

**EXPLORING THE EXPERIENCES OF THERAPISTS AFTER PARTICIPATING IN
AN INTENSIVE MINDFULNESS PROGRAM**

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ABSTRACT

The purpose of this study was to explore whether and in what ways an intensive eight-week Mindfulness-Based Symptom Management (MBSM) program might shape the therapeutic experiences of therapists. I used a hermeneutic phenomenological approach to interview and develop in-depth descriptions of four therapists' experiences in relation to mindfulness and their therapeutic practices. The data collection consisted of: (1) a telephone screening interview; (2) pre-mindfulness training interview; (3) post-mindfulness training interview; (4) field notes based on my observations, subjective experiences, and beginning analyses; (5) and member-checks to verify the accuracy of my interpretations of participants' interview responses.

The results pointed to several common themes indicating the *changes* therapists described after participating in the mindfulness program. Themes denoting the reported changes were organized into three categories: (1) personal relationship with mindfulness; (2) relationship between mindfulness and therapeutic experiences; and (3) mindfulness-oriented interventions performed in therapy.

The findings indicated that mindfulness training is associated with the enhancement of important relational attitudes and skills of therapists, including more acceptance of where clients are at, more presence in therapy, increased capacity to listen, openness and curiosity, and more compassion and empathy. In addition, mindfulness training may be linked to improved reflexive abilities, which has implications for more intentional and ethical decision-making in therapy. Further, the findings also indicated that mindfulness training may be linked to improvements in emotion regulation by decreasing stress, increasing feelings of relaxation and calmness, improving awareness of negative emotional and cognitive states as well as the ability to interrupt

these negative cycles. As such, this study pointed to several potential benefits for the inclusion of mindfulness training in therapists' self-care practices as well as in therapist education.

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CHAPTER 1: INTRODUCTION

Background

Mindfulness is characterized as a particular way of attending to one's experiences and has a long history rooted in Buddhism. In the last two decades, there has been a surge of interest in mindfulness as a psychological construct and in therapy treatment programs. In the current empirical literature, clinical interventions based on mindfulness skills are growing increasingly popular in mental health and medical settings (Baer, 2003; Davis & Hayes, 2011). Moreover, empirical research has demonstrated remarkable outcome data of mindfulness-based interventions in treating a variety of physical and mental disorders. Although Salmon, Santorelli, and Kabat-Zinn documented 240 mindfulness-based intervention programs in 1998, the most common mindfulness-based interventions include Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982); Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002); Dialectical Behavioural Therapy (DBT; Linehan, 1993), and Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999). I discuss these core interventions in more detail in the literature review section.

The most widespread definition of mindfulness described by Kabat-Zinn (1994) is “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (p. 4). Western health practitioners have conceptualized traditional mindfulness meditation practices as a set of skills used to develop this kind of awareness, which can be taught without any spiritual beliefs (Baer, 2006). Mindfulness-based interventions include many methods of teaching mindful awareness, such as formal meditation practices, awareness of breath, mindful eating, and so on.

For the most part, research on mindfulness in therapy has focused exclusively on the effects of teaching clients mindfulness-based skills to alleviate physical and mental health symptoms (Fulton, 2005; Grepmaier et al., 2007; Hick & Bien, 2008; Stanley et al., 2006). However, *therapist mindfulness* is another important concept that presumably has an influence on client outcomes as well. Therapist mindfulness can be characterized as the therapist's integration of mindfulness practices on a personal level and/or in the context of therapy (Fulton, 2005).

It is arguable that the act of providing therapy requires a high degree of mindfulness. A therapist must attend carefully to clients' verbal utterances and subtle nonverbal cues, bring attention back to the moment-to-moment experience of therapy, identify and respond skillfully to his or her own difficult emotions or biases that may arise, and cultivate an attitude of openness and acceptance towards therapeutic experiences – all processes that involve elements of being mindful. Yet, there is little research on the effects of mindfulness training on therapists (Davis & Hayes, 2011; Fulton, 2005; Hick & Bien, 2008; Stanley et al., 2006). Preliminary research on therapist mindfulness holds promise for providing evidence of the benefits of mindfulness training for therapists. Moreover, some researchers argue that mindfulness should be examined as a therapeutic orientation – as attitudes, demeanour, and behaviours that a therapist embodies as opposed to skills that are taught to clients (Bruce, Manber, Shapiro, & Constantino, 2010; Hick, 2008).

Germer (2005a, p. 18) describes three main ways of integrating mindfulness into therapeutic work, which is collectively referred to as *mindfulness-oriented psychotherapy*:

A therapist may (1) personally practice mindfulness meditation or everyday mindfulness to cultivate a more *mindful presence* in psychotherapy; (2) use a theoretical frame of reference informed by insights derived from mindfulness practice, recent psychological literature on mindfulness, or Buddhist psychology (mindfulness-*informed* psychotherapy); or (3) may explicitly teach [clients] how to practice mindfulness (mindfulness-*based* psychotherapy).

The first two components – the therapist’s personal practice and mindfulness-informed psychotherapy – are more implicit influences of mindfulness on therapy (Fulton, 2005). It seems logical to infer that when therapists engage in regular mindfulness training, all three of these components may be further demonstrated in therapy. Yet, the question arises of what specific changes do therapists experience in their therapeutic practice that are associated with engaging in mindfulness training.

Significance of Therapist Mindfulness in Therapy

Although research on therapist mindfulness is in its infancy, some researchers suggest the skills cultivated through mindfulness training may benefit therapeutic practice in a number of ways (e.g., Aiken, 2006; Fulton, 2005; Grepmaier et al., 2007; Hick & Bien, 2008; Shapiro, Brown, & Biegel, 2007; Stanley et al., 2006; Wexler, 2006). Therapist mindfulness also holds the possibility of influencing the factor in therapy that account for the most success, namely the therapeutic relationship which accounts for about 30% of the variance of treatment outcomes (Fulton, 2005; Hubble, Duncan, Miller, & Wampold, 2010). Therapist attitudes that are beneficial for facilitating positive therapeutic relationships, such as warmth, compassion, unconditional positive regard, and acceptance are determined to be difficult to teach and many

training programs have neglected the importance of these attitudes in therapist development (Lambert & Simon, 2008). As well, development of self-awareness and the ability to pay attention require an ongoing disciplined practice, such as mindfulness, in order to further cultivate these skills. Therefore, mindfulness training may be a valuable additional component to therapist education by helping to foster these important therapist attitudes and skills.

Additionally, therapist mindfulness can also be integrated into any therapeutic approach. I will be describing the applications of mindfulness to the therapeutic relationship in more detail in the literature review section.

Other preliminary research suggests that practicing mindfulness may enhance therapists' abilities to be empathetic (Aiken, 2006), improve therapeutic relationships (Wexler, 2006), and positively affect treatment outcomes (Grepmaier et al., 2007), as well as reduce stress and increase positive affect and self-compassion among therapists (Shapiro et al., 2007). Moreover, researchers posit that mindfulness training may strengthen the abilities of therapists to pay attention as well as cultivate an attitude of greater acceptance and non-judgment towards clients (Fulton, 2005; Morgan & Morgan, 2005; Valentine & Sweet, 1999; Wilson & Sandoz, 2008).

Theoretical Framework

Mindfulness has been practiced for 2,500 years and it is the core teaching of Buddhist psychology (Fulton & Siegel, 2005). The term *mindfulness* is an English translation of the Pali language word, *sati*, connoting awareness, attention, and remembering to attend to our current experiences in an open, receptive manner (Germer, 2005a). Buddhist psychology and the Buddha's teachings are considered the theoretical basis of mindfulness (Bhikkhu Bodhi, 2000). Although mindfulness is rooted in Buddhist psychology, it shares conceptual ideas developed by

a variety of philosophical and psychological traditions, including ancient Greek philosophy, phenomenology, existentialism, naturalism, transcendentalism, and humanism (Brown, Ryan, & Creswell, 2007).

Mindfulness is rooted in the fundamental activities of consciousness: attention and awareness. Contemporary psychological research has reformulated the concept of mindfulness into many different descriptions of skills and abilities (Dimidjian & Linehan, 2003). For instance, mindfulness has been defined as a self-regulatory capacity (Brown & Ryan, 2003), an acceptance skill (Linehan, 1994), and a meta-cognitive skill (Bishop et al., 2004). Simply put, the essence of mindfulness is a state of clarity from which one experiences the vicissitudes of life while maintaining equanimity, acceptance of experiences, and non-attachment (Hayes & Feldman, 2004).

The Four Noble Truths central to Buddhist teachings are: (1) suffering is ubiquitous; (2) suffering is caused by the tendency to cling to phenomena; (3) cessation of suffering is possible; and (4) cessation of suffering is possible by practicing the Eightfold Path (Kumar, 2002). This path includes Right vision, Right conception, Right speech, Right conduct, Right livelihood, Right effort, Right mindfulness, and Right concentration. However, in Western traditions, mindfulness and practices for cultivating it (e.g., meditation, yoga, etc.) receive most of the attention of all the Buddhist teachings. Practicing the Eightfold Path diminishes the tendency to cling to phenomena while enriching one's life experience. It is also called the "Middle Path" as it avoids the extremes of either a gluttonous lifestyle or one of rigorous self-mortification (de Silva, 1990).

According to Buddhist thought, suffering is inevitable and it is exacerbated by attempting to avoid it. Suffering is generated by the human tendency towards *essentialism* which refers to

the desire to maintain a discrete, fixed self and identity (Kumar, 2002). This essentialist desire extends beyond the self, also creating the expectation that phenomena in one's life will remain constant. This idea is what causes suffering since it is inevitable that we experience change within ourselves and others over time (Kumar, 2002). From a Buddhist perspective, all phenomena, including emotions, thoughts, and physical sensations are temporary experiences. We will struggle against the natural impermanence of all phenomena if we try to hold onto a passing moment, feeling, or relationship. Thus, cultivating an attitude of letting go or non-attachment is fundamental in diminishing the need for certainty (Kabat-Zinn, 1990).

As we start paying attention to our inner experiences, we soon realize that there are certain thoughts, sensations, or feelings that our minds tend to grasp onto or push away. These tendencies of the mind result from the desire to continue seeking pleasurable experiences while avoiding aversive ones. Alternatively, practicing mindfulness enables us to let our experience be as it is by observing it from moment-to-moment, without judgment, and purposefully letting go of impulses to cling to or avoid certain experiences (Kabat-Zinn, 1990).

Another important concept related to the study of mindfulness and psychotherapy is compassion. Compassion is the awareness of and feeling for the suffering of others (Paré, 2013). Compassion also emphasizes the interconnectedness of all beings as it eases arbitrary boundaries between ourselves and others, reminding us of the First Noble Truth – that we are all sentient beings who wish to be free from suffering. Mindfulness and compassion are frequently discussed as two intertwined aspects of practice in Buddhist literature (Kumar, 2002). Loving-kindness and compassion arise by cultivating an attitude of universal and unconditional acceptance. With this attitude, essentialist boundaries that define self and others dissipate as one develops compassion

towards all beings. Moreover, generating awareness of the limitations to our compassion is essential for the development of mindfulness (Kumar, 2002). By being aware of these limitations, we also develop compassion for ourselves while strengthening compassion towards others.

In Buddhist psychology, both empathy and compassion are thought to arise from the understanding of the impermanence of life experiences and the acknowledgment that suffering is inevitable among all sentient beings (Morgan & Morgan, 2005). Although these two concepts appear to be similar, it is important to note the distinctions between them as these terms are often used interchangeably. Morgan and Morgan state that “compassion refers to the awareness and feeling for the suffering of others, whereas empathy encompasses all the feelings of others, not just their struggles” (2005, p. 81). Rogers’ (1961) traditional definition of empathy is the “accurate understanding of the [patient’s] world as seen from the inside. To sense the [patient’s] private world as if it were your own, but without losing the ‘as if’ quality – this is empathy” (p. 284).

The purpose of this chapter was to provide relevant background information related to mindfulness, comment on the significance of therapist mindfulness, and discuss the theoretical underpinnings grounded in Buddhism. The following chapters will review the relevant literature related to mindfulness and therapeutic practice, discuss the epistemological framework and methodology used, report on and interpret the findings of this study, as well as discuss strengths and limitations and recommendations for future research.

CHAPTER 2: REVIEW OF THE LITERATURE

This section reviews relevant literature on mindfulness and its applications to therapy. First, I define mindfulness according to various researchers. Second, I describe the ways in which one can practice mindfulness. Third, I discuss the use of mindfulness-based training and interventions. I describe the main mindfulness-based training programs, MBSR, MBCT, DBT, and ACT, in more detail. Fourth, I review relevant literature on therapist mindfulness and its applications in therapy. In this discussion, I focus on mindfulness and (a) therapeutic relationship, (b) empathy, (c) attention and awareness, (d) acceptance, and (e) client outcomes in therapy.

Definition of Mindfulness

The concept of *mindfulness* dates back at least 2,500 years and is the core teaching of Buddhist psychology. However, in contemporary psychology, mindfulness has been adopted as an approach for enhancing mental and physical well-being. The most commonly used definition of mindfulness is, “paying attention in a particular way, on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p. 4). Grossman, Niemann, Schmidt, and Walach (2004, p. 36) state that mindfulness is “characterized by dispassionate, non-evaluative, and sustained moment-to-moment awareness of perceptible mental states and processes. This includes continuous, immediate awareness of physical sensations, perceptions, affective states, and imagery.” Other definitions of mindfulness include, “a receptive attention to and awareness of present events and experience” (Brown, Ryan, & Creswell, 2007, p. 212); “a kind of elaborative, non-judgmental, present-centred awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is” (Bishop et al., 2004, p. 232);

and “keeping one’s complete attention to the experience on a moment-to-moment basis” (Marlatt & Kristeller, 1999, p. 68). This quality of non-attached, present-centred awareness allows for freedom from one’s habitual ways of viewing the self and the world, and this awareness can be cultivated, sustained, and integrated into everything that one does (Hick, 2008).

Germer (2005a, p. 6) describes the important distinctions when using the term mindfulness: “the word mindfulness can be used to describe a theoretical construct (mindfulness), a practice of cultivating mindfulness (meditation or other practices), or a psychological process (being mindful).” Three elements of mindfulness generally described in most discussions of psychotherapy and Buddhist literature are: (1) awareness, (2) of present experience, (3) with acceptance (Germer, 2005a).

Ultimately, the concept of mindfulness cannot be fully captured in words since it must be experienced to be understood (Gunaratana, 2002; Hick, 2008). Although it appears to be a deceptively simple concept in writing, it is difficult to characterize the state of mindfulness accurately.

Practicing Mindfulness

The practice of mindfulness is based on an ongoing discipline, consisting of meditation practice and/or other activities that elicit present-moment awareness. It involves both formal and informal mindfulness training (Germer, 2005a; Kabat-Zinn, 1990). Formal mindfulness training refers to mindfulness meditation practices in which one sustains attention on an object, such as the breath or body sensations, and is accepting of whatever comes into the field of awareness. Informal mindfulness training refers to the application of mindfulness skills in everyday life. Any exercise that brings attention to the present moment with acceptance cultivates mindfulness.

Examples of informal mindfulness practices include directing attention to one's breathing, listening to sounds in the environment, labelling feelings, mindfully eating, and so on.

There are countless mindful strategies and exercises that can be implemented and any activity can be done mindfully. For instance, in Mindfulness-Based Stress Reduction (MBSR), mindfulness is practiced while lying down, sitting, doing yoga postures, walking, standing, and eating (Kabat-Zinn, 1990). Intentionally anchoring attention through mindfulness training enables mindfulness practitioners¹ to become aware of the mental events capturing their attention at any given moment. Mindfulness practitioners can therefore note sensations, thoughts, and feelings that arise from moment-to-moment and relate to them differently – without judging, analyzing, grasping, or suppressing them (Germer, 2005b).

Mindfulness-Based Training/Interventions

Here, I describe mindfulness-based training and interventions most commonly utilized in Western healthcare. Although this study is not directly focused on mindfulness-based training/interventions and their effectiveness, describing them provides a useful context for the discussion of therapist mindfulness.

In 1979, Jon Kabat-Zinn established the Center for Mindfulness at the University of Massachusetts Medical School where he and his colleagues pioneered the MBSR program. Kabat-Zinn's work is significant to our discussion since the success of MBSR initiated widespread interest in mindfulness training and mindfulness-based therapies in the Western world. I describe MBSR in more detail below.

¹ “Practitioner” refers to any individual who engages in mindfulness practices/training.

Salmon and colleagues (1998) documented 240 mindfulness-based intervention programs, and the number has grown since then. Mindfulness-based interventions are shown to be effective in numerous settings and in treating various health conditions, such as chronic pain (Kabat-Zinn, 1990), stress (Shapiro et al., 1998), depression (Segal et al., 2002), eating disorders (Kristeller & Hallett, 1999), and suicidal behaviour (Linehan, Amstrong, Suarez, Allmon, & Heard, 1991).

In another study, Grossman et al. (2004) performed a comprehensive review and meta-analysis of health-related studies employing MBSR training. Improvements were consistently seen across a spectrum of standardized mental health measures, including psychological dimensions of quality of life scales, depression, anxiety, coping style, and other affective measures. Similar benefits were also found for measures of physical well-being, such as medical symptoms, sensory pain, and physical impairment.

Additionally, mindfulness training may significantly improve psychological well-being among mental health professionals, and subsequently, their ability to care for clients (Shapiro et al., 2007). Shapiro and colleagues found that therapists who participated in an eight-week mindfulness training reported decreased anxiety, negative affect, and rumination while increasing positive self-regard and self-compassion. Moreover, mindfulness training may reduce reported psychological distress and job burnout while improving satisfaction with life among health-care professionals (Shapiro et al., 2005).

I review the four main mindfulness-based training programs in more detail below: (1) Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982); (2) Mindfulness-Based Cognitive Therapy (MBCT; Segal et al., 2002); (3) Dialectical Behavioural Therapy (DBT;

Linehan, 1993); and (4) Acceptance and Commitment Therapy (ACT; Hayes et al. 1999).

Although some elements of MBSR training may be implemented in therapy, it is not classified as a therapy program and should not be confused with mindfulness-based psychotherapy. However, the other three programs listed above are considered mindfulness-based psychotherapy programs.

Mindfulness-Based Stress Reduction

As mentioned above, the introduction of MBSR (Kabat-Zinn, 1982) sparked significant interest in the clinical applications of mindfulness over the last two decades. MBSR's objectives are to teach participants to become more aware of, and relate differently to thoughts, feelings, and body sensations by cultivating non-judgmental observation of all stimuli entering their field of awareness (Kabat-Zinn, 1990; Shapiro, Astin, Bishop, & Cordova, 2005). Moreover, twenty-five years of clinical research has documented that MBSR is effective for reducing distress and enhancing well-being in individuals with a variety of medical and psychiatric conditions (Baer, 2003; Grossman et al., 2004).

The MBSR program is an eight-week structured program with weekly two-and-a-half hour sessions. Participants are taught the following meditative practices: (1) "Sitting Meditation" which involves awareness of body sensations, thoughts, and emotions while continually returning the focus of attention to the breath; (2) "Body Scan," a progressive movement of attention through the body from toes to head observing any sensations in the different areas of the body; (3) "Mindful Movement" which consists of gentle movements and postures performed to enhance greater awareness of physical sensations; (4) "Three-Minute Breathing Space," a three-minute meditation in which individuals first become aware of their

experience (physical sensations, emotions, and thoughts), then focus their attention on the breath, and lastly, bring awareness to the body as a whole (Segal et al., 2002); and (5) “Loving-kindness meditation,” a meditation consisting of phrases to develop greater compassion for self, others, and all living beings.

In addition to the formal meditation practices, didactic presentation and discussion emphasizes how to incorporate mindfulness into daily life (MBSR; Kabat-Zinn, 1982, as cited in Shapiro, Oman, Thoresen, Plante, & Flinders, 2008, p. 846). In addition to the in-class meditation practices, participants are instructed to practice daily for 30-45 minutes. They also receive homework and other informal mindfulness practices that they are instructed to complete on a daily basis. As such, this program requires a great deal of commitment from participants.

Mindfulness-Based Cognitive Therapy

MBCT (Segal et al., 2002) is a treatment program that was originally developed to help prevent individuals from entering depressive relapse. It is based on aspects of CBT for depression (Beck, Rush, Shaw, & Emery, 1979) and mindfulness practices from MBSR, without the mindful movement and with the Three-Minute Breathing Space as a core component (Germer, 2005b; Segal et al., 2002). The core skill taught in MBCT is the ability to recognize and disengage from habitual (automatic) dysfunctional cognitive routines, such as ruminative thought patterns, that could lead to depressive relapse. Like MBSR, it is an eight-week structured program that includes daily homework and practices. Participants are taught to cultivate an open and accepting attitude when responding to difficult or uncomfortable experiences. *Decentering*, a core concept taught in MBCT, is characterized by becoming aware of thoughts, feelings, and sensations as passing (impermanent) mental events (Segal et al., 2002). Moreover, MBCT

teaches participants to observe their thoughts and feelings while letting them go, rather than “disputing” them as clients might do in traditional cognitive therapies (Germer, 2005b).

Dialectical Behavioural Therapy

DBT (Linehan, 1993) was originally developed to treat chronically suicidal individuals suffering from borderline personality disorder (BPD). Research has demonstrated that DBT has shown efficacy in reducing parasuicidal behaviors (i.e., intentional self-injury and suicide attempts), length and frequency of hospitalization, and treatment drop out, as well as in improving anger regulation, and global and interpersonal functioning (Linehan et al., 1991; Linehan, Heard, & Armstrong, 1993; Linehan, Tutek, Heard, & Armstrong, 1994).

DBT includes components of cognitive and behavioural therapies as well as acceptance strategies adopted from Zen teachings (Linehan et al., 1999). It consists of four modules: mindfulness skills, interpersonal effectiveness, emotion regulation, and distress tolerance. Mindfulness skills are taught in all four modules and include counting the breath, focusing awareness on present activity, labelling feelings, letting thoughts slip in and out (“Teflon-mind”), practicing non-judgment, practicing radical acceptance of feelings, and imagining that the mind is like a big sky, where thoughts and feelings pass by (Germer, 2005b). Treatment is delivered in the form of weekly individual psychotherapy sessions, group skills training sessions, and phone coaching sessions (Linehan et al., 1999).

Acceptance and Commitment Therapy

ACT (Hayes et al., 1999) is based on the idea that psychological rigidity is the root cause of a wide range of problems. Thus, it aims to increase psychological flexibility and the ability to

contact the present moment more fully while pursuing a meaningful life (Hayes et al., 1999). The six core processes of ACT are: (1) acceptance, which is taught as an alternative to experiential avoidance; (2) cognitive diffusion, attempting to change the way one interacts with or relates to thoughts; (3) being present, which promotes ongoing, non-judgmental contact with the environment and one's psychological processes; (4) self as context, which means being aware of one's own flow of experiences without attachment or investment in which particular experiences occur; (5) values, which are chosen qualities of purposive action; and (6) committed action, involving effective action towards chosen values (Hayes, Strosahl, & Houts, 2005). There are over 100 ACT skills to choose from and many include teaching metaphors and experiential exercises (Germer, 2005b).

Relationship between Mindfulness and Humanistic Therapy

There are several constructs stemming from Humanistic psychotherapy traditions that are similar to those described in mindfulness traditions. It is relevant to this study to review and consider these parallel constructs from Humanistic traditions since they are central to modern psychotherapy. As well, there is a substantial body of research that supports the effectiveness of Humanistic therapies (e.g., Elliott et al., 1999; Elliot, 2002; Greenberg, Elliott, & Lietaer, 1994; Paivio & Greenberg, 1995; Rogers, 1954; Sachse & Elliott, 2002; Schneider, Bugental, Pierson, 2001). Therefore, the findings of this study may also contribute to our understanding of these foundational counselling constructs and present further implications for the integration of mindfulness in therapy.

The roots for Humanistic psychotherapy were first planted with Carl Rogers' "Newer Concepts in Psychotherapy" presentation in 1940 (Cain, 2002), in which Rogers illustrated the

importance of listening, empathic attunement, and the impact of a positive therapeutic relationship on the client's well-being and growth. For decades, almost all graduate training programs in clinical and counselling psychology have emphasized the importance of developing empathic and relational skills (Cain, 2002). Further, in the last 60 years, we have seen the development of a number of humanistic therapies, such as Emotion-Focused Therapy, Gestalt Therapy, Existential Therapies, and others, all of which incorporate some of Rogers' basic principles and practices. In the following section, I discuss several relevant constructs from Humanistic traditions that demonstrate similarities to aspects of mindfulness.

Present-Moment Awareness

From a Humanistic perspective, adopting presence is viewed as a foundational element of therapy as well as a powerful healing component (Geller & Greenberg, 2002). Attending to the *here-and-now* is a process emphasized in Gestalt therapy, which aims to facilitate the client's awareness and contact with their present-moment experience (Watson, Greenberg, Lietaer, 1998). Fritz Perls asserted that the present moment is the only reality, and if one is not living in the immediate present, there are three other possibilities – remembering, anticipating, and fantasizing – all of which involve stepping out of the present (Whitton, 2003). From a Gestalt perspective, it is just as important that the therapist adopts the same quality of self-awareness, and, in turn, models present-moment awareness for the client.

Similarly, *therapeutic presence*, a key component in Existential therapies, denotes being fully aware of the moment and directly encountering the client's experience with one's whole being – on physical, emotional, mental, and visceral levels (Elliot, Watson, Goldman, & Greenberg, 2004). Therapeutic presence also includes a stance of awareness and acceptance of

oneself while being with the client. Elliot and colleagues (2004) provide the following description of therapeutic presence:

“Therapeutic presence involves feeling intimately engaged in the experience of each moment with the client, with an expanded sense of awareness of the subtleties and depth of the experience of each moment. The therapist experiences a melding with the client and a loss of spatial boundaries while maintaining a sense of center and grounding within self in that shared space. A sense of love and respect is felt toward the other as the therapist meets the client in a way that is with and for the client's healing.” (p. 75)

Thus, therapeutic presence is similar to therapist mindfulness since it emphasizes the therapist becoming aware, open, and accepting of his/her in-the-moment experiences with an attitude of kindness and compassion towards the self and the client (Geller & Greenberg, 2002).

Genuineness

Genuineness is based on therapeutic presence and it consists of two aspects: (1) *wholeness*, which involves integrity, being coherent, and having a friendly relationship with oneself; and (2) *authenticity*, which refers to being honest, real, unpretentious, and a direct confrontation of one's own experiences (Greenberg, Rice, & Elliott, 1993). Therefore, the Humanistic concept of genuineness and mindfulness share similarities since they both involve an open, kind, and direct acknowledgement of one's lived experiences.

Empathic Listening and Responding

Although the concept of empathy will be briefly described and defined later on, I add to the discussion of empathy here as it relates to listening and responding within a Humanistic framework. Over 60 years of research consistently demonstrates that therapist empathy is the

strongest predictor of client progress and that it is an essential component of successful therapy across every therapeutic approach (Watson, 2002).

Rogers' (1965) definition of empathy as the ability to accurately perceive another person's internal world, describes empathy as both an emotional and cognitive process (Watson, 2002). Rogers (1975) suggested that therapists could demonstrate empathic responding through reflecting clients' feelings, which is a highly complex process. It involves listening attentively to the nuances of the clients' messages, distilling the essential meanings of their comments, and responding in a way that reflects this deep understanding. As expected, this type of empathic listening and responding requires a great deal of concentration and attention to the present moment. This is where mindfulness comes in as practicing mindfulness has been shown to improve concentration (Walsh & Shapiro, 2006; Young, 1997) and attention (Jha et al., 2007; Valentine & Sweet, 1999).

However, there are distinctions between the construct of empathy as it relates to Humanistic traditions and conventional psychotherapy training versus the construct of compassion that is often described within Buddhist traditions. Although both empathy and compassion are concerned with relating to and caring for others, they are distinct terms that may be used in different contexts. Empathy is often described in Humanistic traditions as understanding and relating to the emotional experience of another person (Elliott, Bohart, Watson, Greenberg, 2011). Empathy also includes the cognitive ability to take on the perspective of another, as well as the ability to understand and experience similar emotions (Kristeller & Johnson, 2005). Whereas, in Buddhist traditions, compassion is thought to arise from the understanding of the impermanence of life experiences and the acknowledgment that suffering is inevitable among all sentient beings (Morgan & Morgan, 2005). Kristeller & Johnson (2005)

suggest that “the Buddhist sense of compassion is distinguished by a focus on those who are suffering by suspending one’s sense of self” (p. 393). As Morgan & Morgan (2005) put it, “compassion refers to the awareness and feeling for the suffering of others, whereas empathy encompasses all the feelings of others, not just their struggles” (p. 81).

Compassion and empathy can also be invoked through a distinct set of practices. The embodiment of disciplined practice and principles within the Buddhist framework give rise to compassion as a quality of mind. Yet, in the context of Humanistic therapy, therapists engage in more active interventions within the therapeutic realm in order to convey empathy to clients.

The Integration of Mindfulness and Humanistic Therapy

As the efficacy of Humanistic therapy approaches has been well-documented in the literature since the late 1940s (e.g., Elliott et al., 1999; Elliot, 2002; Greenberg, Elliott, & Lietaer, 1994; Paivio & Greenberg, 1995; Rogers, 1954, Sachse & Elliott, 2002; Schneider, Bugental, Pierson, 2001), this poses questions of how aspects of mindfulness might add to our current understanding of these foundational counselling concepts and the potential to integrate mindfulness with other theoretical approaches. In fact, Geller (2004) proposes that mindfulness can be implemented as an adjunct to Experiential psychotherapy. As well, Martin (1997) proposes mindfulness as a common factor and suggests it has implications on therapist decision-making among all theoretical orientations. Due to the similarities between states of mindfulness and the Humanistic constructs mentioned, it reasonably follows that mindfulness practice could enhance the demonstration of these Humanistic therapy variables, such as therapeutic presence, empathy, listening, and genuineness. However, as previously mentioned, there is a distinction between the qualities of mind that arise in the wake of mindfulness practice versus those comparable concepts in Humanistic traditions. The important distinction lies in the daily,

disciplined formal practice that follows the theoretical principles of Buddhism (see Theoretical Framework section). In this way, practicing mindfulness becomes a way of being, integrated into the entirety of one's life, as opposed to a way of providing therapy through a deliberate set of practices in the therapeutic setting.

The Effects of Therapist Mindfulness

This section discusses the theorized benefits of and research on mindfulness training for therapists. The following elements of therapeutic practice will be reviewed in relation to therapist mindfulness: (1) therapeutic relationship; (2) empathy; (3) awareness and attention; (4) acceptance; and (5) client outcomes.

Therapeutic Relationship

Most current research on mindfulness-based therapy focuses on the effectiveness of various mindfulness techniques and treatments, while there is little research on the effects of mindfulness training on therapists (Fulton, 2005; Hick & Bien, 2008; Stanley et al., 2006). As Hick (2008, p. 12) put it, “the focus of mindfulness research has been on development and testing of ‘brand-name’ mindfulness-based interventions, such as MBSR, MBCT, and ACT.” Moreover, there is even less research that examines the relationship between therapist mindfulness and the *therapeutic relationship*. This is an important dimension of mindfulness-based research since mindfulness training may be beneficial for psychotherapists of any theoretical position in developing skills that influence the therapeutic relationship – the factor that has been shown to account for the most success in therapy (Fulton, 2005; Hubble et al., 2010).

Reviews of decades of outcome research and a number of meta-analyses estimate that only about 15% of the variance of treatment outcomes is due to the model and methods employed by therapists, whereas 30% is attributable to the therapeutic relationship (Hubble et al., 2010; Lambert, 1992; Shapiro & Shapiro, 1982). Some studies even suggest that the amount of change attributable to the therapeutic relationship is five to seven times greater than that of specific models or techniques (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000; Wampold, 2001). By summarizing sixty years of therapy outcome research, Lambert and Ogles (2004) concluded that variables measuring the effects of the therapeutic relationship consistently correlate more highly with client outcomes than specific therapy techniques. Hence, it follows that, for successful therapy, there should be increased efforts towards developing a positive therapeutic relationship, rather than primarily focusing on methods of specific therapeutic interventions.

Hick (2008) suggests that for therapists, an ongoing mindfulness practice can cultivate abilities to pay attention with empathy, presence, and deep listening. This is where the utility of mindfulness training for therapists comes in since the qualities that clients attribute to therapists in positive therapeutic relationships include empathy, warmth, understanding, and acceptance (Lambert & Barley, 2002). Some researchers have suggested that the benefits of mindfulness, such as the cultivation of attention, empathy, compassion, therapeutic presence, and more openness towards the concept of suffering, could positively influence psychotherapy (e.g., Aiken, 2006; Chung, 1990; Henley, 1994; Thompson, 2000; Tremlow, 2001; Wang, 2007). Moreover, Hick (2008) suggests that mindfulness deepens the awareness of, and attention to, the self and of other beings, thus enabling therapists to be present to the clients' experiences rather than assessing clients from the stance of the objective "expert." Therapist mindfulness, then, may

help foster beneficial relational qualities that may strengthen the therapeutic relationship, and, in turn, positively impact treatment outcomes.

In one of the few studies examining mindfulness and therapeutic relationship, Wexler (2006) investigated the relationship between therapist mindfulness and the quality of the therapeutic relationship from both the client's and therapist's perception. Therapist mindfulness was measured using the Mindfulness Attention Awareness Scale (MAAS; Brown & Ryan, 2003), and therapeutic relationship was assessed using the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). Data from 19 therapist-client dyads showed a significant positive correlation between both the client's and therapist's perception of the relationship with therapist mindfulness. In other words, Wexler's study suggested that a higher level of therapist mindfulness was associated with a more positive view of the therapeutic relationship by both client and therapist.

However, a different study's findings indicated that the relationship between therapist mindfulness and therapeutic alliance was not significant (Bruce, 2006). Bruce's study was part of a larger randomized, multi-site clinical trial called Research Evaluating the Value of Augmenting Meditation with Psychotherapy (REVAMP). Twenty REVAMP therapists completed The MAAS (Brown & Ryan, 2003) and the Five Factor Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) in order to measure levels of mindfulness. The mindfulness scores were correlated with alliance measures for patients in each therapist's caseload. The findings showed no relationship between self-reported measures of mindfulness and the strength of the therapeutic alliance.

As well, one study investigated the relationship between self-reported levels of mindfulness and therapists' awareness of countertransference (Kholooci, 2008).

Countertransference can be defined as therapists' idiosyncratic reactions (sensory, affective, cognitive, and behavioural reactions) to clients that are based primarily in therapists' own personal biases or difficulties (Gelso & Carter, 1985). Management of countertransference is an important relational skill for therapists since it may lead to responding to clients with less reactivity and defensiveness as well as more equanimity in the face of difficult emotions. In Kholooci's study, 203 psychologists and trainees completed the FFMQ (Baer et al., 2006) to measure their levels of mindfulness. As well, they completed the Countertransference Questionnaire (CTQ; Zittel & Westen, 2003) to measure their awareness of countertransference. Results showed a significant inverse relationship between levels of mindfulness and countertransference awareness, suggesting that the more mindful therapists perceived themselves to be, the less aware they were of their countertransference.

Given the mixed results of these few studies, it appears that research on the relationship between therapist mindfulness and therapeutic relationship is not only scarce, but at this point, inconclusive.

Empathy

The concept of *empathy* has received significant attention in psychotherapy literature. Research has consistently shown that effective therapists are distinguished by their ability to relate to their clients (Lambert & Barley, 2001). Carl Rogers (1957) emphasized the curative nature of *empathic understanding* which is the degree to which the therapist is successful in communicating awareness and understanding of the client's current experience. Moreover, empathy accounts for as much, and probably more, outcome variance than specific interventions do (Bohart, Elliot, Greenberg, & Watson, 2002).

Although there are various definitions of empathy among different theoretical paradigms, (Bohart, 1991; Bohart & Greenberg, 1997; Batson, 2009), the two therapeutic approaches that have most focused on empathy – client-centered and psychoanalytic – have emphasized understanding the client’s frame of reference and way of experiencing the world (Elliott et al., 2011). Other definitions include empathy as a trait or response skill (Truax & Carkhuff, 1967), as an identification process of “becoming” the experience of the client (Mahrer, 1997), and as a hermeneutic interpretive process (Watson, 2001). Although the definition of empathy is not consensual, most of the empirical research on empathy has followed Rogers’ (1957) discussion of empathy as one of the “necessary and sufficient conditions of therapeutic personality change” (p. 95). Since virtually every approach in psychotherapy acknowledges the importance of empathy as a relational process, it has become a key component for most psychotherapy or counselling training programs (Walsh, 2008).

Despite the importance of empathy in the therapeutic relationship, there is a lack of evidence that it can be taught (Fulton, 2005). In addition, therapist attitudes such as warmth, acceptance, unconditional positive regard, and genuineness are found to be difficult to teach as skills (Lambert & Simon, 2008). Yet, researchers are increasingly promoting mindfulness training as a way to develop empathy among therapists, and preliminary studies are showing promising results (e.g., Aiken, 2006; Andersen, 2005; Fulton, 2005; Shapiro et al., 1998; Sweet & Johnson, 1990; Wang, 2007). Walsh (2008) states that if empathy is a relational endeavour, it involves not only deep listening and reflecting back the client’s experience, but also reflecting on the therapist’s own position and biases. As such, self-awareness plays a crucial role in any empathic endeavour. It follows that mindfulness, a process of nonjudgmental acceptance of one’s

experiences, evenly hovering attention, and repeated return to the present moment, could be an ideal vehicle for fostering empathy.

In one study investigating the effects of mindfulness training on therapist empathy, Aiken (2006) used a qualitative approach to interview 6 therapists with extensive mindfulness practice (over 10 years). Interviews indicated that mindfulness contributed to therapists' abilities to sense their clients' inner experiences, communicate his/her awareness of that felt sense, be more present to the suffering of their clients, and to help clients become aware of and describe their bodily sensations and feelings. These interviews also revealed that mindfulness training may influence the development of an empathetic orientation among therapists.

In another study, Shapiro and colleagues (1998) investigated the short-term effects of MBSR training on premedical and medical students. Levels of empathy were measured by the Empathy Construct Rating Scale (ECRS; La Monica, 1981), which consists of 42 items to provide a measure of overall empathy. The results indicated that the students who participated in the MBSR training showed increased levels of self-reported empathy than a wait-list control group.

Similarly, Wang (2007) examined whether therapists' personal practice of mindfulness meditation had an impact on levels of empathy. This study employed a causal-comparative methodology, with mixed methods of data collection. Data collection included the use of the MAAS (Brown & Ryan, 2003), Balanced Emotional Empathy Scale (BEES; Mehrabian, 1996), and in-depth interviews in order to assess the relationship between therapist mindfulness and empathy. The results indicated that therapists who were experienced meditators scored higher on measures of self-reported empathy than therapists who did not meditate.

Although there are few studies examining the relationship between therapist mindfulness and empathy, the preliminary research in this area is promising. A number of studies indicate that mindfulness training may assist therapists and other health-care professionals in cultivating higher levels of empathy.

Awareness and Attention

Brown and Ryan (2004) point out the distinctions between two central terms related to mindfulness – *attention* and *awareness*. Awareness refers to the subjective experience of internal and external phenomena, while attention is the focusing of awareness to highlight aspects of our subjective reality in any given moment. Moreover, awareness and attention are the primary features of consciousness (Averill, 1992; Mayer, Chabot, & Carlsmith, 1997). Consciousness serves the two functions of monitoring events and experiences as they unfold and directing or controlling the contents of consciousness (Westen, 1999). The process of being mindful can be characterized as a quality of consciousness since it involves the monitoring and observing capacity of consciousness.

Mindfulness practice involves bringing the mind back to the present moment an infinite number of times during a given practice session (Morgan & Morgan, 2005). This strengthens the capacity of the mind to attend to any mental object in a sustained and concentrated way (Reiman, 1985; Valentine & Sweet, 1999). Therefore, practicing therapists may be more proficient at practicing “presence” in their sessions regardless of the content of their therapeutic experiences, enabling them to sustain attention in therapy to their clients as well as cultivate greater self-awareness.

There are a few studies that investigate the effects of mindfulness training on attention (Jha, Krompinger, & Baime, 2007; Valentine & Sweet, 1999). However, to my knowledge, no studies have been conducted that directly examine the relationship between therapist mindfulness and attention.

Acceptance

From a mindfulness perspective, *acceptance* refers to a willingness to let things be as they are in the moment we become aware of our experiences (Germer, 2005a). By attending to passing mental states with acceptance, practitioners also learn that emotional states are temporary, and can be received without fear or judgment (Morgan & Morgan, 2005). Acceptance involves an intentional openness to one's experiences without attempting to diminish, suppress, or change it (Wilson & Sandoz, 2008). This attitude of acceptance is particularly important for therapists since it is essential to maintain openness and positive regard towards clients in the midst of intense emotions and challenging experiences. Over time, therapists practicing mindfulness may develop greater acceptance of themselves and their clients, enhancing their capacity to be receptive of difficult emotional content in therapy (Fulton, 2005). Some mindfulness-oriented clinicians use Tara Brach's concept of "radical acceptance" as a part of their practice (Brach, 2003; Linehan et al., 1993). Radical acceptance comes from the idea that it is radical to fully accept and allow ourselves to embrace negative experiences.

Mindfulness and Client Outcomes

Since the literature points to numerous benefits of therapist mindfulness on therapeutic practice, it seems probable that therapist mindfulness would also be linked to improved treatment

outcomes in clients. However, to my knowledge, there is only one study that provides evidence of this.

Grepmaier et al. (2007) used a controlled, large-scale study to examine the extent to which promoting mindfulness in psychotherapists-in-training influences the outcomes of their clients' therapy. The researchers compared the outcomes of clients' therapy for 18 different therapists. Nine of the therapists underwent a nine-week meditation course in which they meditated on a regular basis and nine did not take any meditation course and did not meditate at all. These conditions were randomly assigned to the therapists. Client outcomes were assessed using the Session Questionnaire for General and Differential Individual Psychotherapy (STEP; Krampen, 2002), the Questionnaire of Changes in Experience and Behavior (VEV; Zielke & Kopf-Mehnert, 1978) and the Symptom Checklist (SCL-90-R; Franke, 2002). The clients of the meditating therapists showed greater symptom reduction, better assessments of their progress, greater rate of change in therapy, and more positive subjectively perceived results of therapy. This study suggests that promoting mindfulness in psychotherapists-in-training could result in more positive therapeutic outcomes in clients.

Contrastingly, two other studies do not suggest there is a relationship between therapist mindfulness and client outcomes. Stanley et al. (2006) investigated the relationship between trait mindfulness among 23 doctoral-level clinical psychology trainees and treatment outcomes of 144 clients in a university community clinic. Levels of therapist mindfulness were assessed by the MAAS (Brown & Ryan, 2003). Client outcomes were assessed by the Clinical Global Impressions scale (CGI; Guy, 1976) which gives an index of overall symptom severity and improvement as well as the Global Assessment of Functioning scale (GAF; DSM-IV; American Psychiatric Association, 1994) which allows the therapist to rate client's overall symptom

severity and/or general functioning. Surprisingly, levels of therapist mindfulness were inversely correlated with client outcomes, meaning that the more mindful therapists are, the worse the client outcomes.

These findings are consistent with another study by Stratton (2006) that also examined the relationship between therapist mindfulness and client outcomes. Therapist mindfulness was measured using the MAAS (Brown & Ryan, 2003) and the Mindfulness/Mindlessness Scale (MMS; Bodner & Langer, 2001). Client outcomes were measured by the Outcome Questionnaire 45 (OQ-45; Lambert et al., 1996). The results did not support a correlation between therapist mindfulness and client outcomes.

Thus, research on the relationship between therapist mindfulness and client outcomes is not only in its infancy, but at this point, findings are inconclusive in determining whether a correlation between therapist mindfulness and client outcomes exist.

Purpose of the Study

Although there is little research on the relationship between therapist mindfulness and therapeutic practice, preliminary research suggests that therapist mindfulness may enhance therapy in a variety of ways by developing more empathy among therapists (Aiken, 2006; Shapiro, Schwartz, & Bonner, 1998; Wang, 2007), improving the therapeutic relationship (Wexler, 2006), and positively impacting treatment outcomes (Grepmaier et al., 2007). Further, researchers theorize that therapist mindfulness may be useful in the development of important therapist attitudes and skills, such as attention, awareness, acceptance, and non-judgment (Fulton, 2005; Germer, 2005a; Hick, 2008; Morgan & Morgan, 2005). As such, the purpose of this study was to explore whether and in what ways mindfulness training could shape the therapeutic practices of therapists. More specifically, the primary research question explored

was: what changes in their therapeutic practice, if any, do therapists experience after completing mindfulness training? The secondary research question is: what instances in session, if any, do therapists experience that they associate with mindfulness?

This study adds to the preliminary research on therapist mindfulness since I documented the participants' reported experiences associated with mindfulness and therapy, as well as examined if aspects related to mindfulness were integrated into therapeutic practice after therapists engaged in mindfulness training.

CHAPTER 3: METHODOLOGY AND DATA ANALYSIS

Epistemology: Hermeneutic Phenomenology

The epistemological position of the present study is based on *hermeneutic phenomenology*. Hermeneutic phenomenology attends to the philosophies of both hermeneutics and phenomenology as it is concerned with lived human experience (phenomenology) and interpreting the “texts” of life (hermeneutics) (Creswell, 2007). Phenomenological research is about lived experience and involves exploration of participants’ “felt sense” as well as their experience of “how it is” and “what it is like” within a particular phenomenon (Willig & Billin, 2012).

Hermeneutics adds the interpretive element to explicate meanings and assumptions in the data by accounting for the historical context from which the text² originated (Ajjawi & Higgs, 2007). The tradition of hermeneutics first emerged in protestant theology to interpret ancient religious texts (Lindseth & Norberg, 2004). This approach emphasizes how prior understandings and prejudices shape the interpretive process when analyzing texts (Denzin & Lincoln, 2005). According to Heidegger (1927/1962), humans become situated within their particular historical contexts and this dictates their understandings of the world and ways of being. As such, each human experience is interpreted based on an individual’s background and historical context, and this must be accounted for in order to make sense of meanings attributed to these experiences.

The *hermeneutic circle* is a metaphor for this process of understanding and interpretation. It is viewed as the back and forth movement between parts (data) and the whole (evolving

² Note that “text” not only refers to the written transcripts, but also includes observations, field notes, and any other sources of data.

understanding of the phenomenon), with the reading of each of these elements giving more meaning to the other (Ajjawi & Higgs, 2007). As more passes are made through the circle, understanding becomes an iterative process that is constantly expanding.

Using a Hermeneutic Phenomenological Approach for this Study

For this study, I used a hermeneutic phenomenological framework to investigate each of the participants' unique experiences in therapy and in their mindfulness practices. A phenomenological orientation is particularly suitable for the exploration of an experience such as mindfulness which emphasizes a holistic awareness of one's subjective experience. As described in Chapter 1, the effects of therapist mindfulness, such as a practicing therapist's mindful presence in therapy as well as a mindfulness-informed therapeutic approach, are more implicit influences of mindfulness training and may not be overtly visible (Fulton, 2005). As such, these effects could be best illustrated by exploring the subjective accounts of individuals experiencing the phenomena in question.

In addition to adding an interpretive element to the research, the tradition of hermeneutics emphasizes that the understanding of human experiences emerges through the use of *language*. Thus, within this framework, it is understood that descriptive accounts of experiences are subject to variable interpretations. van Manen (1990) claims that the research process does not involve a specific structure, but rather researchers gain deeper understanding of the phenomena by dwelling with the data through the writing and re-writing process.

Therefore, by using this methodology, I developed rich accounts of the participants' experiences based on their own words, and interpreted the meaning of their texts in light of their life contexts. Moreover, I felt it was important to account for the participants' personal

experiences and beliefs that inform therapeutic work as well as the unique influences that drew each participant to mindfulness in the first place. For instance, significant contexts which may inform one's pre-understandings of mindfulness include any previous training in mindfulness or meditation practices, familiarity with literature on mindfulness and/or Buddhist psychology, travelling to Buddhist countries, and so on.

How I Understand Mindfulness and Therapy

In this section, I describe my own understanding of mindfulness and therapy based on my experiences, personal views, and beliefs. This provides the context for which I position myself in relation to this study. According to van Manen (1990), "it is better to make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories" (p.47). My own historical "situatedness" must also be considered throughout the research process in order to acknowledge how my frame of reference influenced my interpretation of the data. My age, gender, experiences with mindfulness, spiritual beliefs, etc. inevitably influenced what I noticed in the participants, what research questions I asked, and how I made sense of their reports.

I am a twenty-five-year-old female, currently pursuing a Master's of Arts in Educational Counselling. I was born and raised in Hamilton, Ontario, and currently live in Ottawa where I have been residing for the last three years. I was not raised with any particular religious or spiritual backgrounds.

Since I was a teenager, I have always gravitated towards various forms of improving self-awareness and personal development, whether it was through the act of journaling, pursuing various health and fitness-related goals, or choosing to study psychology throughout my education. My first introduction to the concept of mindfulness and meditation was when I was

twenty-years old (in 2008). I attended a meditation course delivered by a Buddhist nun in my hometown of Hamilton, Ontario. My mother and father had already attended her course and recommended this to me as a way of reducing stress and better managing difficult emotions. The formal meditation practices I recall being taught were the “loving-kindness meditation” as well as the “sitting meditation.” I recall that the course instructor taught us other meditation techniques, such as silently repeating “in” during the in-breath and “out” during the out-breath during meditation.

I certainly experienced something transformational after a few weeks of attending this course as I became better able to “sit” with difficult emotions and developed a greater awareness of my behaviours, thoughts, and feelings. At that time, I used meditation as a way to find stillness and reflect on significant aspects of my life. Therefore, meditation became a reflective practice for me that enhanced my awareness of my emotions, values, and the ways that various life events had affected me. I suppose I could say that this practice helped me “listen” to myself and become more aware of what I truly felt instead of avoiding my feelings. Although this practice was not “regular” or long-term by any means, I gained my first experiential understanding of meditation.

I did not continue any other meditation practices until I was twenty-two-years-old (2009), when I gradually became more interested in pursuing yoga. I started practicing yoga on a regular basis and revisited formal meditation. At this time, I started meditating more on my own as well, although my practice was sporadic and undisciplined. I used meditation as a way to feel more “relaxed” and grounded. However, the practice of yoga was a form of mindfulness practice that appealed to me because it combined the quality of mindful awareness with physical activity. I

gradually started becoming more conscious of aspects of mindfulness through the practice of yoga, unbeknown to me that I was practicing attitudes and skills related to mindfulness. For instance, I started becoming more aware of my breath and any physical tension held in my body, practicing an attitude of stillness and equanimity in the face of discomfort in various challenging yoga poses, and noticing and letting go of my own judgments towards myself as well as any inclinations to compare myself to others. The continuation of my practice eventually led me to pursue my Hatha Yoga Teacher Training in 2011. This was an intensive training that was 200 hours and over the span of one month. During this training, I practiced various meditations, such as the loving-kindness meditation, sitting meditation, and body scan. As well, concepts derived from Buddhist and Hindu philosophies were discussed as my teacher was also a practicing Buddhist.

A word on yoga. *Yoga*, a physical and spiritual practice, is characterized as a form of meditation (Kabat-Zinn, 1990; Salmon, Lush, Jablonski, & Sephton, 2009). In Sanskrit, “yoga” literally means to “yoke” or “unify.” Thus, it can be conceptualized as the interconnectedness of mind, body, and spirit. The series of physical postures in yoga are collectively referred to as *asanas*, and in Western contexts, yoga has been associated almost exclusively with them. However, asanas are the most basic components of what is characterized as the “Eight Limbs of Yoga,” a series of stages embodying spiritual and ethical principles of behavior and meditative states developed by the Indian sage, Patanjali, in a compilation of writings known as the *Yoga Sutra* around 200 AD (Desikachar, 1999).

In addition to the completion of my Hatha Yoga Teacher Training, I became more familiar with the literature on mindfulness. In early 2011, I read both *Full Catastrophe Living*

(1990) and *Wherever You Go There You Are* (1994) by Jon Kabat-Zinn. I eventually determined that mindfulness was my desired area of study for my Master's thesis in Educational Counselling. Once I started my MA in fall 2011, I started reading even more on mindfulness and its application to therapy in preparation for writing my thesis proposal. The books I read included, *Mindfulness and the Therapeutic Relationship*, edited by Steven F. Hick and Thomas Bien (2008), *Mindfulness and Psychotherapy*, edited by Christopher K. Germer, Ronald D. Siegel, and Paul R. Fulton (2005), as well as various empirical articles on mindfulness.

In fall 2012, I enrolled in the Mindfulness Based Symptom Management (MBSM) course at the Ottawa Mindfulness Clinic – the same program that participants for this study completed. This program further enhanced my knowledge related to mindfulness and compelled me to start a regular meditation practice. During this training, I developed a daily meditation practice of at least thirty minutes and since then I have been meditating on a regular (almost daily) basis. At about the fourth week of the MBSM course, my daily meditation practice started feeling more habitual. I noticed it felt like a natural part of my daily routine as opposed to a chore. In fact, my regular mindfulness practice became something I looked forward to as I felt a number of benefits, such as increased relaxation, clarity of mind, greater self-awareness of thoughts and feelings, and more resilience in the face of challenging situations. What stood out to me towards the end of my training was that I became increasingly aware of instances of “mindlessness.” For instance, I am better able to recognize when my attention is drifting away from activities I am presently engaged in or if I am thinking unhelpful, negative thoughts about myself, others, or my present circumstances. I believe that by developing this enhanced awareness of my own mental states, I am better able to intentionally choose how I want to behave in certain situations and adopt more helpful attitudes towards challenging circumstances.

Over the last two years, I have also been teaching yoga classes at different locations in Ottawa. Currently, I am teaching yoga and meditation to corporate employees at a crown corporation on a weekly basis. I also have my own yoga practice that is almost daily as well. Through my experiences as a yoga teacher and practitioner, I have also met many avid yogis and other individuals who come from a Buddhist orientation. Therefore, mindfulness is significantly embedded into other areas of life outside of my academic pursuits.

As a counsellor-in-training, I have adopted mindfulness as one of my theoretical orientations to counselling. Through my supervised internship at the Paul Menton Centre, Carleton University, I taught several clients mindfulness-based interventions as well as introduced concepts related to mindfulness, such as self-compassion, acceptance, and “letting go” of things that are out of their control. I also delivered a presentation on mindfulness to clients enrolled at the Centre as well as co-facilitated a six-week Mindfulness for Academic Success Workshop with a colleague. As a result of my professional interests in mindfulness, I received several referrals for clients who were interested in mindfulness-oriented therapy during my internship. Although my internship is complete, I am currently working as a volunteer counsellor for the “From-Intention-to-Action” retention program through the Paul Menton Centre, where I am still integrating mindfulness into my therapeutic practice. I believe that my own personal practice and knowledge of mindfulness has informed my therapeutic practice in more implicit ways in addition to developing my repertoire of mindfulness-based skills for clients. For instance, practicing mindfulness helps me notice when my mind wanders off during a therapy session and I feel better equipped to bring my awareness back to the present moment. I also continuously remind myself to practice patience, non-judgment, and acceptance of my clients, particularly with those clients that I perceive to be frustrating or elicit negative reactions within

me. Moreover, I believe that practicing mindfulness helps me to let go of any “imperfections” or “mistakes” more easily when I am delivering therapy instead of dwelling on them. By simply being more presently engaged with clients, I am able to better connect with them and demonstrate more warmth in sessions. Throughout my internship and even still to this day, if I am experiencing more stress or difficult emotions than usual, I practice a short meditation in between sessions or during a lunch break. In terms of my professional development, I am pursuing a Mindfulness-Based Cognitive Therapy Professional Training in August, 2013 and intend to acquire even more training in mindfulness throughout my career.

It is important for me to note that not only do I have strong inclinations towards practicing and integrating mindfulness in my personal life, but I am heavily oriented towards mindfulness in my therapeutic approach as well. Due to the benefits of mindfulness training I have experienced as well as the benefits described in literature, I believe that mindfulness training can positively impact anyone in ways that are uniquely meaningful for each individual. The benefits of mindfulness, such as increased awareness and acceptance of one’s experiences, can lead to psychological freedom from gratuitous negative thinking and resistance towards certain experiences, as well as provide a gateway to developing more skillful habits for living intentionally and positively according to one’s own values.

Methods

Recruitment of Participants

I recruited four therapist participants who were enrolled in a Mindfulness-Based Symptom Management (MBSM) program for health-care professionals. This course was offered at a clinic in a major Canadian city. This clinic offers mindfulness training based on MBSR’s

protocol as well as professional training for health-care practitioners in delivering mindfulness-based interventions. The program coordinator of the clinic solicited participants by sending out an email recruitment invitation (see Appendix A, “Recruitment Invitation”) to the participants of the MBSM program. The notice directed prospective participants to contact the researcher or her thesis supervisor for more information regarding the study and the process for enrolling in the study. Additionally, I attended the information sessions given to prospective participants of the MBSM program in order to recruit participants prior to the program’s commencement. The co-founder of the clinic and co-instructor of the MBSM course, pre-approved the recruitment invitation prior to its dissemination.

Selection of Participants and Eligibility Criteria

I decided to recruit four participants after reviewing another qualitative study by Aiken (2006) that explored the relationship between mindfulness practice and empathy in six therapist participants. Based on the number of participants in Aiken’s study, I felt that four participants for my study was a feasible and adequate number given the time constraints of a Master’s thesis. Since phenomenological analysis is very time-consuming and intensive, researchers tend to work with a small number of participants in a given study (Willig & Billin, 2012). Moreover, hermeneutic phenomenology is concerned with developing in-depth descriptions of the phenomenon being studied, and, therefore, few participants would be necessary in order to obtain sufficient detail for the data analysis.

Once four prospective participants responded to the recruitment invitation, I screened them for eligibility via a brief telephone interview (see Appendix D, “Telephone Screening Interview”). During the pre-screening interview, I asked prospective participants questions

regarding their therapeutic work, demographics, and commitment to the mindfulness program. I set the following inclusion criteria for study participation. Eligible participants: (1) are practitioners in the counselling field; (2) provide face-to-face counselling as their primary mode of work; (3) expressed a verbal commitment to attend a minimum of six out of the eight sessions of the MBSM program; and (4) expressed a verbal commitment to engage in a regular mindfulness practice (as recommended by the instructors of the MBSM program) and complete assigned homework.

Prior to recruitment, I also set criteria for recruiting a *heterogeneous* sample of participants who showed diversity in the following areas: (1) number of years practicing psychotherapy, (2) theoretical orientation, (3) typical presenting problems of clients seen, (4) typical demographic of clients seen, (5) age, and (6) gender. All of this information was gathered in the initial screening telephone interview. This approach to sampling could increase the differences among participants, which could have produced results reflecting different perspectives and experiences related to mindfulness and therapeutic practice (Creswell, 2007; Polkinghorne, 2005) whereas converging perspectives could reflect more common experiences. However, since only four individuals showed interest in participation, I recruited the first four prospective participants and did not have the opportunity to select for heterogeneity.

The demographics and information regarding the therapeutic work of the participants were important to consider because this information contributed to the historical context for which I developed my interpretations of the data. Equally important in terms of contextual considerations was each participant's pre-training experiences with mindfulness. However, I

review these accounts in the Results section since the participants narrated these experiences during the pre-training interview.

The Participants

Each participant was assigned a pseudonym in order to preserve anonymity. The following chart describes the participants' demographics and information on their therapeutic work:

<i>Participant Demographics</i>							
<u>Participants</u>	<u>Age</u>	<u>Gender</u>	<u>Professional Designation</u>	<u>Theoretical Orientation</u>	<u>Years of Therapeutic Practice</u>	<u>Typical Client Demographics</u>	<u>Typical Client Presenting Issues</u>
Marie	56	F	Psychotherapist/ Counsellor	Humanistic, Mindfulness, Cognitive behavioural therapy	7	Mostly adults, some younger adults between ages of 20-25	Mental health Addictions Problem Gambling
Theresa	33	F	Clinical Social Worker	Predominantly Cognitive behavioural therapy	3	Adults (military), Couples	Depression, Family Difficulties, Stress, Trauma
Iris	60	F	Social Worker Nurse	Family systems theory, Holistic approaches, Cognitive behavioural therapy	22	Adults, Couples, Families, Group	Anxiety, Depression, Marital Issues, Parental Issues, Chronic Health Conditions
Karen	57	F	Psychotherapist/ Counsellor	Solution- focused, Cognitive behavioural therapy, Trauma focused play therapy, Sand tray therapy	10	Mostly Aboriginal, Children, Adults, University Students	Trauma, Grief, Anxiety, Depression, Stress

Interview 1 (Pre-Training)

Before the first interview, I reviewed the details of participation, confidentiality, informed consent, and answered any questions each participant had regarding the study (see Appendix D, “Brief Meeting Protocol (Pre-Time 1)”). Once participants carefully reviewed the informed consent and agreed to participate, they signed and dated the consent form (see Appendix C, “Consent Form”). Each participant completed two semi-structured interviews (at Time 1 and Time 2) that consisted of 8-10 open-ended questions. I also audio-recorded these interviews. Each of the pre- and post-training interviews was approximately 40-60 minutes in length. The interviews were held in a private office at a University in a major Canadian city, or at the participant’s workplace if they were unable to meet at the University during business hours.

The pre-training interview (see Appendix D, “Interview 1 (Pre-Training)”) took place one week before the MBSM program started, or during the first week of the program if there were schedule conflicts with conducting the interview prior to the program. One participant’s pre-training interview took place a month prior to the program due to scheduling conflicts. In the pre-training interview, I asked questions about participants’ knowledge of and experiences with mindfulness. I asked them to describe their aspirations for attending the eight-week MBSM program, what prompted them to enroll in the course, as well as their views on how aspects of mindfulness could apply to their therapeutic practice. Before participants started the mindfulness program, it was important to get a sense of their familiarity with mindfulness traditions and associated vocabulary, as well as their ideas on how mindfulness relates to their therapeutic practice. This information gathered from the pre-training interview provided some context for

how I interpreted their data by attending to the particular meanings they attached to their experiences related to mindfulness and therapy.

I chose a semi-structured interview format as this has both the advantages of structured and unstructured interviews (Ajjawi & Higgs, 2007). Semi-structured interviews provide greater richness of data by allowing participants freedom to respond to questions and narrate their experiences openly. Yet, this format also enabled the comparison of answers across participants since some of the questions will be standard (see Appendix D, “Interview 1 (Pre-Training)” and “Interview 2 (Post-Training)” for interview questions that remained consistent among each of the interviews).

Mindfulness-Based Symptom Management (MBSM) Program for Healthcare Professionals

Following the first semi-structured interview, participants started the Mindfulness-Based Symptom Management (MBSM) program that follows the standardized MBSR protocol developed by Kabat-Zinn (1982). It is important to note that the MBSM program for healthcare professionals follows the same curriculum as the general program offered to the public, and was not designed for teaching participants interventions to use with their clients. Registration for this course was restricted to healthcare professionals for the purpose of protecting their privacy.

The program was taught by two mindfulness meditation practitioners, who are both registered Clinical Psychologists and have completed the MBSR professional training program at the Center for Mindfulness in Medicine, Health Care, and Society, University of Massachusetts. Participants attended eight weekly two-hour sessions in a group format. The MBSM program includes education about stress management and meditation techniques, such as the body scan, mindful yoga, and sitting meditation. As part of the program, participants practiced formal

meditation during each session and were also asked to practice meditation for 30-45 minutes daily using guided meditation recordings offered by the program. Assigned homework included both formal and informal methods of practice. I include a detailed description of the MBSM program's course curriculum and information on the Ottawa Mindfulness Clinic in Appendix E, "Information on the Mindfulness-Based Symptom Management Training and Ottawa Mindfulness Clinic."

Interview 2 (Post-Training)

The post-training interview took place 1-2 weeks after the MBSM program's completion. In this interview, I asked participants about their experiences with mindfulness and their therapeutic practice after they completed the MBSM program. I asked the participants to describe any changes they experienced in their therapeutic work that they attributed to practicing mindfulness as well as any instances of mindfulness they experienced in therapy. Additionally, I asked participants to describe how practicing mindfulness related to their personal lives and what aspects of the program were significant or memorable to them (see Appendix D, "Interview 2 (Post-Training)"). At the beginning of this interview, I reminded participants that they could elaborate in their responses about any general or anecdotal experiences of in-session mindfulness they experienced in relation to practicing mindfulness in order to obtain as much detail as possible in their accounts.

Field Notes

As previously mentioned, my historical "situatedness" must be considered in order to acknowledge how my context influenced my interpretation of the data. Thus, to record subjective experiences, I took field notes throughout the research process (see Appendix D, "Field Notes

Protocol”). The field notes contained observations of basic information of the physical setting and time of the interviews, direct recall of notable moments and interactions, a description of my feelings and reactions to certain instances within the interviews, as well as any insights, interpretations, and beginning analyses. This process helped make sense of my interpretations of the participants’ data and ensured that subjective reactions and observations were accounted for and not separated from the data analysis.

Member Checks

Member checks were conducted soon after the interviews. I produced a Word document for each participant summarizing their responses from both semi-structured interviews. This document was based on interview transcripts and field notes taken immediately after each interview. The document contained concise summaries of the participants’ responses to each main interview question (as opposed to the emergent ones that were not pre-planned) as well as my own observations. After the interviews were completed, the summaries were distributed via individual email to each participant. Participants were instructed to provide their feedback on my interpretations of their interview responses by making margin comments on the Word document wherever applicable and sending it back to me (see Appendix D, “Participant Instructions for Member-Checking Documents”). The instructions also indicated that participants may elaborate by making additional comments under the text of the document. Participants were asked to return these documents to me by email within one week of receiving the summary document.

Data Analysis

van Manen (1990) emphasizes that hermeneutic phenomenological technique has no prescribed method and argues that the focus should always be on language in order to reveal

something that was previously concealed. As such, I attended to particular words used by participants to describe their experiences based on the assumption that their language could change as a result of being introduced to new vocabulary through practicing mindfulness. The data analysis also reflected the hermeneutic circle, moving back and forth between research texts³ and my emergent understanding of the whole of participants' experiences. Therefore, questions naturally emerged from studying the phenomenon. I used elements of both Gadamer (1990) and van Manen's (1990) approaches to analyze the data.

Data analysis was ongoing and commenced at the beginning of the data collection. I wrote field notes immediately following the pre-screening telephone interview and each semi-structured interview. I also transcribed the interviews soon after they were completed. I used elements of McLellan, McQueen, and Neidig's (2003) approach to transcription (see Appendix D, "Transcription Protocol"). This process required me to re-read the interview texts and re-listen to the interviews – the beginning stages of a hermeneutic phenomenological analysis in which I gained a sense of the research texts as a whole. Gaining understanding of the whole text should be the starting point of analyses because the meaning of the whole text inevitably influences understanding of every other aspect of the text (Fleming, Gaidys, & Robb, 2002).

As previously mentioned in the Methods section, I conducted member checks after I completed the interview transcription. The participants confirmed the accuracy of my interpretations of the interview summaries and only one typographic error was corrected.

³ "Research texts" refer to all sources of data, including interview transcriptions, and field notes.

Once member-checking was complete, the interview texts were scanned for significant statements. *Significant statements* can be defined as participant utterances regarding the topic of interest (Creswell, 2007). In this study, a significant statement shed light on how participants described their experiences in therapy related to mindfulness *or* how participants described their personal experiences related to mindfulness. These significant statements were separated into those derived from Time 1 participant data and Time 2 participant data.

Upon scanning the interview texts, three *categories* of significant statements naturally emerged: (1) statements related to the participants' *personal relationship* with mindfulness; (2) statements related to the relationship between *mindfulness and the participants' therapeutic experiences*; and (3) statements related to *mindfulness-oriented interventions* performed by the participants in therapy. I grouped the significant statements according to these three categories for Time 1 and Time 2 data. It is important to note that these categories should not be confused with *themes*. I refer to these same three categories throughout the research findings as an organizational structure for grouping the significant statements.

Although category 1 statements (personal relationship with mindfulness) did not directly relate to how participants described their experiences in therapy related to mindfulness (which answers the research questions), it was critical that these personal accounts were included in the significant statements since they informed me about each participant's background and historical context. I also included data from the field notes in my interpretation of the interview texts. The Time 1 and Time 2 data collected from each participant were presented individually in a case-by-case format. By presenting the narratives in a case study format, I was able to explore the evolution of each participant's experiences over the duration of the data collection process.

Time 1 significant statements. According to Heidegger (1927/1962), humans become situated within their particular historical contexts and this dictates their understandings of the world and ways of being. As such, significant statements from Time 1 Interviews served the purpose of describing each participant's background and historical context related to mindfulness and therapy. The data derived during pre-training interviews also served as a baseline to compare Time 1 and Time 2 data in order to identify any changes in each participant's experience that occurred following the mindfulness program.

Time 2 significant statements. Significant statements derived from Time 2 included both direct comments on differences related to mindfulness and/or therapeutic experiences from each participant during the post-training interview, as well as my comments on perceived differences based on comparing Time 1 and Time 2 data for each participant. Therefore, this section included an interpretive element since I noted perceived differences between Time 1 and Time 2 data.

Analysis of common themes. In this section of the data analyses, I identified *common themes* or "meaning units" across participants related to *differences* in their experiences of integrating mindfulness in therapy and *differences* related to their experiences of mindfulness on a personal level. This differed from the development of significant statements from Time 2 data since I looked for themes *across* participants here, with at least two participants reporting that they experienced each common theme. In order to produce themes, significant statements were grouped together such that each theme referred to a specific pattern of meaning found throughout the data (Creswell, 2007; Joffe, 2012). This is done by aggregating significant statements into larger clusters of ideas and providing details that support these themes (Creswell, 2007). Themes

may be drawn from theoretical ideas that I bring to the research (deductive) or from the raw data itself (inductive) that is more explicitly observable in the research texts (Joffe, 2012). Therefore, there was a larger degree of subjectivity in developing these themes. From a hermeneutic perspective, it is understood that interpretations that emerge from the data analysis are not wholly “objective” but reflect the contextual position of the researcher.

This process of comparing and analyzing common themes can be referred to as *constant comparative analysis*, a technique that was originally developed for use in grounded theory methodology (Thorne, 2000). However, many other methodologies draw from this analytical technique to create accounts that are more descriptive and interpretive. Comparative analysis involves taking one piece of data (e.g., one statement, one theme) and comparing it with all others that may be similar or different in order to develop conceptualizations of the possible relations between various pieces of data (Glasser & Strauss, 1967). Thus, comparative analysis helps develop ways of understanding human phenomena within the context in which they are experienced. In the present study, the development of common themes provided a way of distilling the most commonly reported experiences of any changes related to mindfulness training, enabling me to speculate about and discuss the possible implications of mindfulness training on therapists.

Although common themes were developed from shared statements among two or more participants (which because of the small numbers of interviewees equals at least 50% of the participants), the intention was not to minimize the significance of a single participant’s reported experiences. Rather, as previously mentioned, analytic method adopted here was designed to adhere to a strategy originally developed for Grounded Theory Methodology (Glasser & Strauss,

1967). This constant comparative analysis is also used in other methodological approaches that are more generally descriptive and focus on illustrating shared experiences associated with a particular phenomenon, such as living with an illness or giving birth. (Thorne, 2000). I chose this technique for data analysis in order to distil the findings, and then analyze and draw conclusions from the participants' reported experiences. In order to ensure that the ideographic details of each of the participants' reported experiences that may not have been shared by others were not excluded, I made a point of including these in their individual case narratives.

Establishing trustworthiness. *Trustworthiness* in qualitative research is established when research findings reflect the intended meanings described by the participants as closely as possible (Lincoln and Guba, 1985). Guba (1981) proposed a model that identified four criteria to be considered when establishing trustworthiness: (1) Credibility; (2) Transferability; (3) Dependability; and (4) Confirmability. In this section, I review how this study's procedures upheld trustworthiness in each of these four criteria.

Credibility is concerned with ensuring that the study accurately records the phenomena in question (Lincoln & Guba, 1985) and that rigor is ensured throughout the research process (Lincoln & Guba, 2000). I addressed the issue of Credibility by using established research methods in qualitative research, such as semi-structured interviews, member checking, a protocol for transcription (McLellan et al., 2003), development of significant statements (Creswell, 2007), and the use of constant comparative analysis technique (Glasser & Strauss, 1967). Member checks are considered the single most important measure to establish credibility in a study (Lincoln & Guba, 1985). I conducted member checks by summarizing each participant's interview responses and incorporated their direct statements in the summaries. Then, I sent the

summaries to each participant, and they had the opportunity to provide feedback and verify that my interpretations of their interview responses accurately reflected what they intended to convey. In addition, I maintained field notes throughout the data collection process, which served as a source of data triangulation and a method of recording my own subjective commentary that emerged throughout the data collection.

Transferability is concerned with the extent to which the study's findings may be transferrable to the reader and/or to other contexts (Merriam, 1998; Lincoln & Guba, 1985). Lincoln and Guba and Firestone (1993) assert it is the researcher's responsibility to ensure that sufficient information regarding the context of the study and the participants is provided in order for the reader to determine such a transfer. Some measures I took to demonstrate Transferability included: (1) providing a section on my own personal context in relation to this study; (2) providing ideographic descriptions of each participants' contexts in the Results section as well as a table depicting their demographic characteristics in the Methodology section; and (3) providing information regarding the Clinic and the MBSM program in the Methodology section and in the Appendices.

In addressing the issue of *Dependability*, a study's procedures must be replicable and the process through which findings are derived should be made as explicit as possible (Lincoln & Guba, 1985; Gasson, 2004). I directly addressed Dependability by outlining the sequential process of my research methods in detail. I also included specific interview, transcription, and field note protocols in the Appendices. Lincoln and Guba (2000) also assert that there are close similarities between Credibility and Dependability, and, thus, addressing one of these issues also

applies to the other. For instance, by utilizing established research methods and outlining the research steps in detail, I addressed both Credibility and Dependability.

The issue of *Confirmability* is comparable to “objectivity” in positivist approaches (Patton, 1990). To establish Confirmability, measures must be taken to ensure that the study’s findings are based as much as possible on the experiences and ideas of the participants, rather than the biases and ideas of the researcher. Since the participants and I are keenly interested in mindfulness and have adopted mindfulness-oriented approaches in therapy to some extent, there was a risk of only reporting the positive findings related to the participants’ experiences in practicing mindfulness and therapy. Therefore, steps were also taken to minimize positive bias, which applied to the issue of Confirmability. First, I maintained field notes throughout the data collection process, which allowed for a transparent account of my own subjective experiences during the participant interviews. Here, I recorded any doubts, judgments, reactions, and beginning hypotheses I had. Second, I also ensured that the interview questions were open-ended and used neutral language as much as possible in order to not “lead” participants to respond in an overly positive way (e.g., Please describe how you think your therapeutic practice has changed, as a result of engaging in the mindfulness training, if at all). Further, in the interviews, the participants discussed any negative or challenging experiences related to practicing mindfulness since I incorporated interview questions that directly addressed these issues. The participants’ reported challenges and struggles related to practicing mindfulness were also discussed in the Results section. Lastly, the member checks conducted served as another measure to minimize positive bias since participants had the opportunity to clarify any misconstrued content from their interviews. Therefore, I aimed to achieve a fair and balanced perspective of the participants’

experiences with practicing mindfulness and therapy, including both their positive and negative experiences.

CHAPTER 4: RESULTS

The findings of this study were presented in narratives that illustrate each participant's comments, as well as my own subjective commentary from both the pre-training and post-training interviews. I reviewed each participant's case by organizing their significant statements from Time 1 and Time 2 into the three categories mentioned in the Data Analysis section: (1) personal relationship with mindfulness; (2) relationship between mindfulness and therapeutic experiences (i.e., covert therapeutic experiences related to mindfulness); and (3) mindfulness-oriented interventions performed in therapy. Below, I describe each of the categories of significant statements in more detail. Additionally, the significant statements derived from the participant interviews are denoted in the narratives by italicized text. Following the narratives, common themes are presented and organized according to the three categories mentioned above.

The purpose of presenting these narratives in a case-by-case format was to provide a contextual landscape for each participant related to mindfulness training and therapeutic practice. Each participant's background and prior experiences associated with mindfulness practice and therapy were accounted for. In addition, the narratives enabled me to illustrate each participant's unique experiences associated with the mindfulness program, as well as the participant's evolving understanding of mindfulness and how it relates to therapeutic practice. Further, the common themes were derived from the narratives of participants.

Description of Categories of Significant Statements

Personal Relationship with Mindfulness

This category of significant statements demonstrates each participant's personal relationship with mindfulness prior to and following the mindfulness program. For the pre-training interview texts, this category describes the participants' pre-understandings of, and prior experiences with, mindfulness and is the context from which their understandings of mindfulness evolved. For the post-training interview texts, this category illustrates how each participant's personal relationship with mindfulness has changed (if at all) in the wake of the mindfulness program.

Relationship between Mindfulness and Therapeutic Experiences

This category of significant statements illustrates how each participant related mindfulness to her therapeutic experiences prior to and following the mindfulness training. For the pre-training interview texts, this group of statements serves as the context from which the participants' relationships between mindfulness and their therapeutic experiences evolved in the wake of the mindfulness program. For the post-training interview texts, this category of significant statements describes how each participant's therapeutic experience has changed in relation to their mindfulness practices.

Mindfulness-Oriented Interventions Performed in Therapy

This category of significant statements describes mindfulness-oriented interventions that each participant reportedly performed in therapy prior to and following the mindfulness program. Mindfulness-oriented interventions include the teaching of mindfulness-based skills to clients as

well as any changed behaviours that are informed by the therapists' mindfulness practices or mindfulness theory. This category may also include unobservable actions that represented a change in the participant's behaviour in therapy informed by mindfulness theory and/or mindfulness practice (as opposed to how the participant's perceived experiences in therapy have changed). For example, the act of listening is an unobservable function, yet requires a deliberate change in behaviour adopted by the therapist. Whereas the previous category had to do with the participants' experiences of mindfulness in relation to therapy in general terms – comments, for instance, on feeling calmer or more attentive overall in therapy sessions – this category is more narrowly focused on specific examples of things they have done or are continuing to do differently in their practice. The purpose of this category is to draw out anecdotal examples of changes in behaviour rather than general statements, and the assumption is that the behaviour might be either overt or covert. Examples of overt (observable) behavioural change might be to educate a client about mindfulness or to direct the client's attention in session to their breath. Examples of covert behaviours by a therapist might be to remind oneself to attend to one's own breath while listening to the client or to deliberately turn one's attention to the client's non-verbal behaviour in session. For the post-training interview texts, this category also outlines any differences in the ways in which the participants deliver therapy that may have been informed by practicing mindfulness.

Marie

Pre-Training Interview (Time 1)

Personal relationship with mindfulness. Marie started learning about mindfulness through her own reading and also through discussion with colleagues at work. She then enrolled

in a mindfulness course for health care professionals at a local hospital. The course resonated with her and she was “really hooked” after that. From then on, she started practicing mindfulness for her own self-care. She pointed out the differences between reading about mindfulness and actually experiencing the effects of mindfulness through practice: *So there’s a big difference...because it’s really experiential...and the more you experience it the more information you get on it.* She explained that she had learned briefly about mindfulness while she was pursuing her Master’s in Counselling but did not become fully interested in it until she started practicing. During our pre-training interview, she described the books and authors she had read on mindfulness, pulling them off her shelf and searching for the correct titles on her computer.

For Marie, practicing mindfulness helps her feel more relaxed, be “in the moment” and less judgmental, and decrease “mind-racing.” She also described how practicing mindfulness enables her to adopt a “beginner’s mind” and “get back to basics.” It seems that practicing mindfulness helps Marie suspend judgments, and instead, focus on her direct lived experience. Marie also notices that she has a much “calmer approach” to her life when she practices mindfulness: *I wouldn’t worry as much, and I just had a calmer approach to things.*

Near the beginning of the interview, Marie shared that she was “anxious” to get back into the practice of mindfulness. By taking this mindfulness program, Marie hoped to gain more peace, calmness, and focus: *I find myself more focused when I’m in mindfulness and this is what I’m wanting to regain – a bit more focus because I find that sometimes I get distracted by office things...little things that just bother me... The last time I did mindfulness I felt liberated from that and I want to feel that again.* She also said that practicing mindfulness improves her ability to

stay positive in challenging situations, improves her sleep, and increases her energy levels. Marie appeared confident that practicing mindfulness would positively affect her given her past experiences with it. She also anticipated that it would be easier for her to get immersed in the practice of mindfulness since this was her second structured mindfulness course: *So and this time around I know what I'm getting into. So it's kind of nice because now I can make some personal objectives like what I'm doing right now. I think it's going to come easier for me because I know what I'm getting into... It was a little bit of an effort at the last time I did it but now I think I'm gonna be able to get there quicker.*

Marie said that non-judgment, patience, and acceptance are particularly important aspects of mindfulness to her. Practicing non-judgment is important since she believes it allows her to be more generous to herself and others: *The less judgmental you are, the better you'll be with yourself...the more generous you'll be in regards to what others are.* It was evident to me that Marie is very passionate about mindfulness as she commented on wanting mindfulness to be integrated fully into her life: *I want [mindfulness] to become me. I want to integrate it so well that when I respond to something, I respond in a mindful way.* Moreover, she spoke about her goal of opening up a private practice and specializing in mindfulness: *I want to get to know [mindfulness] by heart. I want to know every aspect of it and I want to really feel comfortable... I really want to specialize in it.*

Relationship between mindfulness and therapeutic experiences. Since Marie had already completed a mindfulness course prior to this program, she has already experienced the effects of mindfulness practice on her therapeutic work. She spoke about how practicing mindfulness enhances her ability to be “present” in sessions instead of focusing on solutions and

client outcomes: *In my therapy sessions, I find that I was more present when I was more mindful and I want to get back to that too. Because now I sometimes get into the solution mode with a client and that drives me crazy... When I'm present, I'm not prone [to] having the thoughts that are coming in or trying to solve their problems. That's not what I'm supposed to be doing. And, if I feel that I'm more present, I'll be able to focus on the presence of what the client is feeling too.*

As well, Marie also described how mindfulness allows her to let go of focusing on the goals of her agency to see a certain number of clients per day, and instead, focus on the quality of her sessions: *I find that mindfulness got me right back into much more of a focused therapist and I thought of my sessions in much more of a therapeutic way. And, I didn't even bother with all the process of seeing so many clients that didn't even faze me because I knew that I was having such good sessions.* For Marie, it appears that practicing mindfulness allows her to let go of distractions that might take away from her therapeutic presence.

Mindfulness-oriented interventions performed in therapy. Marie said that, prior to the program, she had already been teaching mindfulness-based skills and mindfulness-informed practices to her clients, such as body scans and discussion of the important attitudes of mindfulness: *I do a lot of body scans... I do a lot of teaching of mindfulness – acceptance, patience, all that. Like...the core eight [attitudes] ... The non-judgmental...that stands out a lot because I find that we're in a society that judges everything... I use that a lot in session with people who tend to have certain criteria or tense or they just feel that they need to have certain requirements or are very impatient with people because they judge all the time. So, yeah that's a big one. Another big one is acceptance. Acceptance of situations. So acceptance and patience.*

Also, Marie co-facilitated a mindfulness group at her workplace. Her reading on mindfulness provides her with terminology to introduce mindfulness to clients as well as exercises for practicing. It appears that Marie is confident that the mindfulness-based skills she has been implementing are effective for certain clients.

She hoped to include more teaching of mindfulness-based skills in her work with clients; she said that she is pursuing the professional training for mindfulness interventions at the Clinic to acquire more skills: *I'd like to present [mindfulness] more [to my clients]. I don't talk about it enough. I feel like I don't know enough about it... I eventually want to do training in it on my own and in the future too because I eventually want to open my private practice.*

She also shared an anecdote of when she introduced the concept of acceptance to a client with a drinking problem. This client was constantly striving to change her life circumstances, including her relationship with her husband. Embodying this concept of acceptance was “enlightening” for the client and allowed her to feel “less pressure” to change. For this particular client, learning about acceptance also improved her drinking: *[My client] said... 'I realized I was drinking because I was trying to get away, trying to fix him, and I realize I can't fix him.'*

Post-Training Interview (Time 2)

Personal relationship with mindfulness. At the start of the mindfulness program, Marie had gone through a very stressful period due to various work-related commitments. She said that the demanding nature of her professional life contributed to a lot of overwhelming thoughts while practicing at the beginning of the course. Thus, Marie was able to recognize a clear shift in her mental state and well-being, particularly since she started the program at a stressful time: *[A challenge during the training was in] the beginning, my thoughts to get them back on track...*

And the reason why is that this time around I was...very busy...I felt overwhelmed...I'd leave [the clinic], I'd feel so much better...so that was a personal challenge for me... I had a lot of difficult emotions going through that. And...it would take me a while to get into the mindfulness and to meditate... [At] about at the fifth or the sixth course - that's when I saw the shifts... I started feeling calmer... The shift happened though [during the second month of the program] ... Because I was having just negative thoughts and those thoughts all changed, because I realized that going back to that kind of thinking was how I would do before... then I'd say to myself, you're going down that train again. Stop it. Don't go there.

Some of the benefits Marie said she experiences related to practicing mindfulness are increased relaxation, more calmness, and reduced stress: *I started feeling much more relaxed, not as stressed, you know. My mindset was different... I remember...those were the God awful months for me because I was panicked. I'm not an anxious person at all, but I felt anxious and I felt very emotional too, so that's how I knew the shift was getting better because I wasn't as emotional and I wasn't as panicky. I was more relaxed.* Marie considers her regular practice to be the most helpful ingredient in contributing to this shift she experienced.

In addition to feeling more relaxed and calm during that stressful period, it seems that practicing mindfulness had a profound influence on Marie as she discussed feeling “changed” and that she regained a sense of appreciation for her life: *I can see myself changed through the training... [The program helped me] just find...me again. And just appreciating. Because at one point when I got to the panic mode... I was just complaining about things all the time and...I was really unhappy in that mindset.*

Marie identified that the key takeaway for her from practicing mindfulness is the ability to shift to a more positive state of mind: *[Practicing mindfulness] allowed me to change my thought frame. And to go down another path...just to stop thinking. Just to stop it... I'd say that's the key...there's the key difference there... And that's where it brings me to the positive. Because when I start thinking, okay, I'm going down that train, stop thinking that way, think of something else, it brings me in the positive mode.*

Prior to the program, Marie had already anticipated that practicing mindfulness would assist her in feeling more positive, relaxed, and calm. From Marie's comments, it seems as though the biggest personal change for her following the training is the ability to notice negative thoughts and consciously shift her focus. This reportedly enables her to feel calmer, more relaxed, appreciative of the present moment, and resilient throughout that stressful period. Thus, Marie's predictions for the ways in which mindfulness training would benefit her were congruent with her accounts.

Relationship between mindfulness and therapeutic experiences. Following the mindfulness program, Marie discussed how she is now letting go of feeling responsible for her clients' outcomes and feels calmer in therapy: *[In therapy, I notice that I] listen more. I'm much calmer... It's like as if it gives me confidence... The way I am in therapy now is calmer and more of a not taking full responsibility of the change that's supposed to be happening in my clients...*

As well, she cited an example when a couple of her clients left the therapy room prematurely. She said that before the program, she would have taken responsibility for that, whereas afterwards, she was able to let that go: *I've had a couple of clients leave the therapy, you know, in a frustrated and upset way, and I've sort of said, that doesn't belong to me,*

whereas, before it would have. Marie also described how practicing mindfulness allows her to be more accepting of “where her clients are at” as well: *We can't go faster than the client wants [to] ...and I've come to terms with that.*

She also reported that she feels more “relaxed” in therapy and not as “rushed.” During the pre-training interview, Marie anticipated that practicing mindfulness would assist her in being more present with clients and letting go of focusing on outcomes in therapy. Therefore, similar to her personal aspirations related to mindfulness, Marie’s predictions of how practicing mindfulness would influence her therapeutic experiences were also congruent with what she reported during the post-training interview.

Marie also described other ways in which her therapeutic practice has changed. For instance, she spoke about adopting more of a “beginner’s mind” with her clients, which allows her to maintain more openness while listening to their stories: *Some clients will repeat the same story again, so I developed a little more of the beginner's mind to try to just work around that, like different questions or different thoughts about that and...really looking at it as if it's the first time they tell me this story.* Marie also spoke about the concept of “beginner’s mind” during the pre-training interview and described how practicing mindfulness increases her ability to readily adopt a beginner’s mind towards her experiences.

Mindfulness-oriented interventions performed in therapy. Following the mindfulness program, Marie said that she is much more silent in therapy than she was before the program. For Marie, being more silent in therapy also exemplifies her increased sense of relaxation and her ability to let go of feeling responsible for her clients: *I'm much more silent [in therapy] ... I don't talk as much...just being more silent and having the client work.*

Another changed behaviour in Marie's therapeutic practice is that she is sitting closer to the client as opposed to sitting behind her computer desk. She explained that this is a demonstration of greater "presence" and "relaxation" in therapy as well as more "trust" in herself: *[Before the mindfulness program], I noticed I was sitting much more at my desk...and I think right there was a demonstration of not being right there in the moment. So, now I started coming back to sitting down. Because you see I think what was happening, I really got into panic mode there. I was writing down little notes 'cause I had client after client after client and I was so exhausted that I would be scared to forget information... I started relaxing more about that... And so I'm more present for the client when I'm sitting here as opposed to when I'm sitting there... Trusting myself.*

Marie also discussed her aspirations for continuing professional development in mindfulness. She said that getting more involved in mindfulness, both personally and professionally, has been her objective for the last two or three years. Since she has completed even more reading as a requirement for the professional training course, she is preparing to deliver mindfulness courses at her workplace. She said that she wants to "practice it more with clients", and reiterated her goal of eventually opening up a private practice and specializing in delivering mindfulness-based interventions – something she previously mentioned in the pre-training interview. Thus, it seems as though Marie has a strong commitment to further developing a mindfulness orientation in her work and in her personal life.

Theresa

Pre-Training Interview (Time 1)

Personal relationship with mindfulness. Theresa discussed how she first learned of mindfulness at her current job as a clinical social worker. She shared how her team uses mostly cognitive therapy approaches. This prompted Theresa to research other approaches that could help her clients' foster more acceptance of their current circumstances. She started reading more about mindfulness and some of Jon Kabat-Zinn's work. Once she started learning about mindfulness, Theresa "gravitated" towards it as it "resonated with her personality." Prior to enrolling in the mindfulness program at the Clinic, Theresa participated in a local meditation class.

Theresa recalled how a psychologist at work gave a presentation to the staff on mindfulness and used the "raisin exercise"⁴ as an example of experiencing mindfulness – one of her first experiential introductions to mindfulness: *[The raisin exercise] is difficult. It kind of points out to you how much of what we do is habitual. How we just don't really think about doing it – that kind of autopilot mode and eating is a big one.*

When we discussed how practicing mindfulness relates to her personal life, Theresa shared that she was suffering from a medical condition and this was the biggest challenge she has faced yet. *My second reason for taking [the mindfulness program] this time is kind of a personal reason too...I found out that I have a medical condition... It's very, it's very trying, so I figured a*

⁴ The Raisin Exercise is an experiential introduction to mindfulness included at the beginning of the MBSR curriculum. Participants are given a raisin and instructed to view it as a "foreign object", exploring it with increased present-moment awareness of their senses (sight, smell, touch, and taste) as well as any thoughts or feelings elicited by this experience.

little bit of mindfulness for me at this point in my life probably would be helpful... At this point in our conversation, Theresa became emotional as I noticed tears welling up in her eyes. She continued to express her hopes that practicing mindfulness could help her stay present and live intentionally throughout this challenging time, as well as enable her to let go of thoughts of the past and future: *I'd say this is probably the biggest challenge I've faced in my life yet, and I spend a lot of time I find, in my head, either looking back at things...and then of course there's the future thinking too...you know, it's kind of back and forth between past thinking and future thinking and neither is overly helpful so you know, again, staying present and living intentionally. Doing what needs to be done...*

Theresa also hoped she could integrate mindfulness practices as a form of self care: *I think [the mindfulness program] will kind of force me to take the time to really relax and kind of nourish myself as opposed to just zoning out and distracting myself which are two different things.* Theresa discussed how “present-moment awareness” is the aspect of mindfulness that resonates with her the most. She recalled that since her teenage-years, she has always been inclined to anticipate and plan for the future. By reflecting further on this issue during our conversation, Theresa revealed that her tendency to always look towards the future is a coping mechanism that might have stemmed from being bullied as a teenager. Through practicing mindfulness, Theresa hoped she could gain a greater sense of appreciation and gratitude of the present moment. She also mentioned that the concept of doing things intentionally is important as opposed to multi-tasking and going through her daily activities on auto-pilot: *I think intention too is probably another key element... I notice that I multi-task and kind of that mindlessly going through tasks like on auto-pilot, like knowing you have to do something but not really stopping to consider why you're doing it and what it's like too... I think when you do that , like you can still*

get things done probably still effectively, but I think it takes a lot of the joy and satisfaction out of doing it if you're not really reflecting on why you're doing it or where it fits in the bigger picture...

In terms of personal aspirations related to mindfulness, Theresa emphasized how she wants to cultivate greater acceptance of the present moment and acceptance towards herself: *[In my personal life, I hope mindfulness will help me be] more present, not kind of living in my head, in the past or the future, and what not and just sort of accepting things as they are, not having to like them but accepting that this is kind of how it is...not judging it basically, not judging it as wrong or myself as you know inferior in some way, which, you know does cross my mind from time to time, to be honest. But...kind of taking that judgment out of the moment, out of the situation and accepting it.* It appears that Theresa places a lot of emphasis on staying present and alluded to rumination of the past and anticipation of the future as issues for her. Although she discussed her professional aspirations related to mindfulness, I felt that she focused more on how practicing mindfulness might relate to her personal life.

Relationship between mindfulness and therapeutic experiences. Theresa identified “present-moment awareness” as a significant aspect of mindfulness to her, both in personal and professional contexts. Similar to Marie, Theresa discussed how she hoped practicing mindfulness would allow her to be more aware of “nuances” in her therapy sessions as opposed to going immediately into problem-solving mode: *I think it is my nature as well to kind of go into problem-solving mode. So when someone's talking, I'm kind of thinking ahead to the next thing... And I mean, it's emotional work and I would like to be more present to be there and witness and draw it out a little more. Because I think I miss that sometimes because I want to*

help them move along... [After the program, I hope that] I am more present, that I'm able to kind of shut off my brain a little bit and stop myself from going ten steps ahead...which I would hope would be probably if I'm going to learn anything from that, I hope that's kind of the biggest takeaway that I get out of this.

Additionally, Theresa discussed how being more present in her therapy sessions could enable her to have a greater appreciation for “where clients are at” in therapy: *You've got to work with people where they're at. We all know that, we're all told that, but again, and it's just maybe the way my mind works I tend to jump ten steps ahead and I can kind of see the outcome before they can. But, I mean...they need to they need to get there in their own time. So it's sort of slowing myself down and just being where they're at and not getting frustrated that they're not seeing the same thing that I am.*

Theresa also hoped that being focused in the present moment could ease any feelings of frustration she might experience if clients are not progressing. She speculated that being more present could enable her to cultivate more compassion towards her clients instead: *[It's] just reminding myself that it's not about me necessarily, and to take a step back from me and what I'm thinking or feeling, and just being compassionate towards the person and what they're going through.*

Theresa described how her experience of being more present affects her therapeutic practice: *It's funny how when you really kind of slow down and are present and aware of what's happening that things do tend to move more quickly... And, I guess it's just because you are more in tune with what's happening and people probably feel that you're more in tune with them*

and have a better rapport... I think you're better able to kind of pick out some of those more subtle, yet, important nuances that are kind of underneath the surface.

Mindfulness-oriented interventions performed in therapy. Theresa implemented mindfulness-oriented interventions in her therapeutic work with clients prior to the program as well. Theresa made a conscious effort to assist clients in practicing acceptance of their life circumstances – a practice informed by her understanding of mindfulness: *[With some of my clients] it's more kind of working with them on acceptance and trying to kind of accept the present moment and not get caught into those thoughts that I wish it was this other way, and that sort of thing.* Further, she had been teaching some mindfulness-based skills to clients prior to the program, such as body scans, breathing meditations, and introduces the concept of mindfulness whenever appropriate. However, Theresa shared that she was uncomfortable with discussing the philosophical aspects of mindfulness with her clients at that point: *I do a little bit [in my work with clients] in terms of some of the meditation practices, body scans and...like relaxed breathing and focusing on the breathing. I do that in some of my sessions currently and I do kind of talk briefly about mindfulness a little bit. I don't really talk much about the other concepts...probably just 'cause I'm not really comfortable talking about that yet...I guess some of that philosophy I hope to learn more in depth doing the class, doing the eight-week course.*

Theresa also hoped that she could add more mindfulness-oriented interventions to her repertoire of skills to use with clients, and she identified this as another reason for enrolling in the program. Like Marie and Iris, she is pursuing the professional training in mindfulness interventions at the Clinic.

Post-Training Interview (Time 2)

Personal relationship with mindfulness. As previously mentioned, Theresa discussed the medical difficulties she was experiencing, identifying that as the biggest challenge she had faced in her life to date. Sometime during the program, Theresa's state of health had improved— a significant life event which caused her to experience a range of emotions.

During her practice of the loving-kindness meditation in one class, she recognized her resistance to negative emotional experiences and noticed her tendency to “squash” negative feelings or push them away as opposed to sitting with them. Theresa was experiencing “a lot of nerves” with regards to the early stages of her recovery at that point. During this particular moment while meditating, she described how she practiced embracing her fears and her resistance, identifying this moment as a “learning experience”: *I never before would have thought of myself as kind of that type of person who would be resistant to things or like to control things. I always sort of viewed myself as being pretty open and go with the flow, but in doing some of the meditations, I realized how I wasn't totally like that. There were certainly times I was feeling on edge or stressed, and how that feeling comes up and that natural tendency is to want to squash it, and just put it away, instead of just sit with it and let it just kind of pass on its own, so that was a learning experience... [The loving-kindness meditation] was probably one of the most powerful meditations to me because, with mindfulness it's trying to let go of some of that resistance and just sort of go with what is, and my natural inclination was to sort of squash that feeling... Just sort of letting go of that and, you know, being okay I guess if something happened... So that was probably the most powerful out of the classes for me that I can recall.*

Theresa also discussed how practicing mindfulness is linked to self-compassion, and this is something she intends to work on more: *I'm still working on [self-compassion]. I think it's gotten better. But yeah, that is still kind of a stuck point, I guess. Something I'll kind of have to continue working on a little bit... That is something I am more mindful of in my practice now... I did kind of try to make more of a conscious effort in my meditations to focus more on some self-compassion stuff or loving-kindness towards myself.*

Prior to the mindfulness program, Theresa identified “present-moment awareness” and acceptance of the present (as opposed to rumination and “fighting with reality”) as the most important aspects of mindfulness to her, yet she did not specifically mention self-compassion during the pre-training interview. Following the program, it appears that Theresa recognized the importance of greater self-compassion and acceptance of negative experiences instead of resisting them.

When we discussed the benefits of practicing mindfulness that Theresa experiences, she said it enables her to let go of resistance, accept negative experiences, and recognize the impermanence of unpleasant feelings: *Personally, I think it is kind of helping me to let go a little bit. And...letting go of some of that resistance and what not... [Practicing mindfulness has] sort of helped to remind me that things pass, unpleasant things pass. I mean certainly when doing the meditations when that resistance or anxiety or whatever comes up, learning to sit with it, it's helped me to see that eventually the body, the mind, will just let go of whatever it is that you feel the need to struggle with. And, it's helped me to just sort of remind myself of that during the day, if I'm frazzled with something to just say to myself, like this will pass, it's just a moment, or to just sit and take three, nice breaths and carry on and that sort of thing.*

Prior to the program, Theresa said she wanted to practice living more “intentionally” as opposed to going through life “on auto-pilot”, and cited her tendency to multi-task as an example of this. It seems as though she had consciously put this into practice since she said she is now multi-tasking less: *[Being mindful] has sort of stopped me a few times [from multi-tasking] where I’ve just sort of focused on whatever the person was saying, what’s happening in front of me...whereas I don’t think I would have been as inclined to do that before. I would have just tried to kind of do all these things at once.*

Theresa also commented on how she experienced a greater sense of ease towards practicing mindfulness about halfway through the course. She said that she finds her practice of mindfulness “relaxing” and that it enables her to let go of stress – something that she did identify prior to the program as a desired outcome for her from practicing mindfulness: *I do find [practicing mindfulness] relaxing. It is a nice way to just sort of let go of like some of the stresses of the day. It allows me to kind of clear my mind and refocus on the rest of the day... [Practicing mindfulness] didn’t come natural but as I got into it, it seemed a perfectly acceptable, for lack of a better word...thing to do. [This change in perception occurred] probably about half way though. I mean, it wasn’t right away. It probably took a couple of weeks for sure, but by the end of the course, it felt good.*

Relationship between mindfulness and therapeutic experiences. With regards to how her therapeutic practice has changed, Theresa mostly commented on how practicing mindfulness relates to increased presence during therapy, and, thus, enables her to let go of her “agenda” and be more present with “where her clients were at”: *I am learning to be more present [in my therapeutic practice]... That would be the biggest change... It’s helped me I think to just be more*

where the person's at as opposed to wanting to get them two or three steps ahead and maybe they're not ready... And just sort of letting go of my own agenda for the therapy or where I would like to see it headed... And just trying to focus more on being in the moment and bearing witness to wherever the person's at as opposed to running my game. Letting them have their time and their space because it's about them, it's not about me. During the pre-training interview, Theresa also identified that learning to become more present during therapy is her “biggest takeaway” from the mindfulness program with regards to her therapeutic work. She recognized her tendency to jump ahead to solution-building with clients instead of being fully present to their experiences. Therefore, for Theresa, it seems that practicing mindfulness increases her focus on the present moment such that she might not be as likely to revert back to her old habits in therapy.

Along with feeling more present during therapy, Theresa also commented on how she feels more “relaxed” during her sessions and “not as pressured.” She discussed how this enables her to reach an “open state of mind” as well: *I think [practicing mindfulness] does put me in a more open state of mind too...because I'm not waiting to hear certain things or expecting to hear certain things or thinking about my own things... I think I probably pick up on more because I'm more open to the experience as opposed to thinking of what to say next.*

Additionally, she discussed how her understanding of “compassion” has changed and that by embodying compassion, she is better equipped to respect and honour “where her clients are at.” She said she learned that compassion does not mean having to “fix” anything, and, rather, she can fully “respect the moment” and “bear witness” to it: *We talked in one class about how compassion doesn't mean you have to fix it, like you're part of it is just bearing witness to it*

really and just kind of respecting the moment and where the person's at and what they're feeling and what not. And...I do tend to be kind of innately problem-solver, want to fix things, so I've reminded myself a few times since whenever that class was of that and it's helped.

Mindfulness-oriented interventions performed in therapy. The mindfulness program has informed Theresa's practice in a number of ways, yet at this point she had not done much teaching of mindfulness-based skills to her clients: *I'm still learning to incorporate some of the technique stuff into my practice. I haven't really done a lot of that yet, except for a few little snippets here and there. But, in terms of teaching any kind of mindfulness exercises I haven't really done any of that. It is something I would like to do, but I guess I'm kind of waiting for a little bit more instruction or something.*

One example of how the mindfulness program informed her therapeutic practice was the use of a particular quote from the course that spoke about the difference between pain and suffering, and the concept captured by this quote resonates with some of her clients. Theresa said that this teaching point helped some of her clients become aware of the aspects of a difficult situation that they could take ownership of, such as one's response and attitude towards an event.

Learning about compassion in the mindfulness program also informs Theresa's practice since she recognizes that she can let go of trying to "fix" her clients, and, instead, respect "where they are at." This has led her to listen more and validate clients' experiences without needing to offer solutions or suggestions as readily as she would have before.

Iris

Pre-Training Interview (Time 1)

Personal relationship with mindfulness. Although Iris had been practicing meditation since her twenties, she learned more about the notion of mindful awareness through her practice of yoga in 2001. She had a yoga teacher that emphasized the concept of being aware of one's experience without judgment, and this idea resonated with her: *[What struck me about my experience practicing yoga was] the principle of being aware of...what you're feeling in your body, noticing...noticing the thoughts you're having...just noticing what comes up, without judging it... And it's really becoming more aware of what's happening in your own body. And answering that...and responding to that without ...a sense of judgment or feeling like one's not adequate.*

I speculated that Iris' understanding of mindfulness might be quite rich given that she has been exposed to meditation for decades. In the past, Iris also read and listened to audio-books by Eckhart Tolle, and identified his teachings as an influence on her. Yet, this eight-week MBSM program was her first structured mindfulness program.

While discussing what led her to enroll in the MBSM program, Iris identified non-judgment and present-moment awareness as significant elements of mindfulness that she had already been practicing: *From the learnings that I've done and the readings that I've done...for my own personal self...when you integrate...as a therapist you're always integrating what you're learning at a personal level...and at the theoretical level... So I was incorporating this into my own kind of practice of...being present and being the observer and being non-judging and...sitting with whatever it is that one is experiencing...and so, I started doing that with myself*

and then sort of from about 2001 onwards... I would like to deepen my own personal practice...to have a more consistent, regular practice and then I really would like to incorporate it more intentionally and more...kind of officially in my professional practice.

Iris discussed that practicing mindfulness enables her to stay present during challenging situations as well as helps her to be less judgmental towards herself and others. Iris described how an attitude of non-judgment affects her: *I know that my own view of myself impacts how I view situations and other people. And often if I'm judging myself or thinking I should be doing more or doing things better or have more control over a situation I should be having control over, and that translates into judging the situation or judging people in my life. And I know that when I am more accepting of myself, I am much more accepting of whatever my current life situation is.* From her comments, it appears that Iris may often be hard on herself and recognizes the need for self-compassion.

Some other aspects of mindfulness that resonate with Iris included compassion, non-attachment, and acceptance. Iris said that she knows she has compassion for others, but might need to be more aware of cultivating compassion towards herself. Iris also said that practicing non-attachment is something she has been doing since her twenties. She shared that moving to a different province was a difficult time in her life for her and her family. During this time, she made a concerted effort to practice grounding herself in the present moment and drew upon Eckhart Tolle's material as a resource: *When we moved from [another province] six-and-a-half years ago, that was a time in my life where...I was driving around in my car listening to Eckhart Tolle every day, every chance I had. And really practicing the notion of, okay, what am I what am I being called to do right now, right this moment? I think it was just like a grounding... I*

think also the lack of resistance to what is presenting itself in a given moment... I have to say I think that time in my life with so much going on, I think that was one of the times where I coped really well... I was able to accomplish a lot...and I was able to feel really at peace with moving and I felt like...it was a good leaving...for me, for my husband, and for my kids. It seems as though this time in Iris' life compelled her to consciously integrate mindfulness practices into her everyday life as a way of coping.

Relationship between mindfulness and therapeutic experiences. Iris discussed the effects of “non-judgment” on her therapeutic experiences when she described the aspects of mindfulness she hoped would show up more in the wake of mindfulness program. She first described how she hoped the mindfulness program would help her to be less judgmental towards herself in her therapeutic work, particularly if there is a challenge with clients. She also hoped that mindfulness could enable her to be a “calm and non-anxious presence” as well as notice her own reactions during therapy: *Particularly when there's a challenging session or there's a challenge in terms of the joining in the therapeutic relationship, there's a tendency for me to judge myself about what is it that I'm not doing... That's one thing, and then the other thing is when the work is hard, when the work is stagnating, and there isn't any change happening at the outward level anyway, I have that question of...how is this helping this person? How's this person using their time that they've given up to come and do this work? Is the client actually working? And that part again goes back to my own judgment of what could I be doing differently. I think that it makes it harder for me to sit and be just a calm and non-anxious presence with someone... And so I'm hoping that this course will help me to be the observer... Take in the information without judgment.*

Similar to both Marie and Theresa, Iris also hoped that practicing mindfulness could enable more presence and acceptance of “where clients are at”: *I would hope that [after taking the mindfulness program] I would be able to be more present... I think...as therapists, we always think, what else could I have done? But, I think before that, is the acceptance of the person, where they're at... And I would hope that I would be able to maybe be more mindful of, okay, so you have a hypothesis, so how are you going to check this out? How are you going to do it in the timing that is right for the client not right for your timing?*

Iris described an instance of demonstrating mindfulness in therapy, which is when she is able to extract themes from her clients' stories, and, thus, grasp the bigger picture rather than focusing on the content: *[I have demonstrated mindfulness in my therapy work] I think when I'm listening to someone's story, I'm listening and hearing what are the themes emerging out of the stories people tell about themselves... Where it's not so much the content of what is being shared but it's more the underlying themes or the way the stories are told or the recurring statements or personal views or opinions that come out over and over again.*

Mindfulness-oriented interventions performed in therapy. Iris started incorporating a mindfulness-informed approach in her therapeutic work by inviting clients to notice their experiences without judgment: *I guess I just started asking [my clients] questions about [their experience]. About noticing...and inviting them to notice what they...what they experience...more at the physical level... Just what do they notice in their bodies at the physical level when they're having emotions.*

Unlike Marie, Theresa, and Karen, Iris did not speak about the teaching of any specific mindfulness-based skills in her therapeutic work, but instead commented more on how her own

experiences of therapy and the clients' experiences could change in the wake of the mindfulness program. However, she hoped she could expand her repertoire of mindfulness-based interventions for her clients by acquiring more training: *I think [my therapeutic practice] will change, I mean...I'm hoping it will. I'm hoping that it will just give me more...to work with in terms of my sense of self and how I use myself in the process and also what I can offer in terms of information and teaching to clients to provide them with more of a repertoire of ways of coping in their lives.*

She also described how being more present could change her clients' experiences of therapy: *Well, I think [my clients] would perceive that there is more presence and that...they have my attention and I am listening and I am focusing on them.* It seems as though Iris is more focused on relational issues than the use of specific techniques.

Post-Training Interview (Time 2)

Personal relationship with mindfulness. When we discussed the benefits associated with mindfulness practice, Iris commented several times on how practicing mindfulness influences the manner in which she deals with challenging situations: *I noticed that I feel calmer [following the mindfulness training]. I notice I feel...less reactive... I think my capacity for dealing with challenging events is greater... I try to be more conscious of pausing when there's a challenging situation. I try and pause more and stop and take a few deep breaths...and just notice. Notice when I really want a situation to be a certain way and it's not going that way... I think it's made me more open to considering different approaches, different ways of dealing with the situation...different possibilities... [What surprised me about the mindfulness program was] my capacity to keep learning about this and to know that...it does get better with practice...*

Regular practice for me really helps...and it does create a greater sense of calm and alertness in myself and more capacity to deal with life challenges that we have presented to us.

Prior to the program, she described a time in her life when she used mindfulness practices as a coping strategy in dealing with the difficult experience of moving. Thus, it appears that Iris conceptualizes mindfulness practice as a powerful way of coping with life's challenges. Before the program, she also identified that she wanted to develop a practice of "pausing" and sitting with her experience. Following the program, it seems that she was able to develop this practice as a way of managing challenging experiences. In both the pre-training and post-training interviews, Iris emphasized the notion of "noticing" her experiences and it appears as though "noticing without judgment" is another way that she conceptualizes the practice of mindfulness.

During the program, Iris practiced acceptance of unpleasant experiences without resistance or turning away from them. This was a concept she discussed in the pre-training interview when she commented on how acceptance of herself allows her to become more accepting of her life's situations: *[Another challenge was] my inclination to not acknowledge when things are unpleasant... I got better at that...the notion of...embracing the unpleasant... [What helped this get better was] ...just practicing it and not turning away from it.* However, Iris did not specifically discuss the idea of "embracing unpleasant experiences" prior to the mindfulness program, so this practice of embracing the unpleasant could have evolved for her during the program.

Contrastingly, Iris also discussed how she consciously practices being more aware of pleasant experiences: *I also have as a goal to be able to be more aware of when pleasant*

experiences are happening and to really take time to appreciate those pleasant moments as well... I think it was brought more ease to me and more lightness.

Iris reported that she experiences less guilt associated with taking time for self-care. During the pre-training interview, she discussed wanting to incorporate mindfulness practices as a form of self-care and commented on how she is aware that she could enhance self-compassion as well: *I'm having more success with [self-care] without having the feeling of guilt or that I could be doing something else... Discussion about it in the class was really helpful.* Allowing herself to take time for self-care may be a reflection of self-compassion that may have developed more through practicing mindfulness.

Relationship between mindfulness and therapeutic experiences. Iris said that her therapeutic experiences have changed since she feels more present and compassionate towards her clients in therapy as well as less judgmental of herself: *[I think I demonstrated mindfulness in therapy by] noticing when my mind would wander in session and to not judge that as much as I have in the past and to note it... We always have the opportunity to come back... All is not lost. It doesn't ruin the therapy session. Also noticing when I was having thoughts or sensations in a session and just be able to notice those and just let those let those in... I think that I am being more present [in my therapeutic practice]. I'm more able to honour where people are at and where I'm at... It's kind of a reminder that clients have the capacity to live their lives in the way that they're choosing to live their lives... Whether I might see the possibility for change is not as important as how the clients choose to live their lives... I need to, again, engage with the client where they're at and what it is that they want to work on and being more at peace with that.*

In the pre-training interview, Iris spoke about wanting to practice more non-judgment of herself in therapy, particularly regarding her doubts about whether she is being helpful to her clients and when her mind wanders in session. As well, prior to the program Iris spoke about wanting to become more aware of her reactions in therapy and decrease mind-wandering. Therefore, it appears that practicing mindfulness enables her to practice those attitudes that she wishes to embody in therapy, namely, non-judgment and increasing her present-moment awareness. In both the pre- and post-training interviews, Iris spoke about aspiring to be a “calm and non-anxious presence” in therapy, which she identified as ongoing work.

Iris also commented on how mindfulness is associated with being more open and curious with her clients as well: *[Mindfulness is] a way to be more grounded in myself... And if I can be more grounded in myself then I can be more curious with other people... [I am more] able to be curious with people about what it's like to be them in their lives and how they experience their lives and experience themselves and be more open and curious with them.* It also seems as though an attitude of curiosity also enhances Iris' ability to be more empathetic towards her clients as she described how she is more “curious with people about what it's like to be them in their lives...”

Additionally, Iris said she practices sending compassion to her clients and this enables her to feel more positive about the work she has done with them: *I think [mindfulness] has made me more compassionate toward [my clients] to feel more positive that I've walked with this person for this time and now they have to go back out into the world and live their lives and I wish them well.*

Mindfulness-oriented interventions performed in therapy. Iris spoke about how the *Metta*⁵ meditation has informed her therapeutic work since she now adopts a practice of internally saying a message of compassion to her clients as they leave her office: *The practice of the Metta has really enabled me to have more compassion for myself and then to be able to send that out and that's something I'm more conscious of is sending that out as I send people off... I say it in internally to myself and I say that to whoever it is and send it once I've said goodbye to them.* Prior to the mindfulness program, Iris identified that she could be more aware of compassion directed at herself since she believes herself to be compassionate already towards others. However, Iris did not use the term “Metta” prior to the program. Thus, it seems that she conceptualized “compassion” differently and her language around it has expanded since completing the program.

Additionally, Iris commented on how she now has a theoretical framework and more specific terminology to use when incorporating teachings in her therapeutic practice informed by mindfulness theory: *I think now that I've studied [mindfulness] a bit more and practiced it a bit more, I think it just helps me to have more of a theoretical basis for it... A knowledge for things that I think I have been doing in the past but I think...there's a structure around it now for me. So there's a structure of when I notice an event, is it pleasant, unpleasant, or neutral. When I notice things going on in my reactions to situations, now I sort of look at what are the physical sensations you're noticing, what are the emotions, what are the thoughts, and so it feels like there's kind of a support of the structure around that... Because I can now I use some of that terminology. And now I can be a bit more specific about that.*

⁵ *Metta* is sometimes translated as “loving-kindness” in Sanskrit. It connotes compassion and love that is distinct from romantic love which is viewed as more of an attachment (Bien, 2008).

In both the pre- and post-training interviews, Iris did not comment on any specific mindfulness-based skills, such as meditations, body scans, informal practices, etc., that she teaches to her clients. Instead, her interview responses focused on how mindfulness informs her therapeutic approach with clients as well as her experiences in therapy. As previously mentioned, it appears as though Iris may not be very “technique-focused” in therapy, and she focuses more on relational attitudes and her internal experiences.

Karen

Pre-Training Interview (Time 1)

Personal relationship with mindfulness. Karen said that she first started investigating mindfulness to better serve her clients who were experiencing anxiety. She listened to an audio-book by Jon Kabat-Zinn and this was one of her first introductions to mindfulness. She was also exposed to guided meditations through the practice of yoga: *I’ve always wanted to [have a meditation practice]. I’ve always wanted to prior to enrolling in this course. Years ago, I was doing some yoga and I was actually getting someone to come into the workplace to do yoga with our team and...she would just do the guided meditations and I thought...I’ve been hearing about meditation and just breathing, I think that would be really important to bring into my practice, into my personal life.*

Karen identified that she was primarily taking the mindfulness program to benefit her clients. She shared that she was unsure at that point how practicing mindfulness could affect her personal life, although she intends to utilize mindfulness as a method of self-care: *Self-care for sure. I think that’s really important. Of course, you hear about burnout all the time. I try to be really aware of my own self. About how different issues that might come up from my clients, how*

that might impact me... I'm really unsure right now how this mindfulness is really going to help me. So it's kind of a difficult question for me because I've been going along and I don't feel particularly burnt out. Interestingly, Karen is the only participant who, during the pre-training interview, expressed uncertainty about how practicing mindfulness might benefit her while the other participants seemed to have clarity on the positive effects of practicing mindfulness.

Karen said that she often experiences soreness in her back and hoped that practicing mindfulness could help with managing that. She also hoped that practicing mindfulness could help her maintain more calmness in the face of challenging events: *Another part that I'm excited about is because, like they say in Full Catastrophe Living, that even though all Hell breaks loose, that you can still be calm enough to understand what's going on and to respond rather than react. That was one of the reasons I thought, okay, this could be really good, the mindfulness, that if things do happen in my life, then I'll be more of an opportunity to respond in a different way.*

Karen identified that compassion is an element of mindfulness that resonates with her. She spoke about applying compassion to herself as well as to others: *I think that would be wonderful if we all had compassion for one another, even people that rub us the wrong way... To have that compassion flowing out...compassion for myself, for the foolish things I might do or, you know, coulda woulda shoulda type of things.*

Karen shared that she is unsure about how much more mindfulness training she would pursue following this course since she was trying to get comfortable and “settled” with the practice (at the time of Karen's interview, the participants had already attended one mindfulness session). She also shared her feelings of uncertainty regarding her own practice of mindfulness:

Well, I feel very novice at it... I know I've been trying to practice mindfulness for quite some time so I guess I'm just kind of second-guessing myself, am I doing this right?... Type of thing. And I don't know if I am doing it right or not. She concluded by reiterating that she was testing out the waters and hoped to learn some beneficial things from the mindfulness program.

Relationship between mindfulness and therapeutic experiences. As previously mentioned, Karen enrolled in the mindfulness program primarily to learn skills that she could teach her clients: *This mindfulness clinic will give me the skills...even more skills than what I've got, in that, I'll feel I'll be able to kind of bring that at least to my clients and I'll have more knowledge about it.*

I speculated that her uncertainty about how mindfulness could affect her might be an indication of her lack of knowledge about the concept of mindfulness prior to the program. During the pre-training interview, she did not comment much on how practicing mindfulness could influence her experience of therapy, but leaned towards discussing therapeutic interventions associated with mindfulness. However, Karen speculated that the mindfulness program could help her feel calmer during therapy: *Yeah, maybe I'll be even more calm [in therapy after the mindfulness program].*

Mindfulness-oriented interventions performed in therapy. Karen has long implemented guided imageries, breathing meditations, and full-body relaxation exercises in her therapeutic practice with clients. Through these practices, Karen recognizes the utility of the breath in providing stress relief and relaxation, which is another reason she pursued further training in mindfulness: *Sometimes when people are really stressed out I'll just do like a full body relaxation with them and breathing is a really major part of that and so I know that the*

breathing was important ...and I think that was the reason why I kept going into [mindfulness]. And because I have so many clients that do ...present with a lot of anxiety and stress I thought, okay, this mindfulness clinic will give me the skills ...even more skills than what I've got, in that, I'll feel I'll be able to kind of bring that at least to my clients and I'll have more knowledge about it. Karen also said that these exercises work very well for many of her clients for calming and reducing stress.

She hoped that her clients presenting with stress, anxiety, and trauma would benefit from a mindfulness-informed approach to help them explore painful feelings and memories with more acceptance of their past: *I think of a lot of the anxiety and fear that people talk about is that it's the fear of how they felt when they were hurt, and they don't want to go back over there 'cause it was so traumatic for them, that now, thirty years later, here they are... They're no longer that person and so it's trying to kind of look at it out of the corner of their eye and maybe this way they can kind of move their head a little bit more with the mindfulness that they can go, okay, I can see just a little bit more of that then I can process and put it away...I'm hoping.* Karen hoped that this type of mindfulness-informed approach would help clients stay focused in the present while being able to explore their past: *Hopefully this will really help me with [helping clients stay focused on being in the present]. Just trying to make sure that people feel that they're right here, right now, and still be able to talk about what happened in the past...*

Like Theresa, Karen hoped that she would eventually feel more competent introducing mindfulness-oriented interventions in her sessions after completing the mindfulness program: *[I am hoping this program will contribute to] ...feeling more competent when I'm trying to introduce a little bit of mindfulness to help those clients move through this ...so I have to be able*

to feel more comfortable with talking about it, more comfortable about introducing this to others... If I learn from this mindfulness course then I'll be that much more professional about [teaching mindfulness to clients]. I'll be that much more confident about it. It appears as though Karen is primarily focused on learning mindfulness-based skills to teach to her clients.

Post-Training Interview (Time 2)

Personal relationship with mindfulness. Karen reported that a significant learning for her from the mindfulness program was noticing her pre-conceived judgments about her back pain, as well as her resistance to experiencing that pain: *At one point in time, I had this twinge in my back and it hurt...and I mentioned that... And, then of course facilitator says, well, how did that feel? Or, tell me more about that. I'm going well, in my mind, it hurts, I don't even want to think about it right now because my usual practice when I have pain anywhere or if I'm going to a dentist office I'm really nervous that I'll put my mind in a different place... And this was different. It was like, I want you to look at the pain and really describe it and really get in there... And I thought, okay, I can feel the resistance that I've got towards that. What is that about? What is the resistance about? Is it because the other method that I've used for fifty-six years has worked for me? Now, you're telling me to focus on that pain? I also had judgments that if I moved a certain way, [my back] was going to hurt. That was the learning moment in that particular session...was understanding the judgment...that I was putting on myself... I noticed it wasn't quite as difficult. It wasn't as hurtful as I thought it was.* Karen identified that this is a “big takeaway” for her from the mindfulness program. She commented on her back pain during the pre-training interview and identified it then as something she hoped practicing mindfulness could help her with. Prior to the program, she also said she becomes “very stiff” as a way of

managing her back pain and speculated that this may be a “learned reaction.” Therefore, following the program, it appears that noticing her own judgments and habitual ways of managing painful experiences is a new way for Karen to relate to her pain.

Karen also discussed how she incorporates more aspects of mindfulness in her everyday life. For instance, she commented on how she focuses more on her breathing as a strategy to “calm” and put herself in a “relaxed state.” As well, she commented on how she makes a greater effort to be aware of her surroundings.

During the pre-training interview, Karen was uncertain about how the mindfulness program could benefit her. She also expressed uncertainty about whether she was practicing mindfulness correctly. However, during the post-training interview, she commented on the need for patience throughout the program and how, over time, she became more comfortable with practicing: *[What also stood out to me was] the need to learn patience... They kept talking about these trains and these platforms you get off and, I go, what are you talking about? I'm not understanding. I actually was getting quite frustrated. But, I thought, I'll just give it time, give it time... When I came back I had a better feeling about things. And, it finally clicked in what they were talking about... [After having taken the course] I feel more comfortable with just doing [meditation]... I'm more comfortable with it. [Before, I questioned], am I not doing this right? Or, you know...is this the way I'm supposed to be doing this... All those little questions, but I'm just going, no, mindfulness is just...being in the present right now... [Prior to the course] I kind of knew what mindfulness was but I really wasn't sure and that's why I felt the need to take a course so that I could be more knowledgeable about the process of what mindfulness is. So, I could implement that with [my work] or with myself.*

After the program, Karen expressed that she wants to continue doing guided mindfulness meditations and could see the benefit of it: *I'd like to do more of this. I see the benefit of it. I know how people really enjoy it. What I would like is for me to have the experience of just sitting and having someone to say breathe in, breathe out, I really enjoy that part, having someone else facilitate.* This comment marks a difference from the pre-training interview, when she was unsure how mindfulness practice would affect her (if at all) and if she even wanted to pursue it beyond this course.

Relationship between mindfulness and therapeutic experiences. Karen commented on how she practices more non-judgment and present-moment awareness in her therapeutic work in the wake of the mindfulness program. This increased presence in therapy allows her to see her clients “where they are”: *I carry that [idea of non-judgment] with me. So that each person that comes through my door I try to see them right now, right here without judgment and try to really listen to them. Now, with the mindfulness training, I guess that allows me to be even more in the present, to be with them in the present...to be able to see them for right now, where that person is.* Karen emphasized the concept of “non-judgment” as one of her key takeaways from the mindfulness program as it appears that non-judgment stands out to her in both personal and professional realms. However, she did not mention non-judgment as a significant aspect of mindfulness to her prior to the program. This suggests the evolution of Karen’s understanding and vocabulary associated with mindfulness, which has expanded to include the concept of “non-judgment” as a central feature.

Karen discussed how mindfulness allows her to accept the state of her clients and the limits of how much she can help them: *And maybe with the mindfulness...now I've got a strategy*

that I can breathe and I can say, yes, that's who they were when they came here. I've done what I could do at this point, they're on their way, they've left, they seem to be a little bit lighter going out my door than coming in... Using [mindfulness], if I am feeling jittery or upset then I can take a moment and I can breathe. I can kind of clear some space then for myself. And start fresh.

Karen also described how mindfulness might allow her to feel more empathy for her clients as well as for herself. She speculated that being more present with clients might lead to feeling more for their suffering: *If I'm more present with the client...there's more of that [counter]transference so if there's a lot of grief or sadness, I might feel it more... I think empathy is so important of course with anybody you're going to sit down with. So, as far as like an anti-burnout type of strategy, yes, I feel more empathy for [my clients] but I also feel more empathy for me.* During the pre-training interview, Karen made no mention of hoping that mindfulness would increase her empathy in therapy, yet, she did say that “compassion” was a significant aspect of mindfulness to her. Since Karen was uncertain about how mindfulness would affect her prior to the program, it naturally follows that she eventually developed an appreciation for certain aspects related to mindfulness, and, thus, her language and understanding of mindfulness expanded through the program.

Mindfulness-oriented interventions performed in therapy. Karen identified her experience of “curiosity” during the raisin exercise as a significant moment of the mindfulness program for her. That experience informs her therapeutic approach as she consciously employs an attitude of curiosity with her clients in the same manner that she experienced it during the raisin exercise: *[The analogy about the Mars Rover during the Raisin Exercise] kept me in that*

focus where I was really curious. And when I'm talking with my clients or the people that I work with, that's a good analogy to really keep in mind... It slows the process down for sure.

Karen has already been incorporating mindfulness-based skills in her work with clients, such as meditations and breathing exercises, prior to the mindfulness program. However, in the wake of the program, she incorporates more mindfulness-based exercises in her work. As well, she said the mindfulness program reinforces the practices that she has previously been doing:

Yeah, so the breathing, I would kind of integrate as a possible strategy for [clients] to focus on the breathing and focus on yourself, focus on the feeling of your body to just kind of give that person a little bit of a break from the heartbroken, the grief, really. That seems to work as well. I was kind of doing a little bit of that anyways, but I'm doing more of it now. Karen also incorporates breathing exercises both at the beginning and end of her sessions with some clients in order to ground and de-escalate them before leaving the session.

Common Themes of Perceived Differences between Time 1 and Time 2

The following section describes the *common themes* or “meaning units” across participants related to differences in their experiences of practicing mindfulness and differences related to their experiences of integrating mindfulness in their therapeutic practice. The common themes were distilled from the narratives presented above. In order to produce themes, significant statements shared by at least two of the participants were grouped together such that each theme referred to a specific pattern of meaning found throughout the data (Creswell, 2007; Joffe, 2012). This was done by aggregating significant statements into larger clusters of ideas and providing details that supported these themes (Creswell, 2007). There was a degree of subjectivity in developing these themes since I also added my interpretations of the data by

comparing the research texts, included my own observations, and used information documented from my field notes. The common themes among participants described the reported *differences* in the participants' experiences of: (1) their personal relationship with mindfulness; (2) their relationship between mindfulness and therapeutic experiences; and (3) mindfulness-oriented interventions performed. I generated the following common themes among the participants:

1. Personal Relationship with Mindfulness
 - a. Increased calmness and relaxation
 - b. Regular practice improves “comfort” with mindfulness.
 - c. What is the resistance about?
 - d. Stopping the train of negative thoughts
2. Relationship Between Mindfulness and Therapeutic Experiences
 - a. Being more present for clients
 - b. Honouring “where clients are at”
 - c. An open, beginner’s mind
 - d. Increased calmness and relaxation in therapy
 - e. Feeling more empathy/compassion for clients
3. Mindfulness-oriented Interventions Performed in Therapy
 - a. Teaching more mindfulness-oriented interventions
 - b. Being okay with “just listening” and being “silent”

Personal Relationship with Mindfulness

This section describes common themes among participants about any changes they have experienced in their personal life in relation to mindfulness program.

Increased calmness and relaxation. During the post-training interviews, all four of the participants commented on how practicing mindfulness is associated with increased feelings of *calmness* and *relaxation*.

Marie commented on how practicing mindfulness increased her feelings of “relaxation” and reduced stress during a very busy period for her at the start of the mindfulness program. She described how her “mindset” is now different since completing the program. She also stated that after the fifth or sixth class, she noticed that she was “calmer.”

Theresa commented on how she finds mindfulness practice “relaxing” and that it allows her to let go of stress. Theresa typically practices mindfulness meditation on her lunch hour, and here she described how it enables her to “clear her mind” for the rest of her workday.

Helen commented on how practicing mindfulness allows her to feel “calmer” and “less reactive” to challenging situations. She also spoke about how this has helped her develop a greater capacity to deal with challenging events.

Karen spoke about how implementing more awareness of her breathing allows her to reach a state of increased calmness and relaxation. She discussed how she is now implementing awareness of breath more throughout her daily life.

Regular practice improves “comfort” with mindfulness. Theresa, Iris, and Karen all reported that over time, they developed more comfort and ease with practicing mindfulness.

Theresa discussed how practicing mindfulness did not feel natural in the beginning of the program. However, about halfway through, it became more habitual for her. By the end of the program, she said that practicing mindfulness “felt good.”

Iris commented on how practicing mindfulness got “better” over time and that her regular practice contributed towards a greater sense of calm, alertness, and capacity to deal with challenges. She also said that her experience of increased comfort with regular practice “surprised” her.

Karen spoke about feeling more “comfortable” with practicing meditation after she took the course and that she experiences less doubt about whether or not she is practicing “correctly.” Over the duration of the program, it appears as though Karen developed more clarity on the concept of mindfulness and how to practice it.

What is the resistance about? Theresa, Iris, and Karen all commented on noticing their *resistance towards unpleasant experiences* and then practiced accepting them.

Theresa discussed how she recognized her tendency to resist negative experiences through the practice of the loving-kindness meditation in particular. She also commented on how she consciously “sat” with those feelings instead of turning away from them. She also discussed how practicing mindfulness allows her to recognize that unpleasant experiences pass and that she has the capacity to accept and eventually let go of those unpleasant feelings.

Iris also noticed her inclination to resist unpleasant experiences and stated that she eventually became better at “embracing the unpleasant” instead of turning away from it. She commented on how regular practice increased her ability to embrace such experiences.

Karen shared an anecdote about how she noticed her resistance to being fully present to her experience of the physical pain in her back. Typically, Karen’s habitual way of responding to unpleasant experiences is to “put her mind in a different place” instead of allowing herself to feel

such experiences. Karen also described how she had pre-conceived judgments about how her back would feel if she moved in certain ways. Once she noticed her resistance towards her back pain, she recognized that it was not “as hurtful” as she previously thought it was.

Stopping the train of negative thoughts. Both Marie and Iris commented on how practicing mindfulness enables a greater capacity to *notice negative thought patterns* and respond to them by *pausing* or *stopping*.

At the beginning of the program, Marie experienced overwhelming thoughts since she was enduring a lot of stress. She identified that practicing mindfulness helps her to stop ruminating and continuing the cycle of negative thoughts. Instead, she is able to deliberately bring herself to a more “positive mode.”

Iris also commented on how she has developed a practice of “pausing” and “noticing” her reactions when experiencing a challenging situation. She said that the practice of pausing and noticing enables her to be more “open” and flexible to considering other ways of responding to challenges.

Relationship between Mindfulness and Therapeutic Experiences

This section describes the common themes about any changes the participants reportedly experience in their therapeutic practice in relation to mindfulness training.

Being more present for clients. All four participants commented on how practicing mindfulness relates to increased *presence* in their therapeutic work.

Marie shared an example of how she demonstrates increased “presence” in therapy by sitting closer to her clients as opposed to sitting behind her computer desk. Prior to the mindfulness program, she was sitting behind her computer desk in order to write detailed case notes since she was “scared” of forgetting information from her sessions.

Theresa discussed how mindfulness practice is helping her learn to be “more present” in her therapeutic practice. She identified her experience of increased presence as the “biggest change” she experiences in her work. Increased presence helps her attend more fully to the present state of her clients and let go of her own “agenda” for the therapy session.

Additionally, Iris said that she experiences increased presence in her therapeutic practice following the mindfulness program. As well, this assists her in being able to engage with her clients “where they are at.”

Lastly, Karen spoke about how being more present relates to increased feelings of empathy towards her clients’ experiences. Karen also discussed how practicing “non-judgment” towards her clients increases her ability to be more present with them, and to see them “right now, right here.”

Honouring “where clients are at.” All four participants commented on how practicing mindfulness is associated with a greater ability to “let go” of feeling responsible for their clients’ outcomes and become more accepting of “where they are at”, using that same phrase to describe their attitudes of acceptance towards their clients’ states.

Marie said that, since the mindfulness program, she has let go of taking “full responsibility” over her clients’ progress. She has become more accepting of “where her clients

are at.” She also said that she has come to terms with working with her clients at their pace instead of trying to “go faster.” She cited an example that demonstrates how she “let go” of feeling responsible over her clients’ actions when she did not blame herself about her clients leaving the therapy room in a “frustrated and upset” way. This example illustrates that Marie is less attached to her clients’ outcomes in therapy and acknowledges that their actions are out of her control.

Similarly, Theresa discussed how she is more accepting of “where her clients are at” as opposed to immediately trying to solve their problems. Theresa also acknowledged that she is better able to “let go of her agenda” and recognize that the process of therapy is “not about her.”

Additionally, Iris spoke about how she is better able to “honour where clients are at” and acknowledge that her clients have the capacities to live their lives in the manner that they choose. By recognizing this, Iris feels more “at peace” with where her clients are at.

Lastly, Karen discussed how practicing mindfulness is associated with increased acceptance of the state of her clients by acknowledging that she has “done what she can.” This demonstrates Karen’s capacity to acknowledge her limits in helping her clients. Karen also described how mindfulness practice allows her to be more “present” and enables her to see the client “for right now, where that person is.”

An open, beginner’s mind. All four participants commented on how they experienced increased *openness* and *curiosity* towards their clients following the mindfulness practice.

Marie discussed how she adopts a “beginner’s mind” in therapy towards her clients to maintain an attitude of openness to her clients’ stories. By doing this, she is able to experience her clients’ dialogue without prior expectations and beliefs.

In addition to her comments about increased presence in therapy, Theresa also discussed how she adopts a more “open state of mind” in her therapeutic work as well, which reportedly enables her to pick up on more nuances in her sessions. She commented on how an open state of mind allows her to disengage from prior expectations and thoughts of planning what to say next in her sessions.

Iris’ commented on how “honouring where her clients are at” leads to a greater capacity to be more “open and curious” towards their experiences. This enables her to be curious about “what it is like to be them” and relate to their experiences.

Lastly, Karen described the raisin exercise as one of the most significant moments of the program for her. She spoke about how the analogy of pretending that she was on the Mars Rover and picking up a foreign object allows her to enter a state of curiosity towards her experience. She consciously applies this stance of curiosity when speaking to her clients.

Increased calmness and relaxation in therapy. Marie, Theresa, and Karen commented on feeling *calmer* and *more relaxed* in therapy in the wake of the mindfulness program.

Marie discussed how mindfulness practice helps her feel “calmer” and more “confident” in therapy. As well, she commented on feeling more “relaxed” and not as “rushed.” She discussed how feeling more relaxed in therapy relates to “trusting” herself in her work.

When discussing how her therapeutic practice has changed in the wake of the mindfulness program, Theresa commented on how she also feels more “relaxed” and “less pressured” during her therapy sessions. She followed this comment by discussing how increased relaxation facilitates increased presence in therapy.

Lastly, Karen speculated that she might feel more calm and more in tune with countertransference following the mindfulness program as well. Yet, she did not speak with certainty that these experiences have any relation to mindfulness training for her.

Feeling more empathy/compassion for clients. Theresa, Iris and Karen described experiencing more *compassion* or *empathy* towards their clients and/or themselves in their therapeutic practice in the wake of the mindfulness program.

Theresa said that embodying an attitude of compassion in therapy allows her to respect and honour “where her clients are at.” She understood that having compassion for her clients does not mean needing to “fix” anything, and, rather, she can fully “respect the moment” and “bear witness” to it.

Iris commented on how she is more aware of compassion towards herself and her clients following the mindfulness program. She also spoke about how she adopts a practice of sending compassion to her clients as they leave her office. Additionally, Iris commented on how an attitude of curiosity towards her clients enables her to develop more empathy about “what it’s like to be them in their lives and how they experience their lives.”

Karen spoke about how increased presence contributes to feeling more empathy for her clients. She also said that she has more empathy for herself during challenging experiences in her therapeutic work.

Mindfulness-Oriented Interventions Performed in Therapy

The following section describes common themes related to changes in mindfulness-oriented interventions performed in therapy. These interventions may include mindfulness-based skills or exercises that are taught to clients, any interventions informed by mindfulness practice/theory that are explicitly observable to clients, or changes in the participants' behaviour in therapy informed by mindfulness practices and theory.

Teaching more mindfulness-based exercises/skills in therapy. Theresa, Iris, and Karen all commented on the fact that they are teaching more mindfulness-based skills to their clients following the mindfulness program.

Theresa commented on how the mindfulness program informs her practice in some ways. She learned more about the concept of suffering through a quote that was presented in the course and has shared that idea with a few of her clients. Theresa said she is teaching very little mindfulness-based skills to her clients and expressed that she is waiting to learn more before delivering more mindfulness-oriented interventions.

However, Iris commented on how the mindfulness program has provided her with a theoretical basis, structure, and specific terminology to use for any mindfulness-informed interventions or practices she teaches to her clients.

Lastly, Karen commented on how she teaches her clients awareness of breath as a strategy to manage emotions. Following the program, she said that she implements more mindfulness-based skills in her work with clients. She also commented on how practicing mindfulness assists her in feeling more confident with some of the strategies she has already been teaching to her clients.

Being okay with “just listening” and being “silent.” Both Marie and Theresa commented on how, following the mindfulness program, they are implementing more *silence* and *listening* in their therapeutic work as opposed to feeling pressured to offer solutions or suggestions.

Marie discussed how she is much more “silent” in therapy following the mindfulness program. This reflects her attitude of “letting go” of feeling responsible for her clients’ outcomes, and, instead, allowing them to “do the work”.

Theresa discussed how embodying more compassion in therapy relates to a greater acceptance of “where the client is at” and an attitude of “respecting the moment.” She spoke about how this new perspective helps her to be okay with “sitting and listening”, without feeling pressured to offer solutions or suggestions.

For both Marie and Theresa, it seems as though practicing mindfulness relates to a greater sense of ease and patience with clients, reminding them that “respecting the moment” and being truly present by listening may be more therapeutic than driving towards changing or “fixing” clients.

CHAPTER 5: DISCUSSION

This section describes my interpretation of the themes developed in relation to the research questions. The primary research question that was explored is: *what changes in their therapeutic practice, if any, do therapists experience after completing mindfulness training?* The secondary research question is: *what instances in-session, if any, do therapists experience that they associate with mindfulness?* I also discuss implications of this research for therapists and therapist education, strengths and limitations of this study, and recommendations for future research.

As I began transcribing and reviewing the data, three *categories* of significant statements emerged in both the pre-training and post-training interview data: statements regarding (1) the participants' *personal relationships with mindfulness*; (2) the participants' relationships between *mindfulness and therapeutic experiences*; and (3) *mindfulness-oriented interventions* performed in therapy by participants. The significant statements were grouped according to these three categories for reporting the pre-training findings, post-training findings, as well as the common themes among participants denoting differences between Time 1 and Time 2.

The findings from the pre-training interview served as the context for which each participant's understanding of mindfulness and its relation to therapy evolved. The findings from the post-training interview described the differences between pre- and post-training by comparing the research texts from Time 1 to Time 2 for each participant. Lastly, I developed common themes related to *differences* described by two or more participants about perceived changes between Time 1 and Time 2, and my comparative analyses of the research texts. The common themes in category 2 and 3 (relationship between mindfulness and therapeutic

experiences and mindfulness-oriented interventions performed in therapy) answered the above research questions.

Personal Relationship with Mindfulness

Increased Calmness and Relaxation

All four participants commented on feeling calmer and more relaxed in their personal lives as a result of mindfulness practice. Marie described how she feels “more relaxed” and “not as stressed.” Theresa commented on how she finds practicing mindfulness “relaxing” as well as a way for her to “let go of the stresses of the day” and “clear her mind.” Iris identified that practicing mindfulness helps her feel “calmer” and “less reactive.” Karen described how she is implementing more awareness of breath as a way to “calm” and put herself in a “state in which she can relax.”

As Kabat-Zinn (1990) states, *letting go* is one of the foundational attitudes of mindfulness practice whereby we intentionally set aside the tendency to grasp some elements of our experiences and reject others. Instead, we let our experiences be as they are and practice moment-to-moment observation of them. This practice of letting go of attachment to our experiences might allow us to reduce stress and relax into our experiences.

Moreover, Segal et al. (2002) describe how mindfulness training teaches individuals to become more aware of their modes of mind, traditionally known as the *doing mode* and *being mode*. By developing greater awareness of these modes, mindfulness training might help individuals disengage from unhelpful states of mind and enter more helpful ones. The doing mode is characterized by striving towards goals and reducing the gap between how things are

and how we would like them to be, whereas the being mode is not motivated to achieve any particular goal and is accepting of what is without any pressure to change things. By nature of not striving for any particular outcome, the being mode can elicit feelings of relaxation since attention can be dedicated exclusively to the processing of one's moment-by-moment experience rather than dwelling on problems of the past or future anticipation of reaching one's goals. Thus, it appears that the participants experienced effects associated with the being mode, such as increased relaxation, calmness, and greater acceptance of their experiences, enabling a "letting go" of striving towards goals or particular outcomes.

Moreover, research suggests that practicing mindfulness decreases rumination, anxiety, and negative affect (Chambers, Lo, & Allen, 2008; Hofmann, Sawyer, Witt, & Oh, 2010), while increasing positive affect (Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2010). Therefore, it is possible that practicing mindfulness also produces these effects among participants of this study as well by increasing their abilities to effectively regulate emotions. This is particularly important for therapists as they are usually quite invested in finding ways to regulate their emotions due to the emotionally demanding and sometimes turbulent nature of their work.

Regular Practice Improves "Comfort" with Mindfulness

Theresa, Iris, and Karen all commented on how they developed greater comfort and ease with practicing mindfulness over time. Theresa said that practicing mindfulness did not feel "natural" for her at the beginning of the program, yet, by the end, she described her regular practice as feeling "perfectly acceptable" and "really good." Iris also said that her practice eventually "got better" and began contributing to a greater sense of "calm" and "alertness."

Karen discussed how she felt “more comfortable” with practicing meditation after taking the course, whereas in the beginning, she questioned if she was practicing “correctly.”

Practicing mindfulness requires a strong commitment to working on oneself as well as high degree of self-discipline. For instance, Kabat-Zinn (1990, p. 41) said that the “ground rule” for participating in MBSR is that everybody practices and “nobody goes along for the ride.” Once commitment to regular practice is established, practitioners are likely to notice the effects later on. As described in the literature review section, mindfulness is a state of being that must be experienced in order to be fully understood (Gunaratana, 2002; Hick, 2008). Therefore, mindfulness skills can only be acquired through direct experience and repeated practice. Further, research suggests that levels of mindfulness continue to increase as practitioners become more experienced with their practice (Shapiro et al., 2008). This supports the claim that mindfulness can be characterized as a skill that can be developed over time with practice (Bishop et al., 2004; Shapiro et al., 2006).

There are many theorized benefits of practicing mindfulness, such as self-control (Bishop et al., 2004; Masicampo & Baumeister, 2007); affect tolerance and acceptance (Fulton, 2005); equanimity (Morgan & Morgan, 2005); improved attention (Jha et al., 2007; Valentine & Sweet, 1999); and increased compassion and empathy towards self and others (Aiken, 2006; Anderson, 2005; Shapiro et al., 1998). Therefore, it comes as no surprise that when individuals persevere in their own practice, they eventually reap the benefits associated with mindfulness practice, which continues to fuel the momentum of their regular practice.

Thus, it appears that the participants acquired a deeper experiential understanding of mindfulness through regular practice and familiarity with entering states associated with

mindfulness. Moreover, as participants started noticing the positive effects of their regular mindfulness practice, it is likely that this reinforced their commitment to it.

What is the Resistance About?

Theresa, Iris, and Karen all commented on noticing their resistance towards unpleasant experiences and practicing acceptance of those experiences instead. Theresa recognized her “resistance” towards negative emotions related to her new pregnancy, and started practicing “sitting” with those unpleasant feelings instead. This practice allows her to notice how unpleasant experiences eventually pass. Iris also noticed her resistance towards unpleasant experiences and stated that she eventually became better at “embracing the unpleasant” through practice. Karen commented on how she noticed her “resistance” towards fully experiencing her back pain. She noticed that her typical way of responding to pain was to “put her mind in a different place” instead of allowing herself to fully experience it.

As previously mentioned, the attitude of *non-attachment* to our experiences is embedded in the practice of mindfulness. Cultivating awareness of our moment-by-moment experiences allows us to recognize our stance towards certain experiences, and, thus, we are able to notice if we are grasping onto certain thoughts or feelings and rejecting others. In addition to non-attachment and present-moment awareness, the fundamental attitude of *acceptance* comes into play when embracing unpleasant experiences. Acceptance refers to a willingness to let things be as they are in the moment we become aware of our experiences (Germer, 2005a). By attending to passing mental states with acceptance, practitioners also learn that emotional states are temporary, and can be received without fear or judgment (Morgan & Morgan, 2005). Therefore, this theme depicts the participants’ experiences of a few interrelated aspects of mindfulness, with

present-moment awareness leading to the ability to let go of resistance, and eventually accept unpleasant experiences.

Stopping the Train of Negative Thoughts

Both Marie and Iris commented on developing a greater capacity to notice negative thought patterns and respond to them by “pausing” or “stopping.” Marie discussed how practicing mindfulness helps her “stop” ruminating and interrupt the cycle of negative thoughts. As a result, she is then able to deliberately shift her focus to a more “positive mode.” Iris also commented on how she has developed a practice of “pausing more” and noticing her reactions when there is a “challenging situation.”

The act of *pausing* is inherently involved in the practice of mindfulness since we practice still observation of our experiences rather than attempting to fix or alter anything. For instance, during the sitting meditation, thoughts are one of the primary sensations that take our attention away from the breath. Through the practice of noticing our thoughts as mental events and letting them go, we eventually realize that “thoughts are not facts” (Segal et al., 2002). Moreover, our ability to respond to negative thoughts in a skillful way improves since we recognize that we are not enslaved to our thoughts.

Therefore, it is not surprising that through regular mindfulness practice, participants developed a heightened awareness of their thoughts, as well as the ability to handle them more effectively and intentionally. Moreover, research indicates that mindfulness meditation enables individuals to become less reactive and develop the skill of self-observation which allows for disengagement of automatic pathways created from prior learning (Siegel, 2007).

Relationship between Mindfulness and Therapeutic Experiences

Being More Present for Clients

All four participants commented on how they developed increased present-moment awareness in therapy following the mindfulness program. Marie discussed how an increased sense of relaxation enables to be more “present” for her clients and “trust” herself. She cited an example of how she is now sitting closer to her clients as opposed to behind her computer desk, which demonstrates increased presence to her clients. Marie further explained that she sat behind her computer desk in order to write lengthy case notes out of fear that she would “forget information.” Theresa described how “learning to be more present” in her therapeutic practice is the “biggest change” she experiences in her work. She discussed how she is now attending more fully to “where her clients are at” as opposed to anticipating solutions and outcomes. Iris said that she experiences “more presence” in her therapeutic practice, which assists her in being able to “engage with her clients where they are at.” Karen discussed how increased presence towards her clients has also facilitated more empathy towards their experiences.

The practice of mindfulness involves continuous attention to present-moment experience. Thus, it is no surprise that this moment-by-moment attention can be cultivated and integrated into the practicing therapist’s therapeutic work as well. As Hick (2008) states, “this kind of awareness can enable us as therapists to be present in a therapeutic relationship in a different way – a way that is more about being with clients than about being a detached expert” (p. 13). It is interesting to note that each participant described how increased “presence” relates to their experiences in therapy in different ways. For instance, Marie’s experience of presence assisted her in letting go of fear and increasing her sense of trust in herself and her abilities. *Trust* is another foundational attitude of mindfulness as it is characterized by the practice of taking

responsibility for yourself, as well as listening to and trusting your own inner wisdom and intuition (Kabat-Zinn, 1990). Both Theresa and Iris described how being more present in therapy translates into a greater acceptance of where clients are at and the ability to let go of their own judgments, biases, and ideas about how things “should” be. It seems as though Theresa and Iris characterized present-moment awareness as a way to directly contact the present-moment and disengage from thoughts and anticipations about how they would like therapy to be. However, Karen commented on how being more present allowed her to “feel” the states of her clients more, implying that she is more attuned to their emotional states.

Honouring “Where Clients are at.”

All four participants commented on how practicing mindfulness related to an increased ability to “let go” of feeling responsible of their clients’ outcomes and become more accepting of “where they are at.” Marie discussed how she feels calmer in therapy and is no longer taking “full responsibility” over her clients’ progress. She said she has become more accepting of “where clients are at” and acknowledges that she cannot “work faster” than the client wants. Marie also said that when a couple of her clients left the therapy room prematurely, she did not feel responsible for that, whereas before, it would have “belonged to her.” Instead, she acknowledges that her clients’ decisions are out of her control. Theresa described how being more present allows her to also be more accepting of “where clients are at” as opposed to trying to solve their problems. Similarly, Iris spoke about how being more present in therapy allows her to “honour where her clients are at” and acknowledge that clients have the capacities to choose their own paths. Karen discussed how practicing mindfulness helps her become more accepting of the state of her clients by acknowledging that she has “done what she can.” As well, she is more accepting of her limits in helping her clients.

Letting go and *acceptance* are two elements of mindfulness embedded in this theme. All four participants practiced “letting go” by relinquishing control of their clients’ outcomes. This is also an extension of non-attachment since the participants are reportedly less fixated on reaching certain goals and implementing their own agendas with their clients. By letting go of their own ideas of how therapy “should” be, they were able to accept the present states of their clients. As well, it appears that the participants are more “at peace” with the states of their clients and able to dispel their own judgments and biases about how their clients “should” be responding to therapy. It is plausible that such attitudes of increased acceptance and openness towards the states of clients could help facilitate empathy and positive regard, which are elements present in effective therapeutic relationships (Norcross & Hill, 2004).

An Open, Beginner’s Mind

All four participants commented on how they experience more openness and curiosity towards their clients as a result of practicing mindfulness. Marie discussed how she adopts a “beginner’s mind” towards her clients to maintain an attitude of openness to her clients’ stories. By doing this, she is able to listen to her clients without prior expectations and judgments even if they repeat the same stories. Theresa commented on how she experiences a more “open state of mind” in her therapeutic work as well, which reportedly enables her to pick up on more nuances during therapy. Iris also shared that she feels more “open and curious” towards her clients’ experiences and this enables her to recognize “what it’s like to be them in their lives.” Karen spoke about how she adopts the same attitude of curiosity in her work that she experienced during the raisin exercise. She discussed how she adopts that quality of curiosity while speaking to her clients.

By nature of practicing acceptance through mindfulness practice, one also adopts an attitude of openness and receptivity towards all present-moment experiences. The concept of *beginner's mind* is also a familiar expression in the Zen tradition, which connotes qualities of openness, curiosity, and a mind that is willing to see everything as if for the first time (Goodman, 2005). As Marie mentioned, she adopts a beginner's mind when hearing repetitive stories from her clients, enabling her to ask new questions or view these stories in a different light. This is a particularly important quality of mind for therapists in order for us to dispel expectations based on past experiences and prevent us from getting stuck in our own expertise. It allows us to be receptive to new possibilities and view each moment in therapy as unique and special. Like Theresa mentioned, an open state of mind allows her to pick up on more details and nuances in therapy.

Increased Calmness and Relaxation in Therapy

Marie, Theresa, and Karen commented on feeling calmer and more relaxed in therapy following the mindfulness program. Marie discussed how practicing mindfulness enables her to feel calmer and more confident in therapy. She discussed how feeling calmer also relates to a greater sense of "trust" in herself at work. In addition, when discussing how her therapeutic practice has changed following the mindfulness program, Theresa commented on how she also feels more "relaxed" and "less pressured" during her therapy sessions. Karen speculated that she might feel more calm and "in tune with countertransference" in the wake of the mindfulness program as well.

Germer (2005a) posits that meditating therapists report feeling more present, relaxed, and receptive to their clients if they meditate before seeing them. Although there has not been any research that directly examines if practicing therapists are more relaxed, indirect evidence

supports how mindfulness practice might improve the ability to regulate negative emotions and increase positive ones. As previously mentioned, research suggests that practicing mindfulness decreases rumination, anxiety, and negative affect (Chambers et al., 2008; Hofmann et al., 2010), while increasing positive affect and working memory capacity (Jha et al., 2010). Therefore, it follows that participants may experience more effective regulation of their emotions in the wake of mindfulness training, and this may also apply to the therapeutic realm.

Feeling More Compassion/Empathy for Clients.

Theresa, Iris, and Karen commented on experiencing more compassion and/or empathy in their therapeutic practice following the mindfulness training. Theresa said that embodying an attitude of compassion in therapy allows her to respect and honour “where her clients are at.” She learned that compassion does not mean having to “fix” anything, and, rather, she can fully “respect the moment” and “bear witness” to it. Iris described how she developed a practice of sending compassionate thoughts to her clients as they leave her office. Moreover, she is reportedly more compassionate towards herself. Karen spoke about how increased presence contributes to feeling more empathy for her clients. She also said that she has more empathy for herself during challenging experiences in her therapeutic work.

Although the words “empathy” and “compassion” are often used interchangeably, there are distinctions between these two terms. As Morgan and Morgan put it, “compassion refers to the awareness and feeling for the suffering of others, whereas empathy encompasses all the feelings of others, not just their struggles” (2005, p. 81). Rogers’ (1961) traditional definition of empathy is the “accurate understanding of the [patient’s] world as seen from the inside. To sense

the [patient's] private world as if it were your own, but without losing the 'as if' quality – this is empathy” (p. 284).

As previously mentioned in the Introduction, from a Buddhist perspective, empathy and compassion are thought to arise from the understanding of the impermanence of life experiences, the acknowledgment that suffering is inevitable, and the recognition that we are all sentient beings who wish to be free from suffering (Morgan & Morgan, 2005). This idea also emphasizes the interconnectedness of all beings as it eases arbitrary boundaries between ourselves and others. Therefore, it seems as though compassion and empathy may be naturally arising products of mindfulness training since mindfulness involves a deeper understanding of the ubiquitous nature of suffering, as well as embodies attitudes of acceptance and non-judgment towards the self and others.

As mentioned in the Literature Review section, there is a growing body of literature promoting the utility of mindfulness training in developing empathy (e.g., Aiken, 2006; Anderson, 2005; Fulton, 2005; Shapiro et al., 1998; Sweet & Johnson, 1990). In addition, research suggests that mindfulness practice can also lead to the cultivation of self-compassion among therapists-in-training (Shapiro et al., 2007) and increases activation in the areas of the brain associated with compassion (Davidson et al., 2003).

Mindfulness-Oriented Interventions Performed in Therapy

Teaching More Mindfulness-Oriented Interventions

Theresa, Karen, and Iris spoke about how they are including more mindfulness-oriented interventions in therapy. Theresa commented on how practicing mindfulness has informed her

practice in a few ways. She learned more about the concept of suffering through a quote that was presented in the program and has shared that idea with a few of her clients, which really “resonated” with them. Theresa also said she is teaching very little mindfulness-based skills to her clients and expressed that she wants to learn more before delivering mindfulness-oriented interventions. However, Iris said that the mindfulness program provided her with more theoretical basis, structure, and terminology for mindfulness-informed interventions and practices she teaches to her clients. Karen commented on how she teaches her clients awareness of breath as a strategy to manage emotions. She reportedly taught mindfulness-based skills in her work with clients prior to the program, yet afterwards she said that she implements even more in her work.

It is a reasonable assumption that participants’ therapeutic practices are influenced by mindfulness training since they were exposed to a variety of formal meditation practices, informal mindfulness practices and techniques, and discussions informed by mindfulness theory. As such, the participants presumably developed more faith and comfort in incorporating mindfulness practices for their own well-being, which inherently guides interventions and approaches they use in therapy. Germer (2005b) points out that a possible guideline for teaching mindfulness in psychotherapy is that we need to have experienced what we are teaching. However, therapist credentials required for delivering mindfulness-based therapy is a controversial issue, with different modes of therapy requiring different levels of personal practice among therapists. For instance, DBT trainers are not required to practice sitting meditation since it is not a part of the program. However, MBCT and MBSR trainers are encouraged to meditate since these programs incorporate daily sitting meditation. This theme suggests that an eight-

week-long mindfulness program is sufficient to produce a change in the participants' language, use of strategies and skills, and theoretical leanings in therapy.

Being Okay with “Just Listening” and Being “Silent.”

Both Marie and Theresa commented on how they are using more silence and listening in therapy, as opposed to feeling the need to offer suggestions or solutions. Marie described how she is more “silent” in therapy and allows the “client to work.” This demonstrates how Marie is now relinquishing control over her clients' outcomes. Theresa said that she practices more “sitting and listening” without feeling pressure to “say the right thing at the right moment.” This is a practice informed by acknowledging that she does not have to “fix” anything, but can instead “respect the moment” and where the client is at.

As therapists, we often underestimate the power of simply listening to our clients. As Shafir (2008) points out, in order for a client-therapist relationship to be truly therapeutic, the client needs to experience trust in the relationship as well as an understanding of healthy communication – processes that are cultivated and sustained by *mindful listening*. Shafir describes mindful listening as “not so much a skill or a method as it is an attitude, or a state of mind. It combines concentration and focus with curiosity and caring” (2008, p. 216).

As mindfulness is shown to improve concentration (Walsh & Shapiro, 2006; Young, 1997) and attention (Jha et al., 2007; Valentine & Sweet, 1999), it is plausible that this enhances listening skills as well. Moreover, mindfulness practice embodies the attitude of patience, which allows us to sit and listen to our clients with a greater sense of ease and relaxation, without the pressing need to steer them in any particular direction. *Patience*, another foundational attitude of mindfulness, is the understanding that things unfold in their own time, allowing us to be open

and receptive to each moment (Kabat-Zinn, 1990). Therefore, this theme suggests that mindfulness practice relates to increased patience with clients, allowing the participants to listen and adopt more silence in therapy as well as let go of the pressure to devise solutions.

Implications for Therapists

The findings of this study point to several benefits for the inclusion of mindfulness training in therapists' self-care practices as well as in therapist education. Practicing mindfulness may enhance self-care among therapists by increasing their abilities to regulate emotions more effectively as well as contributing to feeling calmer and more relaxed. Furthermore, the findings suggest that mindfulness training may be a valuable addition for therapist education by enhancing relational qualities that may positively affect the therapeutic relationship, as well as by promoting more reflexivity of therapists' reactions, thoughts, and emotions during therapy.

Implications for Therapist Self-Care

Providing care for those who are suffering and emotionally distressed is often stressful in itself. As therapists, we are often witnesses to intense emotional states, crises, sorrows, and conflicts. As such, therapists often experience "compassion fatigue" (Figley, 2002; Weiss, 2004, as cited in Shapiro et al., 2007, p. 105) due to the emotionally demanding nature of the work. The findings of the present study suggest several benefits of mindfulness training associated with therapist self-care, such as increased calmness, relaxation, stress-reduction, and greater capacity to be aware of negative emotional and cognitive states. Practicing mindfulness involves consciously disengaging from a "doing" mode and entering a "being" mode, which invites acceptance of one's present circumstances without pressure to change things. This state may foster feelings of calmness and relaxation as well as decrease anxiety and rumination (Chambers

et al., 2008; Hofmann et al., 2010). Therefore, having a regular mindfulness practice may be a valuable strategy for self-care by providing a way of alleviating such negative states and enhancing psychological well-being. Additionally, existing research already suggests that mindfulness training may enhance self-care of health practitioners by decreasing stress, psychological distress, rumination, anxiety, and negative affect as well as increasing positive affect and self-compassion (Shapiro et al., 1998; Shapiro et al., 2007). As well, simply committing to one's own mindfulness practice may be therapeutic in itself since it involves intentionally dedicating time for stillness, taking a "pause" from everyday activities, and quiet, reflective observation.

Moreover, other findings suggest mindfulness training relates to an increased awareness of negative states and negative thought patterns as well as the ability to interrupt such negative cycles. Research also supports that mindfulness meditation enables individuals to become less reactive and develop the skill of self-observation, allowing for disengagement of automatic pathways created from prior learning (Siegel, 2007). Therefore, practicing mindfulness may be an effective skill for therapists to increase their reflexivity of negative emotional states and thought patterns, thereby preventing negative states from escalating and developing a greater capacity to switch "mental modes" (Segal et al., 2002).

Implications for Therapist Training

Additionally, the findings of this study suggest mindfulness training may relate to the development of beneficial relational qualities that may, in turn, positively affect the therapeutic relationship. As well, mindfulness training may also improve reflexivity among therapists,

thereby allowing for more intentionality in decision-making as well as increased awareness of one's own thoughts, feelings, and reactions in the therapy room.

The results demonstrated that mindfulness training was related to increased “presence” in therapy, acceptance towards clients’ present states, and greater capacity to listen patiently. This is consistent with Bien’s (2006, p. 217) statement that “mindful therapy is therapy in which the therapist produces true presence and deep listening. It is not technique driven.” Further, presence and mindful listening may also be foundational skills for therapists in cultivating effective therapeutic relationships (Shafir, 2008). In order for trust to be developed in the therapeutic relationship, clients need to feel that therapists are presently engaged, accepting of who they are, and truly understanding them. Moreover, sustained attention in the present moment is necessary in order for therapists to grasp the entirety of their clients’ stories, enabling them to pick up on subtle nuances, non-verbal information, and attend to the verbal content in a therapy session.

Other findings of this study that relate to the development of positive relational qualities include increased empathy and compassion, as well as more openness and curiosity in therapy. Maintaining a stance of openness and curiosity is particularly important in order for therapists to be free of prior expectations and judgments while attending to clients. This allows us to be more receptive and pick up on important details we may otherwise miss, thereby enhancing the quality of care.

The findings in this study related to increased empathy are consistent with previous research demonstrating the utility of mindfulness training in developing empathy (e.g., Aiken, 2006; Anderson, 2005; Fulton, 2005; Shapiro et al., 1998; Sweet & Johnson, 1990). As

previously mentioned in the literature review section, research has consistently shown that effective therapists are distinguished by their ability to relate to their clients (Lambert & Barley, 2001). Moreover, empathy accounts for as much, and probably more, outcome variance than specific interventions do (Bohart et al., 2002). Thus, since the role of empathy in fostering effective therapeutic relationships is already well documented, it follows that mindfulness training may enhance therapeutic relationships through empathy development.

In addition, results also demonstrate that mindfulness training relates to increased awareness of resistance towards unpleasant experiences, as well as a greater capacity to “pause” when noticing negative emotional or cognitive states. This type of increased awareness of one’s reactions could presumably improve a therapist’s reflexive ability. Reflexivity embodies the quality of “holding up a mirror to one’s practice, as it were...to be mindful and self-aware and to observe what one is doing and to reflect upon it critically.” (Paré, 2013, p. 436). This increased awareness of our present-moment experiences allows us to be more intentional in the therapy room, which has implications for ethics of practice. By developing a stronger capacity to act with intentionality, therapists may be better equipped to make choices that minimize harm and increase care of clients.

Limitations

The purpose of qualitative research is to provide a story representative of the studied phenomenon (Lincoln & Guba, 1985). Therefore, an advantage of using a hermeneutic phenomenological approach was that I was able to develop rich accounts of each participant’s unique experience based on their own words, and interpret the meaning of their texts in light of their life context. I was also able to detect the evolution of their understandings of mindfulness

and its application to therapy through their use of language. This approach was particularly useful in the investigation of the participants' *implicit* experiences related to their practice of mindfulness and the integration of mindfulness in their therapeutic work since these experiences are not directly observable and can only be accounted for through the participants' accounts.

Although I was able to develop in-depth, descriptive accounts of each participant's subjective experience, this study also had several limitations. First, the self-selective nature of the recruitment process could have been a limitation since participants who volunteered for this study are more likely to be receptive to mindfulness training and keen to speak about their experiences in the first place. Therefore, these participants may represent a sample of therapists who are likely to have higher awareness of their thoughts, feelings, and reactions. Second, developing the skill of mindfulness requires a consistent and regular practice. Although participants were required to attend at least six out of eight of the MBSM sessions, their engagement in regular practice during the program was within their own volition. Moreover, a few of the participants revealed in their post-training interview that committing to their regular practice was a challenge. As such, it is difficult to account for the level of engagement in the mindfulness program among the participants. Third, it is arguable that my experiences and prejudices as a therapist-in-training and as a mindfulness practitioner heavily influence my interpretation of the data. However, hermeneutic phenomenology embodies the understanding that phenomena are interpreted based on an individual's background and historical context (Denzin & Lincoln, 2005). Moreover, member checks were conducted in order to verify that my initial interpretations of the participant data were an accurate representation of what the participants intended to convey. Fourth, all of the participants were female and around the same age, and, therefore, may not have represented a heterogeneous sample of therapists due to these

demographic similarities. However, there was diversity in the type of therapeutic work performed among participants. Fifth, the results of this study were based entirely on the accounts of each participant, which makes it impossible to ascertain the validity of the overt changes reported by participants in their therapeutic practice. Sixth, due to the descriptive nature of the data, it was difficult to determine what specific changes are associated with mindfulness practice versus the participants' experiences outside of the program. For instance, the participants' experiences of the pre-training interview may have influenced their experiences of the mindfulness program such that they attended more to particular personal and therapeutic experiences related to mindfulness as a result of being prompted by the interview content. Thus, I was not in a position to make claims about changes that resulted directly from the mindfulness program. Finally, there is a distinction between being mindful in the present moment versus reporting on mindfulness post-event. This is important to recognize since there was not a one-to-one correspondence between the experiences of mindfulness in the moment versus retrospective accounts of those experiences.

Recommendations for Future Research

As mentioned above, the results of this study were based entirely on the accounts of the participants. Therefore, to add a measure of trustworthiness, it would be useful to audio- or video-record therapy sessions of each participant before and after the mindfulness program in order to observe any overt changes that might be present after the program. In addition, it would also be valuable to include a follow-up interview to determine whether the reported changes in their therapeutic practice are long-lasting. As previously mentioned in the literature review, preliminary research on therapist mindfulness suggests that mindfulness training may assist in

the development of many important therapist attitudes and skills (e.g., Aiken, 2006; Hick, 2008; Morgan & Morgan, 2005; Shapiro et al., 2007; Wang, 2007; Wexler, 2006), and the findings of this study also support this claim. However, research on the effects of therapist mindfulness on therapeutic practice is limited (e.g., Fulton, 2005; Hick, 2008; Stanley et al., 2006). Based on the findings of this study, researchers would do well to continue investigating how mindfulness training may assist in the development of important therapist attitudes and skills, such as acceptance, empathy, presence, openness, capacity to listen, and curiosity.

Concluding Remarks

This study aimed to explore whether and in what ways mindfulness training might shape therapeutic practice. Using an approach based on hermeneutic phenomenology, I developed in-depth descriptions of four therapist participants' experiences of mindfulness and its relationship to therapy prior to and after they participated in an intensive mindfulness program. By performing comparative analyses and through my own interpretations of the data, I developed several themes indicating the changes associated with mindfulness training on a personal level and in relation to therapeutic practice. The findings suggest that mindfulness training relates to the development of several important therapist attitudes, skills, and relational qualities. Thus, these findings have implications for the inclusion of mindfulness training for therapist education. As well, the findings suggest that mindfulness training relates to improvements in emotional regulation and stress reduction, and, therefore, could be a valuable addition for therapist self-care. It is my hope that this study will inspire future research on the benefits of mindfulness training for therapists, not only to inform therapeutic practice, but also for self-care. I believe that

practicing mindfulness allows us to enjoy the work we do as therapists more fully, appreciate the significance of it, and continue to discover a fulfilling and meaningful practice.

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Appendix A: Recruitment Invitation

EXPLORING THE EXPERIENCES OF THERAPISTS AFTER PARTICIPATING IN AN INTENSIVE MINDFULNESS PROGRAM

Dear registrants of the MBSM program for health-care professionals:

I am seeking four participants who are therapists for a study on the experiences of therapists in their therapeutic practice in relation to mindfulness training. Therapists eligible to participate must be (a) currently practicing psychotherapy and (b) practitioners in the psychotherapy-field with face-to-face counselling as their primary mode of delivering service (could include social workers, psychologists, counsellors etc.) Participants must be already enrolled in the eight-week Mindfulness-Based Symptom Management (MBSM) program for health-care professionals starting [REDACTED].

Participants will be asked to partake in: (1) *One brief meeting* (approximately 20 minutes) to review informed consent and study procedures. (2) *Two interviews* (approximately 60 minutes each) regarding their experiences with mindfulness and therapy. One interview will be conducted prior to the MBSM program and one interview will be conducted after the program. (3) *Electronic communication* in order to solicit participant feedback on my interpretations of their interview data (reading document and writing feedback will take approximately 30 minutes and will occur once in the research process).

Participation in this study may give you the opportunity to reflect deeply on your experiences in an intensive mindfulness program as well as on your therapeutic practice. This study will add to the preliminary research on the integration of therapist mindfulness into therapeutic practice. The results may have implications for the inclusion of mindfulness training in therapist education. This study will be qualitative in nature, enabling the development of rich accounts of therapists' experiences with mindfulness and therapy. Participants will be compensated \$50 for their participation and will be selected on a first-come first-serve basis.

If you are interested in participating or have any questions, please contact the principal investigator, Tracie Lee or her thesis supervisor, Dr. David Paré.

Ms. Tracie Lee
Master's student

David Paré
Professor

Thank you kindly for your consideration.

Tracie Lee

Appendix B: Letter of Information

Letter of Information for Study Participation

Title of the study: Exploring the Experiences of Therapists after Participating in an Intensive Mindfulness Program

Ms. Tracie Lee
Master's student

Professor David Paré
Thesis Supervisor

Invitation to Participate: You are invited to participate in a research project conducted by Ms. Tracie Lee under the supervision of Professor David Paré as part of her Master's thesis at the University of Ottawa.

Purpose of the Study: The purpose of the study is to explore how participation in an eight-week mindfulness program may change the experiences of therapists in their therapeutic practice.

Participation: You will be asked to participate in:

1. Interview 1 (pre-training) that will be audio-recorded (approximately 60 minutes). In this interview, you will be asked questions regarding your experiences and knowledge of mindfulness in relation to your therapeutic practice.
2. Eight-week Mindfulness-Based Symptom Management program (requirement for participation in the study is six out of eight sessions)
3. Interview 2 (post-training) that will be audio-recorded (approximately 60 minutes). In this interview, you will be asked questions regarding both your general and anecdotal experiences of mindfulness, if any, in recent therapy sessions.
4. Electronic communication in order to solicit your feedback on my interpretations of your interview data. (reading document and writing feedback will take approximately 30 minutes)

Benefits: Participation in this study will give you the opportunity to reflect deeply on your experiences in an intensive mindfulness program as well as on your therapeutic practice. The research activities may help you solidify your learnings from the mindfulness program and explore how mindfulness relates to your therapeutic practice. Your participation will add to the preliminary research findings on the integration of therapist mindfulness into therapeutic practice. The results may have implications for the inclusion of mindfulness training in therapist education.

Risks: Your participation in this study entails no foreseeable risks. However, if you experience any discomfort, Ms. Lee will make every effort to minimize this discomfort. You may refuse to answer any questions and stop the research process at any time. **Confidentiality and**

Anonymity: The information that you will share will remain strictly confidential and will be

used solely for the purposes of this Master's project. The only people who will have access to the data are the principal investigator, Tracie Lee, and her thesis supervisor, Dr. David Paré. Your answers to open-ended questions may be used verbatim in written reports but no identifying information (including names or organizations) will be revealed. Anonymity is guaranteed since you are not being asked to provide your name or any personal information.

Conservation of data: You have been assured that during the research process, the audio-recordings of interviews and any research materials (electronic and hardcopy) will be kept in a secure manner in a locked cabinet in Ms. Lee's office in [REDACTED] or on her password protected computer. Upon completion of the project, electronic data will be stored on Professor Paré's password protected computer and hardcopy materials will be kept in his locked office. The data will be kept for five years following the end of the project. After five years, all research materials will be shredded and electronic data will be permanently erased.

Compensation: You will be compensated \$50 by email money transfer upon completion of the data collection process. You may withdraw from the study at any time and still receive the full compensation.

Voluntary Participation: You are under no obligation to participate and if you choose to participate, you can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If you choose to withdraw, all of your data gathered until the time of withdrawal will be destroyed.

Information about the Study Results: You will have the opportunity to receive a copy of the final research report and request changes before it is submitted to anyone outside of the principal investigator, Tracie Lee, and the thesis supervisor, Dr. David Paré. These documents will be sent to you electronically via a password secured email account, [REDACTED]. You will be given the password to these documents during the post-training interview.

If you have any questions or require more information about the study itself, you may contact the principal investigator or her supervisor at the numbers listed above. If you have any questions with regards to the ethical conduct of this study, you may contact the Protocol Officer for Ethics in Research, [REDACTED].

Please keep this form for your records. Thank you for your time and consideration.

Tracie Lee

Researcher's name

Signature:

Date:

Dr. David Paré

Thesis Supervisor's name

Signature:

Date:

Appendix C: Consent Form

Consent Form for Study Participation

Project title: Exploring the Experiences of Therapists after Participating in an Intensive Mindfulness Program

Ms. Tracie Lee
Master's student

Professor David Paré
Thesis Supervisor

Invitation to Participate: I have been invited to participate in a research project conducted by Ms. Tracie Lee under the supervision of Professor David Paré as part of her MA thesis at the

Purpose of the Study: The purpose of the study is to explore how participation in an eight-week mindfulness program may change the experiences of therapists in their therapeutic practice.

Participation: My participation will consist of participating in:

1. An initial meeting to review informed consent and data collection procedures (approximately 20 minutes)
2. Interview 1 (pre-training) that will be audio-recorded (approximately 60 minutes)
3. Eight-week MBSM program (requirement for participation in the study is six out of eight sessions)
4. Interview 2 (post-training) that will be audio-recorded (approximately 60 minutes)
5. Electronic communication in order to solicit your feedback on my interpretations of your interview data (reading document and writing feedback will take approximately 30 minutes and will be done once).

Assessment of risks: My participation in this study entails no foreseeable risks. However, if I experience any discomfort, Ms. Lee has assured me that she will make every effort to minimize this discomfort. I may decide to stop the research process at any time.

Benefits: Participation in this study will give me the opportunity to reflect deeply on my experiences in an intensive mindfulness program as well as on my therapeutic practice. My participation will add to the preliminary research findings on the integration of therapist mindfulness into therapeutic practice. The results may have implications for the inclusion of mindfulness training in therapist education.

Confidentiality and Anonymity: I have received assurance from Ms. Lee that the information I share will remain strictly confidential. I understand that the contents will be used only for the purposes of this Master's project. My confidentiality will be protected by keeping all participant data and written communications private and storing all research materials in a locked cabinet.

Anonymity will be protected in the following manner: Pseudonyms will be used for all written reports and material quoted by participants in order to maintain confidentiality. Participant codes will also be used on other research documents. If any other potentially identifying information is shared by participants in the interview transcripts, the principal investigator will alter the content of this material so that no identifying information will be revealed in the study's written reports.

Conservation of data: I have been assured that during the research process, the audio-recordings of interviews and any written research materials (electronic and hardcopy) will be kept in a secure manner in a locked cabinet in Ms. Lee's office (located in the [REDACTED]) or on her password protected computer. Upon completion of the project, electronic data will be stored on Professor David Paré's password protected computer and hardcopy materials will be kept in his locked office. The data will be kept for five years following the end of the project. After five years, all research materials will be shredded and electronic data will be permanently erased.

Compensation: I will be compensated \$50 by email money transfer upon completion of the data collection process. I may withdraw from the study at any time and still receive the compensation.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions without suffering any negative consequences. If I choose to withdraw, all of my data gathered until the time of withdrawal will be destroyed.

Acceptance: I, _____, agree to participate in the above research study conducted by Ms. Tracie Lee as part of her Master's thesis, at the [REDACTED] under the supervision of Professor David Paré.

If I have any questions about the study, I may contact the Ms. Lee or Professor Paré.

If I have any questions regarding the ethical conduct of this study, I may contact the Office for Ethics in Research, [REDACTED]

There are two copies of the consent form, one of which is mine to keep.

Participant's name	Signature:	Date
Tracie Lee		
Researcher's name	Signature:	Date:
Dr. David Paré		
Thesis Supervisor's name	Signature:	Date:

Appendix D: Research Materials

Telephone Screening Interview

Name:

Date:

Thank you for answering these questions about your therapeutic work and experiences. The data you provide here will be kept confidential and will be processed in a way that preserves your anonymity. For the purposes of this study, we are seeking four therapist participants with diverse demographics and backgrounds in the psychotherapy field. If you do not participate in the study after the screening interview, all of your data pertaining to the study will be erased and/or deleted permanently.

1. Are you currently a practitioner in the psychotherapy field?
2. What is your current professional designation?
3. Is face-to-face counselling your primary mode of delivering service?
4. Gender?
5. What is your date of birth?
6. How would you describe your theoretical orientation to your counselling work? (e.g., single or various theoretical “models” and approaches. Please name.)
7. How many years have you been practicing psychotherapy?
8. What are the demographics of clients that you see? (e.g., children, youth, adults, couples, families)
9. What are the typical presenting problems you work with in your practice? (e.g., depression, anxiety, relational etc.)
10. Are you willing to attend all of the eight sessions in the MBSM program, with the exception of illness, emergencies, and other reasonable circumstances? Minimum requirement is attendance at six out of the eight sessions for participation.
11. Are you willing to commit to doing the assigned homework and regular mindfulness practices (as recommended by the course instructors) outside of the sessions?

Interview 1 (Pre-Training)

Thank you for agreeing to meet and answering these questions. The data you provide here will be kept confidential and processed in a way that preserves your anonymity. Please do not refer to yourself by using your name during the audio-recording as this will help preserve anonymity. Please notify me at any time if you feel uncomfortable during the interview and wish to stop.

Name:

Date:

1. Please describe what led you to be interested in mindfulness.
2. Please describe what history and experiences you have with mindfulness and/or Buddhism? (e.g., trainings/workshops/retreats attended, if you engage in a regular practice, reading books or studies on mindfulness, travels to centres of Buddhist/mindfulness practice etc.)
3. What led you to enrol in the eight-week MBSM training?
4. What are you hoping to gain from the MBSM training? (e.g., reduced stress, strategies for self-care, techniques to apply in therapy sessions, enhance your therapeutic work etc.)
5. Please describe which aspects of mindfulness, if any, resonate with you the most (e.g., loving-kindness, compassion, non-attachment, impermanence, concentration etc.) as well as what makes these aspects of mindfulness significant to you.
6. Please describe how you think that you apply aspects of mindfulness to your therapeutic work, if at all?
7. Please describe how you think your therapeutic practice will change, if at all, after you complete this eight-week MBSM training?

Interview 2 (Post-Training)

Thank you for agreeing to meet and answering these questions. The data you provide here will be kept confidential and processed in a way that preserves your anonymity. Please do not refer to yourself by using your name during the audio-recording as this will help preserve anonymity. Please notify me at any time if you feel uncomfortable during the interview and wish to stop.

Name:

Date:

1. Please describe what experiences were significant and/or memorable about the mindfulness training.
2. Please describe any challenges and difficulties you experienced during the mindfulness training.
3. Please describe any benefits and positive experiences you had during the mindfulness training.
4. Please describe an instance of mindfulness you experienced during a therapy session, if any, during the last eight weeks?
5. Please describe how you think your therapeutic practice has changed, as a result of engaging in the mindfulness training, if at all.
6. Are there any aspects of mindfulness that you have experienced more frequently in your therapeutic work since starting the mindfulness training? (e.g., increased awareness, concentration, compassion etc.) If so, please describe it.
7. Please describe what aspects of your life, if any, have changed as a result of engaging in the mindfulness training. Please describe how these aspects of your life have changed.
8. How has your perception of mindfulness changed since you started the mindfulness training?
9. Please describe how, and if, you will continue your regular mindfulness practice.
10. What surprised you about this training?

Field Notes Protocol

1. Basic information of what is being observed: date, who is present, physical setting, social interactions, and what activities took place.
2. Direct quotations or as near as possible, recall of direct quotations during observed activities and interviews, both formal and informal.
3. Researcher's feelings and reactions to the experience, and reflections about the personal meaning and significance to the observer of what has occurred – nature and intensity of feelings should be recorded.
4. Observer's insights, interpretations, beginning analyses, working hypotheses about what is happening in setting, includes judgements and inspirations – should be clearly marked as being interpretive.

Transcription Protocol

Adapted from:

McLellan, E., MacQueen, K.M., & Neidig, J. (2003). Beyond the Qualitative Interview: Data Preparation and Transcription. *Field Methods*, 15, 63-84.

1. Audiotapes shall be transcribed verbatim (i.e., recorded word for word, exactly as said), including any nonverbal or background sounds (e.g., laughter, sighs, coughs, etc.).
2. Nonverbal sounds shall be typed in square parentheses, for example, [laughter], [clears throat], [sighs].
3. If interviewers or interviewees mispronounce words, these words shall be transcribed verbatim.
4. Filler words such as *hmm*, *huh*, *mm*, *mhmm*, *uh huh*, *umm*, etc. will be transcribed except if they are used in “cross talk” (i.e. when there is overlapping speech).
5. Word or phrase repetitions shall be transcribed. If a word is cut off or truncated, a hyphen shall be inserted at the end of the last letter or audible sound.
6. If a segment of the tape (a word or short sentence) is unintelligible, the transcriber shall type the phrase “inaudible” in square brackets.
7. If an individual pauses briefly between statements or trails off at the end of a statement, the transcriber shall use three ellipses. A brief pause is defined as a 2-5 second break in speech.

Participant Instructions for Member-Checking Documents

You will receive a document via email that summarizes my observations and interpretations of your interview responses. Please read through the summary document and add your feedback on these notes. This feedback is important to note any points of departure between my interpretations of the interviews and your interpretations of them. Please make margin comments at the points in the document that need further clarification. This is done by highlighting the phrases/sentences that wish to comment upon, select “Review” and “New Comment.” You may also include additional comments by writing in a different font colour underneath the text of the document. Please notify me if you prefer a paper copy of these documents and you will be given that option. Please return these documents by email [REDACTED] within one week of receiving them.

Please feel free to contact Tracie Lee or Professor David Paré if you have any questions.

Thank you kindly for your participation.

Tracie Lee

Tracie Lee
Master’s student

Professor David Paré
Thesis Supervisor

[REDACTED]

Appendix E: Information on the Mindfulness-Based Symptom Management Program and [REDACTED] Clinic

Annotated MBSM Course Curriculum

Class 1: Introduction

Concepts of living skillfully, wellbeing; description of mindfulness as concept and practice; story of the authors' path; introduce the four platforms of mindfulness and the five skillful habits

Theme: Exploring the ways in which we are well. Defining mindfulness; what does it mean intuitively. How do we pay attention, create the intention to attend to our stance or attitude in the moment.

Illness, Stress & Distress
 Causes and conditions of Distress
 Autopilot
 Wellbeing and natural goodness
 Exercises: awareness of senses
 Mindfulness as Calm, Aware, Re-member, Recover
 Details on the Body-Emotions-Sensations-Thinking
 Case examples throughout the text
 Places we get stuck: space, time, expectations, assumptions
 Practices for the week: Body Scan, Mindful Bells

Class 2 – Meeting the Difficult and Unwanted

Theme: How our perceptions impact our experience. What were the links we made between the stressors (of practice) and the way we managed them?

Experience of noticing
 Nature of roadblocks
 Being with what is
 Cultivating wellbeing
 The 100% trap and the North Star
 Places we get stuck: physical pain & discomfort, boredom, sleepiness/fatigue, wanting change
 Record Sheets for Practice of Body Scan, Pleasant Events & Mindful Bells

Class 3 – Awareness of the Body

Theme: Bringing awareness to this moment, the way the body is, as it is. Noticing the stories and labels we put on what we sense in the body. Discerning the opinions we hold about our performance, the way our body is responding to the mindful movements and the sitting meditation.

Awareness of the body
 Our attitudes towards our body
 How strain and stress affect the body
 Breath conditions body
 Five Skillful Habits and compassionate awareness of the body
 Place we get stuck: pain, crisis, wanting things to be different, pockets of emotions that may release when we move
 Practice Sheets for Body Scan, Awareness of Breath meditation, Mindful Bells, Unpleasant Events & Five Skillful Habits for the body

Class 4 – Awareness of Emotions

Theme: Mindfulness practice as a means of reducing our reactivity under stress. The physiology of emotions and how it links to the psychology of stress. How to stay present to the discomfort of distress, build distress tolerance. Resilience as the rate of recovery.

Awareness of emotions – physiology of experience vs story about it
 Pleasant, unpleasant experiences: they happen, are impermanent and not personal
 Regulating our emotional system
 Attention, Breath, Calm exercises – 3-minute breathing meditation
 Five Skillful Habits for emotional regulation
 Places we get stuck: avoiding the distress, expectations, assumptions about our capacity
 Practice Sheets for Awareness of Breath meditation, Mindful Bells, mindful movements, Five Skillful Habits for emotions

Class 5 – Awareness of Sensations

Theme: Digging deeper into understanding the way the body communicates with us. Bringing awareness to the reactive physical sensations and the reactivity to sensations. Exploring the ways of developing steadiness in the face of the whole range of sensations. Cultivating clarity and compassionate holding of the experience.

Awareness of Sensations
 Sensations and pain perception
 Cycle of choices
 How is it now? Coming into the present, letting go of stories about the experience
 Five Skillful Habits for sensations
 Places we get stuck: going into the past and future, avoidance of the sensations, stories
 Practice Sheets for Awareness of Breath meditation, Mindful Bells, mindful movements, Five Skillful Habits for sensations

Class 6 – Awareness of Thought

Theme: How our internal communication feeds and affects the stance in our interpersonal communications. How we perceive threat which leads to fight-flight-freeze reactivity. Understanding this as the preparatory (or biologically-driven) response. Cultivating mindfulness to create a space between the biological response and the reaction. Developing flexibility and enhancing the recovery (or reset) rate.

Awareness of thoughts
 The Central Nervous System and reactivity
 Zone of Resilience and Recovery
 When the system is under attack: Fight-Flight-Freeze
 Our appraisal system
 Thoughts make the thinker
 Choosing an appropriate response
 Becoming responsive not reactive
 Five Skillful Habits related to thinking
 Practice Sheets for BEST meditation, Mindful Bells, mindful movements, Five Skillful Habits for thinking

Class 7 – Sustaining Well Being through Self-Care

Theme: Developing self-care. Examining ways in which we deny or restrict ourselves. Coming to the edges of our openness for ourselves and others; ways we stay with the familiar and comfortable in our connections. What is nourishing for us.

Relapse prevention
 The dance of practice
 The four aspects of true love: lovingkindness, resonant joy, equanimity, compassion
 ... and their shadow sides
 Practice Sheets for *metta* meditation, choice of any meditation or combination of sitting, mindful movements, walking meditations, Mindful Bells

Class 8 – Preparing for the next chapter (the rest of your life)

Theme: How to sustain practice. Review of skills, elicit what were the practices that are in the toolbox. Letter to myself. Alumni group meetings and retreat centers.

Nothing changes if nothing changes
 Integration of the four platforms of practice, five skillful habits, and self-compassion

Appendix F: Documents Distributed to Participants of the [REDACTED] Clinic

**[REDACTED]
Health Consent Form**

NOTE TO CLIENT: We want your informed consent for the services we are to provide. This means that we want you to understand the services we hope to provide to you, the cost involved, and what we do with the personal information we obtain about you. If you have a question about any of this, please ask.

CONSENT FOR ASSESSMENT I understand that I am inquiring into psychological services which, if appropriate, involve attendance at an 8-week mindfulness program. **All information provided is maintained in confidence.** A release of information will be required for any report or transmission of information I request.

LIMITS OF CONFIDENTIALITY Some occasions constitute a limit to confidentiality. Disclosure is legally/ethically required:

- When information is given by a client that indicates potential harm to self or others;
- When a search warrant or subpoena is issued to obtain client information;
- When there is a possibility that a child has been or is being abused and no report has been made to the Children's Aid Society;
- When there is a possibility that a child is witness to abuse or aggression between adults;
- When information is given about previously unreported sexual abuse by a health care professional who has been or currently is treating a client.

CONSENT FOR THE COST OF THIS INTAKE ASSESSMENT There is no charge for this intake assessment. If I wish to register for the 8-week program a **non-refundable** deposit of \$60.00 will be required and this amount will be deducted from the total cost of the program at the time I make payment on the remainder. Further consent to participate in the program and other payment information will be provided in the registration form.

CONSENT FOR PERSONAL INFORMATION I understand that to provide me with psychological services, the [REDACTED] will collect some personal information about me (e.g., home telephone number, address, general demographic information, insurance codes).

I understand that the [REDACTED] Privacy Policy is available to me for review if requested. The Privacy Policy concerns the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. Upon review of the Privacy Policy, I will be given a chance to ask any questions I have to understand how the Privacy Policy applies to me.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to the [REDACTED] collecting, using and disclosing personal information about me as set out above and in the [REDACTED] Privacy Policy.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

MINDFULNESS-BASED SYMPTOM MANAGEMENT
An eight week course in skillful living

Registration: DAY EVENING

Name:

Address:

Phone (day):

Phone (eve):

Family Physician:

In case of emergency,
please call (include number):

Current Therapy

I am not in therapy.

I am presently working in therapy with _____.

We meet

Once a week

Twice a week

Once a month

The reason I am taking this course is:

DO NOT COPY

MY CONSENT TO PARTICIPATE

Please read the following and check a box to indicate your response

This program is an eight week course comprised of learning awareness and meditation techniques, instructions and teachings on various aspects of managing my symptoms, and discussing weekly assignments. Aware that it will demand my time and resources,

I am willing to engage in this course

I am not ready to engage in this course

This program includes many persons with varying backgrounds, strengths and difficulties. Aware that maintaining confidentiality of the information that is shared with me is crucial to encouraging feelings of openness and security,

I am committed to maintaining confidences in this course

I am not ready to engage in this action

This program is conducted by psychologists who are required to comply with legal limits of confidentiality. Aware that disclosures of threat to myself or others, unreported physical, sexual or emotional abuse of children, unreported sexual abuse by health care professionals, and/or presentation of subpoenas or search warrants must be complied with or reported to appropriate authorities,

I am willing to engage in this course

I am not ready to engage in this course

Aware of the conditions above and of the implications they address, I agree to engage in this program.

Aware of the conditions above and of my feelings at this time, I am not ready to engage in this program.

Signature

date

Witness signature

date

CONSENT TO USE MATERIALS IN QUESTIONNAIRES

I have been provided with questionnaires assessing various physical and emotional symptoms and understand these data will be used to evaluate the usefulness of the program and for research in effectiveness of mindfulness interventions. If I wish feedback at the end of the program and follow-up appointments, I may contact the facilitators.

If these data are used in research publications, I am assured of anonymity in the use of my responses.

Aware that the data may be beneficial to myself and will contribute to the improvement of the program over time,

I consent to provide the information requested in the questionnaires AND (**ONE** of the following)

to the use of the data to examine the effectiveness of the program and for possible publication with assurances of confidentiality of my identity

solely for feedback (decline to have it used for research purposes)

Signature

date

Witness signature

date

ID _____



Weekly Practice Survey

A survey of your weekly mindfulness practice

1) During the past seven days, have you used any of the mindfulness practices you learned in the program?

- Yes
 No

2a) Which formal practices did you practice this past week?

"Formal" practices are practiced for a specific length of time either using a meditation aid (e.g., guided meditation), or on your own using a signal (e.g., timer or bell) to indicate the end of the session. These practices are called "formal" because they are more structured.

	Never	1-2 times	3-4 times	5-6 times	Daily
Body scan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking meditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindful movements (e.g., yoga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) Please estimate your average formal practice time per day.

	None	1-15 mins	16-30 mins	31-45 mins	> 45 mins
All formal practices (body scan, sitting or walking meditation, mindful movements e.g., yoga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3a) Which informal practices did you practice this past week?

"Informal" practices are essentially 'reset' moments used throughout the day to re-orient yourself towards moment-to-moment awareness. Informal practices are also typically shorter in duration than formal practices, and are more readily incorporated into everyday activities.

	Never	1-2 times	3-4 times	5-6 times	Daily
Mindful bells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-minute breathing space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bringing moment-to-moment awareness to routine activities (e.g., while showering, brushing your teeth, doing household tasks, walking, driving, eating, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying attention to stress signals from the body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practicing non-judgmental awareness of thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practicing non-judgmental awareness of emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) Please estimate your average informal practice time per day.

	None	1-15 mins	16-30 mins	31-45 mins	> 45 mins
All informal practices (mindful bells, 3-minute breathing space, practicing moment-to-moment awareness of activities, attention to body, thoughts, emotions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) What do you expect your frequency of practice to be in six months?

- About the same
- Higher
- Lower

5) Are there any other activities that help you with your practice?

List any activity that, for you, is either a mindfulness practice (not listed previously) or helps you to sustain your mindfulness practice. For each activity or practice listed, describe briefly or provide an example to illustrate. Also, provide an estimate of your weekly practice for each.

	Never	1-2 times	3-4 times	5-6 times	Daily
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) What is currently your biggest challenge or obstacle to keeping up your mindfulness practice?

7) What is a question or concern that you have about mindfulness practice?