcement at local meditation center, reviewing biographies of local presenters, and personal contacts
Coholic (2006)	Social work undergraduate students and recent graduate social work students	4	All female	Not reported	Ages: 22, 39, 45, and 46	Not reported, although all four participants had some previous experience with meditation practice
Lee, Zaharlick & Akers (2011)	Survivors of trauma	2	All female	Not reported	Not reported	Part of a larger intervention study where the participants were female trauma survivors in a substance abuse treatment and residential program for homeless women and their children
Margolin (2014)	University students	6	All female	Not reported	Not reported	Convenience sample of participants new to meditation
Temme, Fenster & Ream (2012)	Residents in a substance abuse treatment facility	93 (43 meditation, 50 control)	81% male	African-American= 47% Hispanic/Latino	Mean age= 39	Convenience sample

Author & Year	Population	Sample Size	Sex	Race/Ethnicity	Age	Sampling
				= 34% White= 10% Other/unknow n= 9%		
Wolf & Abell (2003)	Community members	93, with 31 participants in each of the experimental, comparison and control groups. 61 individuals completed	Of 61 participants completed, 31 females and 30 males	Not reported	Mean age= 24.7 (sd=7.75) Age range: 18-49	Purposively sampled through newspaper advertisement

Table 2
Summary of study characteristics

Author & Year	Country	Design	Objective(s)	Type(s) of meditation	Length of Meditation Program	Measures	Key Findings

Birnbaum (2005)	Not specified, but author affiliated in Israel	Qualitative analysis of social work students' written descriptions	To assess students' experiences or reactions such as images, thoughts, feelings or body sensations after participation in either a single workshop or a series of four sessions	Mindfulness followed by guided meditation	35 students participated in single session, 13 students participated in a total of four sessions. Length of session not reported.	NA	Major categories and subcategories emerged in order with most dominant listed first:
							
							Message received during meditation:
							1. Category: Positive Messages about the Self
							  a. Sub category - Reassurance of self
							  b. Sub category - Concrete/specific messages from a guiding figure
							  c. Sub category - Connect to inner voice

Author & Year	Country	Design	Objective(s)	Type(s) of meditation	Length of Meditation Program	Measures	Key Findings

							2. Category: "No Message"
							  a. Sub category - Cognitive flooding
							  b. Sub category - Emotional flooding
							Insights received during meditation:
							3. Category: Self Guidance
							4. Category: Abilities of the Self
							5. Category: Professional Self-concept
							6. Category: Difficulties of the Self
							Meditation results include:
							1. Self-directed process
							2. Self-observation
							3. Self-defense
							4. Self-regulation/nourishment

Brenner & Homonoff (2004)	USA	Qualitative semi-structured interviews	To explore the impact of a personal practice of Zen meditation on their social work practice	Buddhist Zen	Participants must have practiced for at least five years	NA	Three major influences of Zen Buddhism on their clinical social work practice: 1. Awareness: Cultivated ability to be more aware and present with clients 2. Acceptance: Ability to remain non-judgmental and accepting of their clients. More comfort with ambiguity. Increased understanding of non-duality or distinction between them and their clients. 3. Responsibility: Felt the need to take action and also encourage clients to also take action
Coholic (2006)	Not specified, but	Individual interviews following a	To assess how and why the group was helpful and how it	Mindfulness, guided imagery	Not specified, but seems to be a single	NA	Participants reported that mindfulness meditation practice assisted them in gaining a deeper level of self-

Author & Year	Country	Design	Objective(s)	Type(s) of meditation	Length of Meditation Program	Measures	Key Findings
	author affiliated in Canada	mediation group	was seen as a spiritual process		session. Length of session not reported.		awareness, a less judgmental attitude, a more positive sense of self-esteem, a greater appreciation for life's moments, and increased feelings of gratefulness
Lee, Zaharlick & Akers (2011)	USA	Qualitative study of two, sixty minutes, open-ended focus groups and individual follow-up interviews	To inquire about the nature of their experiences with meditation, the specific curriculum presented, and the changes experienced as a result of meditation	Based on Tibet meditation that taught mindfulness, calmness and empathy	Six-week curriculum consisting of two weeks of breathing meditation, two weeks of loving kindness meditation and two weeks of compassion meditation. Met for one hour Monday through Friday in the morning and evening	NA	Themes of how meditation helped them: 1. helped them to stay calm 2. more accepting toward self and others 3. able to better take care of themselves 4. more aware of and express emotions 5. effectively regulate their emotions and behaviors in dealing with daily life 6. more connected to others 7. helped deal with flashbacks, intrusive thoughts, and other typical PTSD symptoms 8. felt better about themselves 9. gained strength and motivation to move on in their lives
Margolin (2014)	Canada	Qualitative visual analysis of collages, thematic analysis of descriptions of collages	To understand university women's experiences of applying meditation and visualization as an alternative mental health strategy	Mahavakyan Meditation, which includes mantra (chanting), visualization	Eight-week program using a combination of book reading, mantra meditation, visualization, discussion, writing, and reflective collage	NA	Increased emotional, bodily and sensory awareness Reduced reactivity Increased feelings of tranquility, joy and self-acceptance Broadened perspective Ability to reject adverse self-talk Increased belief in the capacity to achieve goals

Author & Year	Country	Design	Objective(s)	Type(s) of meditation	Length of Meditation Program	Measures	Key Findings
Temme, Fenster & Ream (2012)	USA	Random assignment to either meditation or treatment as usual	To investigate the effect of meditation on warning signs of relapse among adults in residential treatment for chemical dependency	Integration restoration (iRest)	Ten one-hour sessions, three times a week	Warning signs of relapse Scale Profile of Mood States Five Facet Mindfulness Questionnaire	For each of warning signs of relapse, mindfulness, and negative mood states, change in the expected direction was significantly greater among participants in the randomized controlled trial's meditation group than in the randomized controlled trial's control group Risk of relapse mediated by negative mood state
Wolf & Abell (2003)	USA	Pre-test posttest design with random assignment to experimental, comparison and control groups with 28 day post follow up	To determine the effects of chanting the maha mantra on stress, depression, enlightenment, passion, and inertia	Mantra	Chanting for 20-25 minutes per day for 28 days	Vedic Personality Inventory Generalized Contentment Scale Index of Clinical Stress	Experimental group improved more in stress, depression, enlightenment and inertia than both comparison and control groups

5. Summary of Research Designs

Of the seven studies, five were qualitative (Brenner & Homonoff, 2014; Coholic, 2006; Birnbaum, 2005; Margolin, 2014; Lee et al., 2011). The remaining two were quantitative experimental designs (Temme et al., 2012; Wolf & Abell, 2003), which both used random assignment to groups with a total sample size of 93 each. Wolf and Abell (2003) reported 61 out of 91 participants completed the study, which is 65.6% retention rate and can be considered "promising" rather than "effective" (Amico, 2009). Temme et al.'s (2012) study also fell into the same category, with a 62.8% completion rate (93 out of 143).

Two studies focused on clinical populations served by social work: trauma (Lee et al., 2011) and substance use (Temme et al., 2012). The other studies focused on non-clinical populations: Wolf and Abell (2003) recruited a community sample, Birnbaum (2005) and Coholic (2011) used social work students, Margolin (2014) used undergraduate students and Brenner & Homonoff (2004) researched social work practitioners. The majority of the participants were female, with the exception of Temme et al. (2012) who had a sample that was 81% male. Most of the authors did not report participants' race/ethnicity (Birnbaum, 2005; Coholic, 2006; Lee et al., 2011; Margolin, 2014), however, for those studies that did report on race/ethnicity, racial and ethnic diversity was an issue, as the samples were primarily White (Brenner & Homonoff, 2004; Wolf & Abell, 2003). Temme et al. (2012) was again the exception with a primarily African-American and Hispanic sample.

In addition to race and ethnicity, several studies failed to report considerable details of their study such as age (Lee et al., 2011; Margolin, 2014) and sampling procedures (Birnbaum, 2005; Coholic, 2006). Although these studies are all qualitative and often do not include such details, it results in a lack of traceability.

There were a number of different types of meditation practices studied in these articles. Some were rooted in Eastern religion and philosophy, and included Zen (Brenner & Homonoff, 2004), mantra (Margolin, 2014; Wolf & Abell, 2003) and Tibetan meditation (Lee, et al., 2011). The others were non-sectarian and were mindfulness (Birnbaum, 2005; Coholic, 2006), integrative rest (Temme et al., 2012), visualization (Margolin, 2014) and guided imagery (Birnbaum, 2005; Coholic, 2006).

6. Summary of Study Findings

Overall the findings indicated positive support for the use of meditation for mental well-being and for use in social work practice with clients. The quantitative studies found positive results in the areas of substance abuse relapse (Temme et al., 2012), stress (Wolf & Abell, 2003) and mood (Temme et al., 2012; Wolf & Abell, 2003). More specifically, Temme et al. (2012) found that the intervention's effect on reducing warning signs of relapse was through increasing mindfulness, and also that at least part of the effect of increased mindfulness on warning signs of relapse was through decreasing negative mood. Wolf and Abell (2003) found that their mantra intervention

helped to significantly decrease depression and stress.

The qualitative studies support the two areas of mood and stress and help to refine more specifically areas that participants benefit. Common themes among the qualitative studies are that meditation helped to increase both physical (Lee et al., 2011; Margolin, 2014) and emotional self-awareness (Birnbaum, 2005; Brenner & Homonoff, 2004; Coholic, 2006; Lee et al., 2011; Margolin, 2014) acceptance (e.g. non-judgment, decreased duality or broadened perspective on life, Brenner & Homonoff, 2004, Coholic, 2006; Lee et al., 2011; Margolin, 2014) and self-esteem (e.g. increased belief to achieve goals and gained strength and motivation in life, Birnbaum, 2005; Coholic, 2006; Lee et al., 2011; Margolin, 2014). Other themes were increased joy (Margolin, 2014) and gratitude (Coholic, 2006) and ability to deal with negative feelings and emotions (Lee et al., 2011). Many of these benefits would support and explain the decrease in stress that Wolf and Abell (2003) found in their quantitative findings.

7. Discussion

Although more heavily articulated in the psychology field, the empirical support for meditation and social work is just beginning to emerge. Meditation is new to social work (Keefe, 2011), which is reflected by the dearth of literature found. Only seven articles met the criteria and were included in this review.

Although the studies included widely used meditation practices (both religiously based and non-sectarian), they were certainly not exclusive and there are other meditation practices that have yet been studied. It should be noted that many of these practices are similar and may share common elements (such as visualization and guided imagery). Until the field can make clearer distinctions, it is therefore recommended to fully understand the actual practices, techniques and interventions rather than solely rely on the designated label.

Along the same vein, one of the main issues to date is the use of the terms "meditation" and mindfulness" interchangeably. Often mindful practices are called meditation such as Temme et al. (2012). Although this may be understandable as the literature was just beginning to emerge, there is a need to better refine both the definitions and uses in practice. Further, when reporting on either practice, there is variation as to how researchers define mindfulness and how meditation is defined. This could be attributed to researchers' own personal practice, understanding or training, or a reflection of current societal trends to blend concepts and practices. There is the difficult task to define what meditation is but not to restrict the concept.

8. Implications for Further Research

Another methodological critique that arose from conducting this systematic review is that meditation is often considered with other practices, such as yoga (e.g. Derevotes, 2000; Uthaman & Uthaman, 2017; Waechter & Wekerle, 2015). However, this is not necessarily a philosophical or theoretical flaw as many of the practices encompass one another. Although common in an infancy state of research, there will eventually be a need to isolate meditation as a possible intervention to

fully understand its utility, rather than lump it together with other practices such as yoga, or contain within other interventions such as mindfulness or well-being. If lumped with other practices, it would be comparable to combining cognitive-behavioral therapy (CBT) with psychoanalytic therapy and concluding that CBT is effective or not effective. However, this may also not be possible in a practical or practice setting.

Finally, as the literature continues to evolve, closer examination into what types of meditation are effective for which specific conditions. For example, a stress reducing meditation technique, such as the mantra meditation described by Wolf (2003) may be appropriate for a clinical population of individuals with anxiety, while a technique that cultivates compassion, or loving kindness practice (known as metta in Buddhist traditions; Canda & Phaobtong, 1992) may be suitable for those with anger issues. Due to the racial and ethnic diversity issues reported, it is also imperative to continue to diversify study samples.

9. Contributions to Social Work Practice and Knowledge

Meditation practices help the individual as whole, rather than focusing on individual issues. For those with trauma, meditation provides a different way of conceptualizing and providing treatment. Instead of directly addressing and focusing on the content of trauma, meditation trains individuals to change the relationship to one's thoughts, without directly focusing on the specific problems (Lee et al., 2011). This holistic approach to social work helps to create sustainability, since individuals will learn for themselves how to build their self-resources and capacities, and therefore be less dependent on other services.

As aforementioned, there are different types, and different rigor to various meditation practices. A social work practitioner should continue to learn about these differences and similarities when using meditation in practice. For example, meditation includes simple guided imagery and breath counting that are often used in practice as well as long period of sustained meditation periods with the goal to purify the mind and achieve wisdom about impermanence. It should also be noted that there are many different ways and methods to learn and use meditation. Some are more rigid and formalized than others, and a person seeking out instruction should be educated on the process. Entering a meditation retreat or workshop without proper understanding of the undertaking can be actually be detrimental. Like receiving traditional modes of therapy, there can be difficult moments when things are revealed or strong emotions and reactions arise, and without proper guidance and support, can result in adverse effects. For example, individuals with schizophrenia may increase their experience of depersonalization and self-preoccupation through meditation (Keefe, 2011). Rigorous mediation practice can provide insight and awareness to ourselves, and again, may be challenging and overwhelming for some at times. Being able to translate research findings to properly apply techniques to various populations is necessary to ensure best practices.

It is possible that individuals may be resistant to meditation practices. Some formal meditation practices may be daunting or unappealing (or inappropriate at the time) for some individuals for various reasons. One may be resistant if an individual perceives these practices as rooted in Eastern religion and philosophy. Depending on the source of resistance, a social worker versed in

the use and types of meditation can assist through providing education, presenting the information in a way that is acceptable to a client or helping to reduce fears or misconceptions about meditation. However, if an individual is not open to formal meditation practice, developing and striving for a mindfulness practice in day-to-day life may be more palpable to him or her. Regardless of the method chosen, either practice will hopefully benefit individuals and help to gain self-awareness and self-reflection.

Thus, although some may be skeptical of meditation since it is often associated with Eastern religion and thought, the research has shown that these practices may actually have appeal to others. Many ethnic minorities (and non-minorities) and indigenous individuals may not benefit from Westernized conceptions of psychology (Wolf & Abell, 2003). Thus, the inclusion of meditation in social work practice increases the profession's responsibility to cultural awareness and diversity (Wolf & Abell, 2003). By diversifying our knowledge and skill base, we are inclusive and recognizing non-Westernized concepts of health and well-being.

In sum, the research methodology to date is appropriate given the state of the literature in that so far, the research has been mostly qualitative and exploratory for the field of social work. The research to date shows promising evidence for the use of meditation within social work practice, but is hindered the amount and quality of evidence. Small sample sizes and use of convenience samples warrant caution in interpreting the results of the studies. Both qualitative and quantitative studies are needed in the future to further refine the use of meditation in social work practice. Although the literature is somewhat nascent in social work, we can draw on other fields that have heavily validated meditation to incorporate meditation practices in accordance to our profession's mission, values and ethics.

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