

The Four Noble Truths for Social Work Practice

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Abstract

Social work clinical literature describes methods for developing clinical relationships that embrace flexibility, authenticity, and efficacy. Translation, or the private use of one's spirituality to inform engagement with clients, is an area of social work practice that can aid in fostering such relationships. The Four Noble Truths as described in Theravada Buddhism provide a model for the care of the self that practitioners can use to inform their practice. This paper explores these Buddhist principles in conjunction with the relevant social work literature so as to highlight the variables of effective clinical relationships.

In recent years, social work literature has emphasized the therapeutic relationship as a key element in successful therapy. In the focus on relationality, both practitioner and client are seen as ideally engaging with, and being moved by, one another. This is a far more complex process than the older "blank slate," distanced approach. Approaching the therapeutic relationship has been described as an art that relies on both intuition and training (Coltart, 2000). The particulars of that dance, and how it necessarily changes with each client, requires a practice of ongoing openness and skill.

One way to strengthen and guide such a practice is to consider translation, or how social workers make use of their own spiritual practice to inform engagements with their clients. Spirituality and

religion often follow themes of compassion, connectivity, and going beyond oneself, which can be, and are involved in, the practice of therapeutic engagement. Theravada Buddhism, which follows the teachings in the Pali Canon and is the oldest sect of Buddhism, includes a pragmatic practice and conceptualization of suffering that can inform how social workers show up to and hold space for their clients mindfully and with presence. The basis of Theravada Buddhism is the ongoing practice of the Four Noble Truths: The First Noble Truth acknowledges the inevitable presence of suffering in human life; the Second Noble Truth explores the cause of suffering as originating from desire; the Third Noble Truth describes the end of suffering as enlightenment, or the ceasing of desire; and the Fourth Noble Truth describes the path toward the end of suffering through the Noble Eightfold Path.

The First Noble Truth describes the presence of suffering in human life; to have a body is to experience illness, displeasure, and death. Therefore, the Buddha teaches to accept the inevitability of suffering. Walpola Rahula (1967) describes this Truth as “not falsely lulling you into living a fool’s paradise, nor does it frighten and agonize you with... imaginary fears and sins” (p. 17). Social workers might follow this idea by accepting the presenting suffering and distress of the patient or client. Indeed, Berlin (2005) describes the importance of acceptance of the client and their distress as the first step towards any therapeutic engagement. Berlin describes acceptance as “a relational feeling that stems from our appreciation of our clients’ humanity; it is this recognition of our common humanity that sensitizes us to their distress and ultimately brings us to action” (p. 483). When social workers accept the client’s suffering, we sensitize ourselves to it and find our common humanity in it, before and during engagement.

In the Second Noble Truth, the Buddha describes the cause of suffering as ignorance and desire. “It is this craving that leads to renewed existence, accompanied by delight and lust, seeking delight here and there; that is, craving for sensual pleasures, craving for

existence, craving for extermination” (Bodhi, 2005, p. 76). There are multiple ways such ideas might inform social workers in practice. One theme of the Second Truth is that suffering comes from a “false idea of self arising out of ignorance,” and operating from the idea of a self that is concrete, knowing, separate, definite, and masterful over one’s person and circumstances (Rahula, 1967, p. 30). There is a parallel to this to be found in Mary Ellen Kondrat’s (1999) conceptualization of the critically reflexive practitioner. Inspired by critical theory, Kondrat urges social workers to understand themselves as “co-constructed by individual consciousness in interaction with the social and physical environment and mediated through language and culture” and therefore, “the self is viewed as a process, an ongoing, fluid construction whose identity is inextricably linked to social context and interpersonal interactions. The self-construct is defined, at least in part, in dialogue with other people’s understandings of who the self is” (Kondrat, 1999, p. 459).

In relation with clients, then, the social worker’s self is distinct from one client to another. It is with a fluid yet co-created self that one can properly collaborate towards a healing place for clients, and there tend to the meaning-making systems that they bring. In the Buddha’s words, conceptualizing the client as a frozen, knowable object comes from a desire to mark oneself, as the social worker, in stone—to be definite, to be an expert. Such understanding leads to suffering both for practitioner and client in claiming either participant as absolutely knowable or experience as capable of mastery.

If one is able to think of themselves as a fluid, conditioned being, engagement with clients can tolerate a practice of “not-knowing.” One, therefore, becomes deeply curious and respectful of the client’s porous, in-process self. Psychoanalytic therapist Christopher Bollas (1987) delves into this practice further. He writes that in working with a client, the practitioner “discovers who I am, even if this ‘who’ is a composite of the patient’s mother, father, and former child self” (p. 277). Through the therapeutic relationship, the analyst functions as an object created by the client’s relationships that remain unresolved.

The practitioner must be willing to participate in that flexible, co-created position, with the capacity and willingness for the practitioner's self to be so constructed. Thus, the Second Noble Truth in Buddhist thought reminds us that in social work, one should resist the temptation to remain stagnant, safe, definite. Instead, as social workers we should recognize and honor both the porousness and history of the practitioner and client, creating a holding space for healing, not knowing, and understanding our subjectivity in a new, relational and co-constructed light.

The Third Noble Truth discusses the end of suffering as enlightenment. Upon enlightenment, the Buddha was inspired toward the embodied cessation of craving, desire, and attachment. Epstein (1995) reminds us that the enlightened Buddha did not "enter some new territory" but actually "[discovered] that which had been present all the time" (83). The Buddha had awakened to the truth of the false self, the self that craves to endlessly reassure its selfhood through unskillful striving and consumption. The craving keeps the self in the cycle of suffering, falsely attaching to that which makes it secure or seemingly satisfied.

In the therapy room, the therapist may crave recognition as an expert. This craving threatens the therapeutic relationship because it insists on a certainty in the client, an insistence that the client be knowable through the therapist's trainings and previous clients, missing what the client actually presents. In her book, *Slouching Towards Bethlehem*, Coltart (2000) echoes Bion and urges the therapist to "refrain from memory and desire" (4). Memory and desire may lead the therapist to reduce the client to an artifact of psychoanalytic "templates, theories, teachers" in order to reinforce the therapeutic self as all-knowing, the other as distinctly knowable, and therefore indulge in the false satisfaction of certainty (Coltart 2000, p. 6). Such desire leads to suffering in both the therapist and client.

After defining the end of craving as enlightenment, the Fourth Noble Truth describes the behavioral, meditative, and wisdom practices and

path toward—alongside and among moments of—Nirvana or enlightenment through the eightfold path: right view, right thought, right speech, right action, right livelihood, right effort, right mindfulness, and right concentration. Discussing the parallels of all eight elements and social work practice is beyond the scope of this paper. However, the broader theory underlying the eightfold path, the idea of the middle path and the middle way, also resonates with social work practice. The Buddha discovered the middle way searching for happiness through living in extreme asceticism and extreme sensual indulgence. Neither extreme brought him closer to enlightenment. He decided, instead, that a balance was necessary—not to starve himself, but not to overindulge. Such a balance is more complex than sticking to an extreme, as it necessitates taking risks and improvising with the sensations and phenomena that arise. The middle way, therefore, refers to the space and practice between extremes that embraces ambiguity, focuses on the present, and cultivates moments and opportunities of enlightenment.

The middle way, in tandem with Buddhist conceptualization of a fluid, in process, porous self, is the practice of a skillful balance between all extremes that focuses neither solely on the social worker nor on the client, neither solely on behavior nor on cognition. In social work clinical practice, such a balance is crucial, and is familiar from Winnicott's (1991) idea of a "potential space" in the therapeutic relationship, one that, through relationship, creates a balance that is "neither in behavior nor in contemplation, but somewhere else" (p. 105). Winnicott builds off the relationship between the mother and child, which is not between two individuals, but instead "a third area of human living, one neither inside the individual nor outside in the world of shared reality. This intermediate living can be thought of as occupying a potential space" (p. 110). The therapeutic relationship recreates this relationship and the consequential third space that is neither dominated by social worker nor client, but an in-process, holding area between behavior and contemplation. In this space, spontaneous, often vulnerable play and individual expression can emerge, leading to moments of negotiated healing and growth

through risk shared between the practitioner and client. The cultivation of this space, however, necessitates both parties carving out intimacy through vulnerability and authenticity, much like the mutual practice of a fluid self the Buddha describes throughout the Noble Truths. Thus, the middle way, a balance between stagnant extremes, informs the social worker much like Winnicott's potential space of healing, to create a space to hold the client in a safe ambiguity, where their true self can create and be created.

With the Four Noble Truths in mind, we see that social workers can practice showing up to their clients possessing a comfort with ambiguity and not-knowing, cultivating an appreciation of nuance, and an understanding of the co-creation of the therapeutic relationship. Through the acknowledgement of the presence of suffering, desire and ignorance as the cause of suffering, enlightenment potential as the end of suffering, and the middle way through the eightfold path as the journey towards that end, social workers can practice de-centering themselves to center the relationship in process. Such a practice creates a holding space for the client with a greater capacity for healing.

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