

**A Hermeneutic Phenomenological Exploration of Psychotherapists' Practice of Mindful
Acceptance**

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Abstract

The aim of this study was to explore psychotherapists' practice of mindful acceptance. I employed the hermeneutic phenomenological approach with the intention of creating thick descriptions of how mindful acceptance is performed in therapy sessions with clients by psychotherapists with backgrounds in mindfulness. The findings for this study came from a variety of sources including, pre-interview questionnaire, semi-structured interviews, field notes, and feedback from member checks with participants.

The results pointed to four themes: 1) recognizing, 2) allowing, 3) befriending, and 4) accepting self and others. The participants' practice of mindful acceptance was facilitated by various psychological processes including 1) decentering, 2) exposure, 3) emotion regulation, 4) self-acceptance, and 5) compassion.

In their descriptions of mindful acceptance, the participants were able to simultaneously demonstrate acceptance of their internal processes and acceptance of their clients. The participants' accounts suggest that intrapersonal and interpersonal processes of acceptance are one and the same and that, in effect, to accept ourselves *is* to accept others. This study, in a context-specific way, provides accounts of how acceptance of clients can be done. The results of this study have implications for future therapist training and as well as therapist self-care.

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Chapter 1: Introduction

A Prelude

This study aims to examine acceptance, a particular type of acceptance that I refer to as mindful acceptance. Before I elaborate, I would like to convey my connection to the topic by sharing how I came into contact with the idea of mindful acceptance. The inspiration of this proposed project came from my journey in India, through the foothills of the Himalayas. When I was studying meditation at a Tibetan monastery, a monk told me of a Tibetan proverb. The proverb told of a man who wished to travel the earth. To his dissatisfaction, the earth is full of pebbles and thorns. The man then sets out to cover the entire earth with leather so that he might walk freely. He labored on and on, lamenting the anguish of such impossible task. The man, finally realizing the futility of the struggle, and experiencing the suffering it has brought him, used the leather to make a pair of shoes. The monk elaborated that like this man, we are all struggling in our own “impossible tasks.” Our frustration, pain, and suffering come from our inability to accept the present moment, which results in a perpetual struggle against our experiences. All we have to do is let go of our obsession of manipulating our experiences. All we have to do is to wear shoes, and these shoes are mindful acceptance.

As a counselling student, I connected with this ancient wisdom and wondered how it can complement the Western psychotherapy and counselling process. How can these shoes of mindful acceptance help therapists walk alongside clients inside the counselling room?

Background

The therapeutic relationship has been consistently shown to be the strongest predictor of positive therapeutic change (Lambert & Barley, 2001). Lambert and Ogles (2004) summarized thousands of studies in the past 60 years and concluded that clients' outcomes correlate more highly with therapeutic relationship than specific techniques. Evidence further suggest that strong therapeutic relationships are characterized by therapists' sense of acceptance and empathy (Shapiro & Carlson, 2009). Ackerman and Hilsenroth (2003) conducted a comprehensive review of therapists' attributes and found attitudes such as acceptance, openness, and warmth to be vital components of strong therapeutic relationships. From clients' perspective, Lambert and Ogles (2004) found that clients characterize effective therapists as more accepting, warm, and supportive.

It is clear in the literature that therapists' sense of acceptance is a prominent ingredient in the positive development of therapeutic relationships (Lambert & Witold, 2008). Despite its importance, the discussion and understanding of acceptance has remained mostly at a conceptual level. Acceptance is often understood as a desirable attitude, but the knowledge around the cultivation and the skillful performance of this attitude is left wanting (Hick & Bien, 2008). However, this is now changing. In the past two decades, interest in mindfulness from Buddhist traditions has suggested new ways for therapists to practice and cultivate acceptance.

Acceptance in Buddhism is represented as an attitude but also a practice and a skill (Fulton, 2005). In Buddhism, acceptance is a crucial attitude to develop to shed sorrow and delusions and reveal enlightenment (Chodron, 2001). Buddhist teachings go beyond the attitudinal description of acceptance and offer a systematic way of cultivating this attitude. They

present mindfulness meditation as a practical way to develop acceptance and awareness. Mindfulness is a meditation practice in Buddhism that can be defined as paying attention, on purpose, in the present moment, and non-judgmentally of the unfolding of experience (Kabat-Zinn, 2006). Germer, Siegel, and Fulton (2005) similarly define mindfulness as awareness of the present moment with acceptance. What is practiced in mindfulness meditation is a way of relating to the totality of our experience with warmth and friendliness while letting go of judgment and control. It is a practice of turning towards our experiences with non-aversion and non-judgment (Germer et al., 2005), and this is the practice of acceptance. Mindfulness' focus on the experiential practice of acceptance has prompted many academics to speculate on its potential usefulness in developing therapists' attitude of acceptance (Germer et al., 2005; Hick & Bien, 2008).

To date, there is a wealth of theoretical literature that link the practice of mindfulness to the development of therapists' attitude of acceptance (Brito, 2013; Chung, 1990; Crane & Elias, 2006; Thompson, 2000). Empirical evidence has validated these conceptual links by correlating mindfulness practice with therapists' quality of acceptance (Brown & Ryan, 2003; Christopher et al., 2011; Sweet & Johnson, 1990). For example, McCollum and Gehart (2010) conducted a qualitative study examining the impacts of mindfulness training on counselling students. The students, who practiced mindfulness, reported experiencing acceptance of themselves in the therapist role as well as acceptance of clients.

So far, mindfulness practices show much promise as a way for therapists to develop acceptance toward their clients. However, our understanding of this practice seems to have remained at a level of abstraction. What we need to know more of is how therapists practice this attitude of acceptance in therapy sessions. This is an important piece of knowledge as an attitude

is no benefit to the therapeutic relationship if it cannot help therapists better relate to their clients in practice. As Bien (2008) pointed out, possessing an attitude is insufficient; the attitude needs to be complemented by the capacity to perform it. So far we have little knowledge as to what therapists are “doing” (or not “doing”) inside the therapy hour that skillfully translates their attitudes of mindful acceptance into practice. A careful examination of the skills that are involved in the performance of mindful acceptance can lead us to understand how it can help therapists develop stronger therapeutic relationships.

The purpose of this qualitative, phenomenological study was to examine and describe how counselors and psychologists practice mindful acceptance in therapy sessions. In other words, what are therapists “doing” to practice mindful acceptance in moments of therapy and counselling. This research adopted a social constructivist approach, employed van Manen’s (1990) hermeneutic phenomenological method, and collected data with semi-structured interviews. In the following chapters I will review the literature on acceptance and mindful acceptance, discuss conceptual frameworks and research methodology, present the findings and interpretations of this study, and discuss implications of the findings.

Chapter 2: Literature Review

In this chapter I review some of the relevant literature on acceptance. First, I review acceptance as understood by Western psychological traditions. Second, I discuss acceptance as understood by Buddhist traditions. Third, I review how acceptance is practiced in Buddhist traditions.

Acceptance of Clients in Psychodynamic Psychotherapy

Fundamental to the art of psychotherapy is the capacity to relate to clients in a skilful way that is accepting and free of judgment, a way of relating to clients that demonstrates that one is present to understand and to empathize rather than to evaluate, diagnose, or fix (Hick & Bien, 2008). Though more emphasized in some than in others, therapists' attitudes of acceptance are discussed in most schools of Western psychology.

In the psychodynamic tradition, therapists' attitude of acceptance is delineated in the concept of mutual affirmation. Mutual affirmation is one of the three dimensions of the therapeutic alliance, the other two being working alliance and empathic resonance (Bordin, 1979; Saunders, Howard, & Orlinsky, 1989). Mutual affirmation is a term that is similar to the Rogerian concept of unconditional positive regard as it refers to therapists' sense of friendliness and acceptance toward clients (Saunders et al., 1989). It highlights the therapist's caring quality and it is often expressed as warmth and acceptance toward clients (Saunders, 2000). The expression of acceptance conveys to the client that someone is "there for him" and this affirmation serves as the foundation for transference interpretation (Lubrosky, O'Reilly-Landry, & Arlow, 2011).

In the psychodynamic tradition, therapists' sense of acceptance can be understood as an ideal attitude toward clients, or a preferred disposition that mediates the treatment process (Saunders, 2000). In order to produce positive therapeutic change, it is necessary for therapists to be able to convey a sense of acceptance and warmth to their clients (Horvath, & Symonds, 1991; Orlinsky & Howard, 1986; Saunders, 2000). In order to understand the psychodynamic perspective on acceptance, it is helpful to look at obstacles that threaten such attitude and how they can be addressed. One of these obstacles is countertransference. Examining how this obstacle is addressed can shed light on what acceptance is and how it is practiced

Countertransference. Countertransference is a therapist's reaction invoked by aspects of the client (Jones, 2004). It was once thought to be a clinical mistake that must be addressed by undergoing psychoanalysis. Now, it is considered a valuable tool for clinicians to gain understanding of clients (Berzoff & Kita, 2010). However, there needs to be self-awareness in order for countertransference to be a useful tool for clinician. When one fails to introspect, the clinician project onto clients his or her own psychological processes thus impeding empathy and the ability to respond to clients' needs (Scheick, 2011). Unexamined countertransference can be an impediment or the antithesis to acceptance of clients. To address countertransference is to understand and resolve intrapsychic and interpersonal roots of the clinician's responses. What are often suggested are self-reflection, self-analysis, supervision, psychoanalysis or other forms of psychotherapy (Berzoff & Kita, 2010). These methods are aimed at addressing the therapists' unconscious roadblocks to acceptance of clients thus indicating that acceptance of clients involves working with therapists' own internal processes.

The discussion on countertransference and acceptance in the psychodynamic context contains the implication that acceptance of clients in part involves addressing therapists' internal

processes that interrupt acceptance of clients. The methods employed to address countertransference, such as self-analysis and psychoanalysis, point to the importance of intrapersonal processes in relation to acceptance of clients. This suggests that acceptance of clients involves therapists working with aspects of themselves. However, there is no clear indication as to how acceptance of clients can be done.

Since little is known as to how the warm and accepting attitude can be performed, research has focused on overt behaviours of therapists that demonstrate acceptance to clients. Research suggests that acceptance is expressed by open posture, eye contact, forward lean, open questions, reflecting and restating, and expressions of positive affect (Bayes, 1972; Smith-Hanen, 1977; Strong, Taylor, Bratton, & Loper, 1971; Zimmer & Park, 1967). These are important findings that contribute to our understanding of how acceptance can be expressed behaviourally. However, if we were to conclude our inquiry here, then it would be to assume that acceptance of clients is only about a set of overt behaviours. Then a question is raised, if a novice therapist were to practice eye contact, forward leans, and open questions, would they become more accepting of their clients? If one assumes that acceptance of the client is a clinical skill that accrues with training and experience, then the answer is probably no. One can feel strong rejection of the client and still perform those behaviours. Thus, behavioural expressions are only part of the performance of acceptance, but not all of it.

Another perspective that can offer us more insight into acceptance can be found in humanistic psychotherapy. The Rogerian concept of unconditional positive regard is similar to mutual affirmation in its attitudinal orientation and its focus on therapists' internal experiences but it views self-acceptance as an important precursor to acceptance of clients.

Acceptance of Clients and Self in Humanistic Psychotherapy

Perhaps the attitude of acceptance holds no higher prominence than in humanistic psychotherapy. Rogers (1957), in his seminal work on client-centered therapy, outlined unconditional positive regard as a core condition as well as a key curative factor. Rogers described it as:

The kind of acceptance (sympathizing, caring) which I am speaking of here is most helpful when it is not possessive, not a judgmental way of sympathizing, when it is rather similar to the kind of care parents experience towards their child. Even if children behave badly in the eyes of their parents, they respect the child, consider him to be a valuable person, love him and take care of him independent from a certain way of behaving.

(Rogers, 1992, p. 25)

Rogers' acceptance is unconditional, meaning that clients are accepted as they are, whether they express negative feelings or positive feelings (Wilkins, 2000). Additionally, as Mearns (1994) pointed out, accepting someone is different from liking them. He explains that "liking" is conditional and you are on the client's side, but accepting is unconditional and you are standing beside clients. Standing beside clients means that one is intimately close with clients' experiences without allying with their thoughts and feelings (Mearns, 1994).

Rogers (1995) provided directions for the performance of acceptance when he pointed out that acceptance is not simply the attitude of unconditional acceptance of clients, but more importantly it is an acceptance of one's self. He said that: "it is only when I can be myself, when I can accept myself, that it is possible for me to understand others and accept others" (Rogers, 1995, p. 19).

Different from other forms of psychotherapy, the goal of client-centered therapy is to form real relationships with clients based on acceptance and understanding, without an agenda to manipulate or control their experiences (Rogers, 1995). Thus, being able to non-judgmentally and unconditionally accept clients is of enormous importance in forming that real relationship (Elliot, Watson, Goldman, & Greenberg, 2010). Rogers (1995) elaborated that in order to hold clients in unconditional positive regard, and to form real relationships with them, “I have to let myself be what I am.” (Rogers, 1995, p. 10). To approach clients in an unconditional way, the therapist must learn to accept his/her own feelings (Rogers, 1951). This is to say unconditional positive regard of clients calls for therapists’ acceptance of the self. Lietaer (1984), when discussing unconditional positive regard, writes:

The more I accept myself and am able to be present in a comfortable way, with everything that bubbles up in me, without fear or defence, the more I can be receptive to everything that lives in my client. Without this openness, without this acceptance, it is not possible to let the experience of my client unfold, to let it come to life fully; for with a conditional attitude the chances are great that I dare not see certain parts of the client’s experience, and that I will minimise or reject some of them (p. 44).

From this perspective, accepting one’s self is the precursor to accepting clients. According to Rogers, acceptance is not just something that therapists offer to clients, but it is something that therapists offer to themselves at the same time (Rogers, 1995). Thus, in addition to overt expressions of acceptance toward clients, there is another layer of therapists’ acceptance of their own internal experience. Furthermore, for Rogers, self-acceptance contained three dimensions. They are: empathy, genuineness, and letting-be.

Empathy. Rogers (1965) defined empathy as the ability to accurately perceive another person's internal world. Not only is empathy an important curative factor in therapy but it is also crucial part of self-acceptance, for when we can listen to ourselves and know what we are feeling at any given moment then it becomes easier to accept ourselves. Rogers (1995) gives his view on the connection between empathy and self-acceptance:

I feel that over the years I have learned to become more adequate in listening to myself...to be able to realize I am angry, or that I do feel rejecting toward this person, or that I am uninterested in what is going on...All of these diverse attitudes are feelings which I think I can listen to in myself. One way of putting this is that I feel I have become more adequate in letting myself be what I am. (p. 10).

From this quote we can see that Rogers considered empathy a very important part of what allows us to accept ourselves almost to the point of equating the two concepts. Another important aspect of self-acceptance for Rogers is genuineness.

Genuineness. In addition to the awareness and empathy of one's own experience, Rogers (1995) also spoke about the role of genuineness in self-acceptance. Genuineness, as defined by Greenberg, Rice, and Elliott (1993), is wholeness, a quality of being integral, coherent, and friendly with oneself. It is the honest, real, and unpretentious awareness of one's experiences. For Rogers (1995), to accept ourselves, we must not maintain a façade, or act one way on the surface while experiencing something different inside. We must recognize and face ourselves unflinchingly in an open and friendly way so that we can accept ourselves for who we are. And it is only when we are true to ourselves that we can build constructive relationships with other individuals (Rogers, 1995).

Letting-be. In Rogers' (1995) description of acceptance he pointed to a process he called "being open to the realities of life", meaning to be aware and welcoming of the realities and complexities of life without wanting to change them or control them. He compares this openness to "the tide comes in without him pulling it and the earth spins without him twirling it" (p.20). By welcoming our experiences without trying to fix, control, or manipulate and letting them be as they are, acceptance can arise. This attitude of letting-be is well-echoed in other definitions of acceptance. For example, Wilson and Sandoz (2008) defined acceptance as the intentional openness toward one's experience without attempts to diminish, suppress, or change it.

Empirical research on acceptance. Since Rogers' proposition of acceptance as one of the core conditions of therapy in 1957, there have been a large number of empirical studies that examined the relationship between acceptance, unconditional positive regard, and therapy outcome. Orlinsky and Howard (1978) summarized 23 studies and concluded that 2/3 of these studies demonstrated a positive association between therapist's warmth and therapeutic outcome. More recently, Farber and Doolin (2011) conducted a Meta-analytic review of 18 studies, and contended that positive regard has a moderate association with psychotherapy outcome. The findings generally suggests that therapists who are accepting in attitude are indeed effective (Kirschenbaum & Jourdan, 2005). In a review of the current status of client-centered therapy conducted by Kirschenbaum and Jourdan (2005), it is revealed that a preponderance of empirical research on positive regard had been quantitative in nature, focusing on therapy outcome, and employing various relationship and trait measurement scales such as The Relationship Inventory (Barret-Lennard, 1962). To date, the research had validated positive regard as an important moderator of therapy outcome. However, there is a lack of qualitative data that reveal how this important moderator is developed or performed in therapy sessions.

Because acceptance depends on the attitudes that individuals have towards themselves, it is the hardest therapeutic attitude to develop (Wilkins, 2000). It cannot be faked and simple tolerance is quite dissimilar (Wilkins, 2000). Even Rogers conceded that unconditional acceptance is “sometimes very difficult” (Rogers as cited in Hobbs, 1987, p. 20). The challenge arises when we search for ways to practice self-acceptance and acceptance of clients. Despite the widespread acknowledgement of the vital role of acceptance (Kirschenbaum & Jourdan, 2005; Orlinsky, Grawe, & Parks, 1994), the research on its process and practice is thin. The question remains, what can therapists do to practice and enhance their unconditional acceptance of self and others? Without knowing how it is practiced, acceptance remains an ideal. Conceptualization and ideals have their uses, but until therapists can practice and perform these ideals in therapy sessions, they will remain mere ideals.

To sum up, acceptance in Western traditions is mostly conceptualized as an ideal attitude. The psychodynamic perspective implied the role of intrapersonal processes in acceptance of clients, and Rogers explicitly voiced the importance of self-acceptance in acceptance of clients. However, what is lacking is the understanding of the actual practice of acceptance. What can therapists “do” to bring acceptance to their clients in session counselling session? New possibilities are being imported from the East. Research interests in Buddhist mindfulness practices over the last two decades have revealed potential approaches that therapists can employ to practice and cultivate acceptance.

Acceptance in Buddhist Traditions

Carl Rogers’ conception of acceptance which involves being self-empathic, self-accepting, and genuine resonates with many aspects of the Buddhist conception of acceptance.

As we will see later in the sections below, Buddhist practices such as mindfulness also focus on relating to one's internal experiences. However, there are two nuances that differentiate acceptance in Buddhist practice and acceptance as understood by Carl Roger. First is the Buddhism's emphasis on experiential practice, and the second is the Buddhist concept of no-self.

Acceptance plays an important role in Buddhist spiritual and philosophical traditions (Block-Lerner, Wulfert, & Moses, 2009). Its pivotal role can be seen in the four noble truths. The four noble truths in Buddhism provide the foundational pillars of Buddhist practice and reflect the Buddhist perspective on acceptance. In the first noble truth, the Buddha taught that suffering is an inevitable part of existence (Dalai Lama, 1998). The second noble truth presents the cause of suffering. Sufferings arise due to our insatiable cravings. Craving creates a gap between our present state and our desired state (Dalai Lama, 1998). The dissatisfaction with our present reality creates the ever-lasting struggle to change our experiences, and paradoxically this struggle brings us more dissatisfaction. The third noble truth teaches that there is a way to cease all the suffering, and that is to realize the transitory nature of experiences and embrace all experiences with nonattachment, acceptance, and compassion (Dalai Lama, 1998). The fourth noble truth outlines the eight-fold path, a set of practices that lead to the cessation of our suffering (Dalai Lama, 1998).

The four noble truths not only point out the necessity of the accepting attitude but also outline the quality of that attitude. From the second and third noble truths we can appreciate the Buddhist representation of the attitude of acceptance. The second and third noble truths direct our attention to the anguish as a result of our struggles with our present experiences. Like the man in the Tibetan proverb presented at the beginning of this study, it is our stubborn obsession to control and change our realities that results in our suffering. Freedom comes when we can

relinquish our obsession with regulation and manipulation. This letting go of control is apparent in many Buddhist-influenced definitions of acceptance. Linehan (1994) defined acceptance as being fully open to what it is as it is. Dougher (1994) described acceptance as giving up or letting go of the struggle to control or change. Hayes, Jacobson, Follette, and Dougher (1994) proposed that acceptance involves “experiencing events fully and without defense, as they are, and not as what they say they are” (p. 30). Thus, this letting-go of judgment and manipulation of our experiences is one of the key features of the Buddhist conception of acceptance.

A key nuance to note is the differentiation between tolerance and the Buddhist understanding of acceptance. Tolerance connotes a clenched-teeth, bear-and-grin attitude where unpleasant experiences are overcome by willpower and strength (Fulton, 2005). Mindful acceptance is “soft, gentle, and relaxed” (Germer, 2005, p. 119), it is an extension of non-judgment with the added measure of kindness and friendliness (Germer, Siegel, & Fulton, 2005).

From the above discussions we can see that the Buddhist conception of acceptance is similar to Carl Rogers’ in that they both share the non-judgmental and non-defensive attitude toward experiences as well as the attitude of letting be. What separates the two similar understandings of acceptance is Buddhism’s emphasis on experiential practice grounded in the present-moment.

Acceptance as an experiential practice. In the first three noble truths, acceptance is discussed from a conceptual and attitudinal perspective. However, as mentioned before, acceptance in Buddhism is more than a concept or attitude, it is more so a practice. The Buddha spoke of a gradual eradication of suffering via practice rather than a sudden cessation of its causes (Kramer, 2007). The fourth noble truth speaks to that practice; it points out the eight-fold

path, a set of non-sequential practices that provide direction to *Nirvana* or Enlightenment (Dalai Lama, 1998). Mindfulness practices are an element in the eight-fold path. As discussed earlier, mindfulness practices call for an intentional awareness of the present moment with non-judgment and acceptance (Kabat-Zinn, 2006).

Acceptance is directly cultivated from mindfulness practices. When engaging in the practice of mindfulness, we are learning to repeatedly turn towards physical sensations, thoughts, and emotions that compose our experiences (Crane & Elias, 2006). Every time a person turns his or her attention to the present moment, and practices a warm and friendly attitude towards his or her experience without judgment, that person is practicing acceptance (Germer et al., 2005). Mindfulness practices are a vehicle for the on-going training of acceptance and they are practical methods that transform what we know to be important—acceptance—into something real (Fulton, 2005). As we can see, the Buddhist concept of acceptance is a set of attitudes as well as an experiential practice. Because the Buddhist version of acceptance is cultivated via mindful awareness I will refer to it as mindful acceptance. In the following section I will outline some of the mindfulness practices that cultivates acceptance.

Mindfulness practices consist of systematic methods of cultivating awareness and insight into one's experience via meditation (Fulton, 2005). There are a wide variety of forms of meditation which can be classified according to Shapiro (1982) as: those which focus on the field or background of experience, referred to as “mindfulness meditation” (e.g., Vipassana), those that focus on a single object—“concentration meditation” (e.g., Shamatha), and those that shift between the field and object. Of course there are many other types of meditations that were not included in Shapiro's (1982) categories, loving-kindness or Metta meditation being one example. Generally, in meditation, one sits comfortably, focusing attention on a single object or process,

most commonly the breath, and then receives their naturally occurring experience in an open focus (Kutz et al., 1985). Thoughts, emotions, images, and sensations are not deemed intrusions, and one is encouraged to receive all that arises with open awareness (Perez-De-Albeniz & Holmes, 2000). The practitioner is to remain in the present moment with a “non-striving” attitude. Practitioners are encouraged to return to the present moment using the object of focus as the anchor when attention inevitably moves to the analysis of the content of awareness or jumps to the future and the past (Teasdale, Segal, & Williams, 1995). This type of awareness practice offers concrete methods of cultivating many qualities that facilitate acceptance. They are empathy, genuineness, and non-judgment.

Empathy. Mindfulness practice facilitates acceptance via a key process—empathy. There are two integral aspects of mindfulness practice that facilitate the cultivation of qualities related to acceptance. The “what” (i.e., awareness of internal events including thoughts, emotions, and sensations) and “how” (i.e., the qualities of the awareness) are considered integral to mindfulness practices (Dimidjan & Linehan, 2003). The “what” refers to the awareness and observation of one’s internal events, and the “how” refers to the qualities of that awareness which are non-judgment, allowing, and acceptance (Dimidjan & Linehan, 2003). When practitioners repeatedly practice observing their internal experiences with non-judgment they cultivate the skills of being able to perceive, understand, and reflect their internal world in a non-reactive way (Block-Lerner, Adair, Plumb, Rhatigan, & Orisillo, 2007). In this way, practitioners are practicing being empathic to themselves. And as they develop skills to empathize with their own experiences they increase their capacity to relate to others’ experiences. According to Germer et al., (2005), “as we grow in mindfulness awareness of our own psychological landscape and mental processes, we can more readily identify with and understand the same in our patients” (p.81). Empathy is a

“cohesive factor” (Salzberg, 1995) that connects us to our experiences and to those of others. Thus the Buddhist understanding alludes that extension of empathy to ourselves facilitates empathy for others. This resonates with Carl Rogers’ notion that we must be empathic and accepting to ourselves before we are able to extend those attitudes to others. Mindfulness traditions go further by outlining systematic practices that cultivate empathy. For example, in particular mindfulness traditions there is a focus on “choice-less awareness” where practitioners are encouraged to be aware of and allow whatever arises—visual imagery, sounds, thoughts, emotions, physical sensations—to come and go. Practitioners are also invited to give mental labels to types of experiences that may arise, such as *thinking, frustration, planning* (Morgan & Morgan, 2005).

Mindfulness practice does not only pertain to empathy, its methods also provide ways to cultivate other qualities that facilitate acceptance, such as genuineness and non-judgment.

Genuineness and non-judgment. In addition to empathy, acceptance in the Buddhist context is also facilitated by the processes of genuineness and non-judgment. As mentioned earlier, acceptance in mindfulness traditions is the extension of non-judgment. It is the willingness to let things be as they are in the moment (Germer et al., 2005). Mindfulness practices suggest that we open-up to our experiences, and turn toward them as they are without denying or changing them (Hayes et al., 1994). In other words mindfulness is a genuine reception of our experiences as they are. This also means that we are letting go of our urges to judge and criticize our experiences and ourselves and engage in a non-discriminating and receptive awareness where we receive experiences without regard for their pleasant or unpleasant qualities (Fulton, 2005). Everything is welcomed equally. This resonates with points raised by Carl Rogers (1995) in his essay on acceptance where he pointed out the importance of

genuineness and non-judgment in acceptance. Again, mindfulness traditions laid out specific practices that are beyond conceptual discussions.

As mentioned earlier, one of the integral aspects of mindfulness is the “how.” When practicing mindfulness, not only is it important to be aware of our experiences but the qualities of that awareness are equally important. Acceptance in part is facilitated by receiving our experiences whole-heartedly without judgment or preference (Germer et al., 2005). The practice of acceptance in mindfulness involves first bringing awareness to an object of acceptance. This can be a difficult emotion or a painful sensation. Then practitioners are invited to feel the physical sensations brought up by the experience and “soften into” or “relax into” them (Segal, Williams, & Teasdale, 2013). Other instructions include “breathing into” the physical sensations (Brach, 2003). Goldstein (1993) suggests mantras to cultivate an accepting and open mind during meditation, such as, “it’s okay, just let me feel this” or “let it be” (p. 39-40).

As we can see, acceptance in mindfulness traditions is an experiential practice that cultivates awareness, empathy, genuineness, and non-judgment. These components are similar to the ones highlighted by Carl Rogers. However, mindfulness traditions went beyond conceptual discussion and laid out specific practices that can gradually cultivate acceptance.

Mindful acceptance in psychotherapy. This idea that acceptance can be cultivated via practice has been taken up by many emerging approaches to psychotherapy. They include, Mindfulness-Based Cognitive Therapy (MBCT; Segal & Williams, 2001), Dialectical Behavioral Therapy (DBT; Linehan, 1994), and Acceptance and Commitment Therapy (ACT; Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Hayes, Pistorello, & Levin, 2012). MBCT infuses Buddhist conception of acceptance into traditional cognitive therapies. Instead of teaching clients

to challenge or counter their thoughts, MBCT teaches clients to be non-judging observers of their thoughts (Germer, 2005). The Zen-inspired DBT, an established treatment to border-line personality disorder, encourages clients to let go of avoidance and experience their emotions fully without defense and helps clients cultivate the capacity to accept aversive experiences (Lynch, Trost, Salsman, & Linehan, 2007). ACT trains clients to accept rather than to control their experiences, while helping them to identify values as directions for future actions (Hayes et al., 2012). These relatively new approaches to psychotherapy all draw on the Buddhist idea that acceptance can be practiced, and there is much research indicating their successes (David & Hayes, 2011).

Self and no-self. While the experiential nature of mindful acceptance separates it from other descriptions of acceptance, another nuance that sets it apart from others is its view of selfhood. In the West, self is a central organization of experience that is characterized by the capacity to distinguish oneself from another (Hick & Bien, 2008). The self is experienced in contrast, where the “self” is perceived as the subject and that which we perceive as “not self” are experienced as objects. This subject-object relationship creates a distinction between “I” and “not I.” So, a salient quality in Western conception of the self is separateness (Germer et al., 2005). In the West, this separation or individuation is seen as a developmental accomplishment where one is successful in the demarcation of self as a distinct experiencing unit. It is within this conception of the individual self that Carl Rogers makes the distinction between acceptance of the self and acceptance of others.

Eastern philosophical traditions and specifically Buddhist traditions offer a different perspective on the self. In Buddhist thinking, the sense of “I” as a separate and independent experiencing unit is essentially a misconception, an illusion, and ultimately the source of our

suffering (Fulton & Siegel, 2008). The self is a phenomenon that is created when conditions support it, and will evanesce from awareness when conditions do not; in the constant flux of change that is our experience there is no lasting, essential, or separate entity of “I” (Fulton, 2008). The sense of continuity which maintains the perception of self is a mirage of perception, much like stringing frames of pictures to create the effect of motion in movies. Mindfulness meditation is designed to develop insight into non-self where objects of awareness are experienced *in and of themselves* (Fulton, 2008). This perspective on selfhood is not to dismiss the adaptive ego functions, but rather describes the presence of an underlying awareness that is unidentified with individuality (Epstein, 1995). Within this context of non-self, mindful acceptance is practiced in one’s experiential field; there is no effort to differentiate between self-acceptance and acceptance of others. This means that therapists’ self-acceptance is not a separate endeavour from acceptance of clients. The goal, if you will, is to practice acceptance towards all experiences that arise in awareness, in the present moment. This means that if one is to practice mindful acceptance, everything that one experiences become an opportunity to practice mindful acceptance.

To sum up, the Buddhist conception of mindful acceptance is similar to Rogers’ unconditional positive regard in that they both espouse an attitude of non-judgment towards self and others. However, the Buddhist tradition goes further by refining the attitude of acceptance and offers a systematic and experiential practice to cultivate acceptance. Additionally, the Buddhist notion of non-self dissolves the separation between self-acceptance and acceptance of clients, and expands the attitude of acceptance to all experiences.

With regards to research, it is important to explicitly delineate how mindful acceptance is conceptualized in this project. Following the Buddhist understanding, mindful acceptance can be

understood as an attitude that permeates one's way of being *and* a moment-to-moment practice. The practice and the attitude are intimately connected and mutually reinforcing. The experiential practice of mindful acceptance cultivates and reinforces one's over-arching accepting attitude. This accepting way of being in turn encourages and sustains one's experiential practice of acceptance. This means that in research, mindful acceptance can be explored from the attitudinal perspective and it can also be examined as distinct "events" where practices of mindful acceptance take place.

Research on mindfulness practice. To date, mindful acceptance, as a nuanced part of mindfulness practice, has not been studied as a stand-alone construct. However, there is a large body of theoretical and empirical literature on mindfulness practice in general. Via a number of studies, mindfulness has been shown to have positive impacts on psychological well-being including enhanced self-awareness, increase sense of well-being, and a decrease in emotional reactivity (Brown & Ryan, 2003; Keng; Smoski, & Robins, 2011). Concurrently, research is focusing on incorporating mindfulness into psychotherapeutic interventions (Baer, 2003; Kabat-Zinn, 2006; Mace, 2007). The attempts to fuse western psychotherapy with mindfulness practice have culminated in the development of new therapeutic approaches such as ACT (Hayes et al., 2006), MBCT (Segal & Williams, 2001), and DBT (Lynch et al., 2007).

Recently, there is considerable discussion and research on mindfulness as a part of clinical training for therapists (Fulton, 2005). Research is starting to examine mindfulness practice as a tool to cultivate important qualities such as awareness (Chung, 1990), empathy (Walsh, 2008), and acceptance (Germer et al., 2005). Mindfulness hold the potential to influence the aspect of therapy that accounts for the biggest fraction of therapy outcome—the therapeutic relationship—which contributes about 30% of the variance in treatment outcomes (Wampold,

2001). There is the possibility that by increasing therapists' capacity for acceptance of clients, which is an element of effective therapeutic relationships, therapy outcome can be improved (Norcross & Hill, 2004). However, there are very few studies that focus on how mindfulness relates to therapists' attitude of acceptance. In one such study, conducted by Christopher et al., (2011), looked at the long-term effects of mindfulness practices on counsellors. They recruited 18 former master's-level graduate students in counselling who took a 15-week mindfulness course in the past 2 to 6 years. The course included regular group mindfulness practices such as meditation and yoga as well as personal mindfulness practices such as sitting meditation and movement meditation. The participants reported that they were more accepting and less judgmental of themselves as a result of engaging in mindfulness practice. In their clinical domain, the counsellors reported increased acceptance for themselves and an increased sense of acceptance of their clients. They noticed becoming less-judgmental of their clients and noticed less of a tendency to label people or their experiences.

In another study, McCollum and Gehart (2010) recruited 13 counselling students who took up mindfulness training. The training program included in-class mindfulness exercises and daily mindfulness practices using breath focus and walking meditation. The students were invited to keep weekly journals to reflect on their experiences as they went through the training program. The students explicitly reported experiencing a sense of acceptance and it consisted of two components. First, they reported feeling acceptance for themselves. Their mindfulness practice facilitated self-acceptance by helping them become less critical and less-judgmental of themselves. This self-acceptance then led to a feeling of acceptance for their clients. As they came to accept themselves, they were also able to accept their clients more (McCollum & Gehart, 2010). The results of this study resonate with Carl Roger's proposed connection between self-

acceptance and acceptance of clients. However, students' reports did not outline specifically how mindfulness was helpful inside counselling sessions.

In another study, Schure, Christopher, and Christopher (2008) incorporated a three-unit course into an academic counselling program. Their course taught students meditation, yoga, and qigong over a 15-week period. Students reported increased acceptance of their emotions and internal experiences only with meditation. Specifically, student reported increased acceptance of physical and emotional pain. They facilitated the feeling of acceptance by attending to their arising thoughts and emotions in a non-reactive, non-judgmental way. This suggests that the practice of acceptance involves attending to one's inner experiences. However, students' reports were based on experiences in their meditation practice. It is still unclear as to how acceptance was done by these counsellors inside therapy sessions.

More recently, Aggs and Bambling (2010) conducted a quantitative study where they invited 47 mental health professionals to complete an eight-week mindfulness therapy program. The program consisted of personal meditation practice, mindfulness psychotherapy process skill, and an introduction to mindfulness as an intervention. The program aimed to enhance participants' experiential knowledge of mindfulness. They assessed the outcomes of the mindfulness program using the *Mindful Therapy Questionnaire* (Aggs & Bambling, 2010). The questionnaire assessed skills such as non-reactivity to inner experience, observing thoughts, emotions, and sensations as well as accepting/non-judging of experience. The results indicate that participants were less judgmental of their processes in therapy, as well as those of their clients when compared to base-line scores. The participants reported an increased capacity to accept their experiences. Other studies also support the link between mindfulness and the

experience of acceptance (Christopher, Christopher, & Dunnagan, 2006; Christopher & Maris, 2010; Gockel, Cain, & Malove, 2013).

Existing research on mindfulness and acceptance has focused whether mindfulness leads to a greater sense of acceptance. So far, the results have been positive. However, the literature falls short when it comes to therapists' actual practice of acceptance in therapy sessions. As Bien (2008) pointed out, an attitude is no use to therapists if it does not help them in practice. Thus far, there is almost no knowledge as to how therapists are performing acceptance with the help of mindfulness in sessions (David & Hayes, 2011). There is a need to examine the skills that are involved in performing acceptance when therapists are sitting across from clients.

Research Questions

The research questions for this study are as follows:

How is mindful acceptance performed in a therapy session?

- How do psychotherapists/counsellors with training in mindfulness describe their performance of mindful acceptance in their therapy sessions?
- What are the implicit and explicit cognitive, emotional, and physical events that take place when a psychotherapist/counsellor performs mindful acceptance?

Chapter 3: Methods

Philosophical assumptions and interpretive frameworks are important in qualitative research as they shape how we seek information to answer research questions (Creswell, 2013). As a researcher who has adopted a Buddhist ontological perspective I chose a conceptual framework that is consistent with my perspective when conducting this study. Also, to answer the questions I posed in this study I needed to select a research framework well suited to the subject of inquiry. I chose to take up contextualism as it is coherent with the Buddhist ontological and epistemological standpoint and I selected hermeneutic phenomenology as my research method. In the following section I explicate my philosophical assumptions, interpretive frameworks, and research methodology.

Conceptual Frameworks

The conceptual framework (Kuhn, 1970) that I set out from is contextualism. This framework was first articulated by Stephen Pepper (1942). It assumes that flux and change are basic conditions of life and that the world is essentially an interconnected nexus of activity (Pepper, 1942). Contextualism contains the assumption that all realities are constructed by individuals bound by particular contexts (Pepper, 1942). This is also to say that there is no essential or absolute truth that we can know. Being “true” or being “right” only has essence relative to specific contexts (Germer, Siegel, & Fulton, 2005). The assumption of reality as ever-changing and multi-determined extends into the contextualist view of personhood. The person can be understood as an instance in awareness in the context of unlimited field of interpersonal and impersonal events (Germer et al., 2005).

These ontological assumptions closely correspond with the basic assumptions of Buddhist psychology. The three basic Buddhist assumptions of human existence are impermanence, non-self, and suffering (Germer et al., 2005). Impermanence, or change, is an ontological assumption that resonates with that of contextualism, where activity and change are seen as the fundamental facts of life. Non-self corresponds with the contextual view of personhood, where the person is essentially a single moment of awareness that changes as contexts and events flux and change. This extends into the view of human experiences as fluid and transient phenomena that vary as contexts shift. Thus, from this perspective, to reach an understanding of human experience it is inadequate to simply provide a description of events, but it is also necessary to provide contexts that are inseparably intertwined with those events.

An epistemological stance that fits this contextualized worldview is social constructionism. Social constructionism views experience and knowledge as socially constructed rather than objectively discovered (Berger & Luckmann, 1967; Schwandt, 2000). An inquiry guided by this framework seeks to achieve an understanding of understanding (von Foerster, 1985), rather than discover certain objective truths. As Mcleod (2001) has noted: “We can never achieve a complete “scientific” understanding of the human world, the best we can do is to arrive at *a* truth that makes a difference that opens up new possibilities for understanding” (p. 4). Truth, as mentioned by Mcleod (2001), is not an ontological statement of what objectively exists, but rather a contextual description.

According to Creswell (2007), researchers using a social constructionist framework recognize that research is a process of interpretation. Thus, the research process is very much co-construction of knowledge where I am trying to make sense of the participants’ attempts to make sense of their experiences. In this interpretive process, it is important for the researchers to

recognize that their interpretations flow from their own personal, cultural, and historical experiences (Creswell, 2007).

By adopting a social constructionist framework, my aim was not to discover a universal truth underlying the practice of mindful acceptance. Instead, I have attempted to provide a thick description (Geertz, 1983) of mindful acceptance in practice. Denzin (1989) defines thick description as more than recording what a person is doing. It goes further than collecting mere facts and appearances. A thick description presents details, contexts, and emotions that join a person to one another (Denzin, 1989). More than gathering detail, it speaks to meaning, context, and intentions of participants (Ponterrotto, 2006)

Hermeneutic Phenomenology

With my aim of constructing a thick description of mindful acceptance within a social constructionist framework, van Manen (1990)'s hermeneutic phenomenological approach is appropriate. Hermeneutic phenomenology is research oriented both towards lived experiences (phenomenology) and interpreting the "texts" of life (hermeneutics) (Creswell, 2007).

Hermeneutic phenomenological research is about exploring lived experiences and "felt sense" of a particular phenomenon (Creswell, 2007). This makes it a well-suited approach to study subjective experiences such as mindful acceptance.

van Manen (1990) describes the phenomenological approach as a set of dynamic research activities. The researcher first identifies a phenomenon that is of interest (e.g., acceptance), then he or she goes to investigate the phenomenon by conducting inquiry with the people that have experienced the phenomenon (van Manen, 1990). From the results of the inquiry, the researcher interprets the accounts of those who lived the experience under study. From these interpretations

he or she then develops descriptions of the phenomenon while balancing the parts of the writing to the whole (Creswell, 2013).

van Manen (1990) adds that phenomenology is not a simple description of events but also an interpretive process in which the researcher makes interpretation of the meaning of the lived experiences (Creswell, 2007). Where phenomenology emphasizes the description of the phenomenon under study, hermeneutic phenomenology has an additional focus on the role of the interpretive element of research. The approach recognizes how prior experiences and knowledge influence the interpretive process when researchers analyse texts (Denzin & Lincoln, 2005). As Heidegger (1962) pointed out, humans are inevitably situated within a set of historical contexts which dictate their worldview and ways of being. Since inquiries into phenomena inevitably rely on language, and the use of language reflects prior experiences and contexts, it becomes particularly challenging to interpret the descriptions of phenomena as experienced by others due to the unique historical lineages of individuals. The interpretive challenge arises when the researcher uses his or her understanding of language to interpret descriptions provided by others. For example, I, as someone who practices meditation, may use the term “letting-go” to mean a releasing of resistance and manipulation when faced with a difficulty, whereas others may use it to mean surrender or resignation. In this way, my own historical context has an ineluctable influence on the interpretation of research data. This highlights the importance of my self-awareness and prompts me to take note of all the possible factors that influence my interpretation of data. These factors included my age, gender, ethnicity, experience in mindfulness, theoretical leanings, etc.

Hermeneutic phenomenology’s particular emphasis on the interpretive element of research makes it a suitable method to explore mindful acceptance. Mindful acceptance is a

practice that is grounded in individuals' experience. Many experiences that arise are subtle and nuanced, thus, participants used idiosyncratic language to describe them. Hermeneutic phenomenology's interpretive focus prompted me to focus on the complexity of language and the subtle meanings words carry when used in different contexts, thus helping me derive an interpretation closer to participants' intended meanings.

An important concept in hermeneutic phenomenology is the hermeneutic circle. It represents the circular process of reading data, forming an evolving understanding, then returning to a reading of data (Ajjawi & Higgs, 2007). The research process calls for many passes of the circle, and understanding expands as a result. I will provide a more precise description of the steps I took in the data analysis section below.

Participants

For this study, I recruited four currently-practicing counsellors who are certified by the Canadian Counselling and Psychotherapist Association (CCPA) and/or are registered psychologists. Since the aim of qualitative research is not to generalize but to elucidate the specific, the sample size is usually small (Creswell, 2007); Dukes (1984) for example recommends three to ten participants. I reviewed a qualitative study by Cigolla and Brown (2011) which examined psychotherapists' experience of bringing mindfulness into their therapeutic work. Using this study as an example I recruited four participants. Furthermore, since hermeneutic phenomenological inquiry, like other forms of phenomenology, requires in-depth analysis of large volumes of data, I felt that four was a feasible and adequate sample size.

I recruited the participants based on a set of criteria (see Appendix A). They are: 1) be a certified, currently practicing counsellor, registered psychologist or social worker; 2) have a

regular meditation practice for at least three years; and are 3) incorporating mindfulness skills and principles in your work with clients, (this does not mean that the participant have to work from a mindfulness-based therapy approach, but he or she has to be personally using mindfulness when relating to clients). The participating therapists and counsellors had to have maintained a daily meditation practice for at least three years. Extensive experience in mindfulness practice is important as it takes consistent practice over time to develop attitudes and ways of being (Hick & Bien, 2008). Also these therapists are actively integrating mindfulness practice into their therapeutic practice. This means that the therapists are applying the skills and principles that they practice during meditation to their therapeutic interactions with clients. This was based on therapists' self-reports. I recruited the participants from the various professional mindfulness centres in Toronto. These centres are gathering places for professionals with mindfulness backgrounds and have supported numerous studies in the past. I sent out emails with my recruitment text (see Appendix A) to these centres and requested the distribution of those texts to their members. Therapists who were interested in participating were instructed to contact me directly. After potential participants responded to the invitation to participate, I screened them for eligibility via a brief phone interview (see Appendix C), where I obtained demographic information including their therapeutic work, theoretical orientation, years of practice and experience in mindfulness practice (see Table 1). The participants were assigned pseudonyms.

Table 1

| Participant Demographics | | | | | | |
|--------------------------|---------------------------------|--------------------------------|-----------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <u>Participants</u> | <u>Professional Designation</u> | <u>Theoretical Orientation</u> | <u>Years of Clinical Practice</u> | <u>Typical Client Population</u> | <u>Years of Mindfulness Practice</u> | <u>Types of Mindfulness Practice</u> |
| Derek | Counsellor | Mindfulness | 5 | Adults with | 5 | Vipassana |

| | | | | | | |
|-----------|-----------------------|--|----|---|----|----------------------------------|
| | | -Based therapies, CBT, Solution-focused therapy | | depression anxiety mood disorder, cancer patients | | |
| Katherine | Counsellor | Postmodern therapy (solution focused, narrative) | 14 | Adults and Couples | 10 | Vipassana |
| Susan | Counsellor | Mindfulness -Based, CBT, narrative | 6 | Family and Children | 20 | Vipassana Hatha Yoga Metta |
| Cathy | Clinical Psychologist | Mindfulness -based therapies | 24 | Children, adolescence adults and family | 9 | Vipassana |

Data Collection

I chose a semi-structured interview because of its flexible and fluid nature. It provides greater breadth as well as richness of data in comparison to a structured interview, and it allows participants to freely respond and elaborate without being confined to a fixed sequence of questions (Aijawi & Higgs, 2007). The general structure of the interviews was organized around an interview protocol (see Appendix D). The aim was to ensure flexibility so that interviews could accommodate interviewees' experience and narratives as well as my research interests. The interviews served two purposes. First they were a vehicle to gather participants' narratives and accounts of their practice of mindful acceptance. Second, they served to foster a

conversational relationship with the participants to explore the meaning of their experience (Aijawi & Higgs, 2007). The fluidity in semi-structured interview also accommodates the interpretive element in hermeneutic phenomenology. Because meaning making is a dialogical and relational process, the non-linear quality of semi-structure interviews accommodates this by allowing the interviews to flex and change according to participants' unique responses.

I developed nine open-ended interview questions. These questions were developed with the assumption that human experiences are composed of three core aspects—the cognitive, the emotional, and the physical. This assumption was drawn from the phenomenological method laid out by Colaizzi (1978). I developed open-ended questions to inquire about participants' emotional, behavioural, and cognitive processes during their practice of mindful acceptance. Furthermore, the questions were designed with the aim of getting to the details of the practice of acceptance while minimizing generalized statements. For example, I invited the participants to select a specific event where they practiced mindful acceptance. I designed the questions with the intention to dissect that particular event.

The interviews were approximately one-hour in duration and took place over video-calls via Skype. Before the interviews, participants completed a brief demographic survey via a phone interview with me (see Appendix C). Also, I sent the participants a copy of informed consent (see Appendix B) on a PDF document via email and instructed them to read, sign, and return the forms to me before the interviews took place. I audio recorded the interviews using Microsoft's Sound Recorder on my computer.

Recent discussions about qualitative interviews surround the relationship dynamics between interviewer and interviewee. Specifically, Kvale and Brinkmann (2009) point out the

unequal power dynamic between interviewer and interviewee. In this dynamic, interviews can be inadvertently dominated by the researcher where the dialogue provides information for the researcher and is dictated by his or her agenda. For example, I might draw on a certain set of vocabulary to pose questions about mindful acceptance based on my understanding, with the participants taking up this same vocabulary in their descriptions of their experience. This then begs the question whether their descriptions reflected their experiences accurately or they took up my language due to the unequal power dynamic between us. Without addressing or at least acknowledging this power dynamic the data from the interviews risk losing trustworthiness. Kvale and Brinkmann (2009) suggest a more collaborative interviewing process where there is equality in inquiry, reporting, and interpreting. I attempted to address the issue of inequality to a certain degree by engaging the participants as equal partners in research. I outline the actions I took to address the issue of inequality in the following section.

As Charmaz (2006) points out, qualitative inquiries often explore the implicit world of meaning of participants, and interview questions are often shared endeavours to make the implicit explicit through the interview process. As such, I viewed participants as equal partners in the investigative process, and we shared the task of exploration and meaning-making. This meant that participants were not merely producing answers to my questions; they were invited to actively reflect and make sense of their experiences. I expressed to the participants explicitly in the beginning of each interview that the interview was to be a shared process and thus they were free to speak outside of the interview questions when necessary. Furthermore, in my research, this collaboration was reflected in the fact that both the participants and I could pause the interview and address the interview process. For example, one participant paused our interview and said that a phrasing of one of my questions had a leading quality to it. Then, we discussed

the usage of different vocabularies and phrasings of the question. Additionally, I conducted member checks (Lincoln & Guba, 1985) by inviting participants to read over my summary of his or her interviews to check for accuracy of understanding. I also invited the participants to make additional comments to enrich my interpretations. This was done by emailing each participant a copy of his or her interview transcription with the invitation to make comments and changes. Although there is no definitive solution to the issue of inequality in interviews, taking steps to acknowledge and address it contributed to my ideal of collaborative inquiry.

Members checks. In an additional step towards collaboration I conducted member checks. After I transcribed the interviews, I sent out copies of the transcriptions as well as summaries of their accounts to the participants on a Word document via email. The summaries were based on participants' responses to the main interview questions. The participants were invited to correct mistakes and make additional comments. The participants were instructed to return their feedback and comments within one week (see Appendix E, Instructions for member checking documents). The feedbacks from participants were taken into account in data analysis. I invited the participants to review my interpretations of their experience, which in the case of summaries were not recounted in precisely the same words as theirs. This was to ensure that despite my added understandings and interpretations the descriptions were still true to their lived experiences.

Data Analysis

After the interviews, I transcribed the audio recordings and then conducted analysis using thematic analysis outlined by van Manen (1990). My data analysis reflected the hermeneutic circle where I moved to-and-fro from interview transcriptions and my emerging understanding of

the whole of participants' experience. I also made use of my field notes and comments and feedbacks from member-checks in data analysis.

I read and re-read the transcripts. During the reading and re-reading of the interview transcriptions, I developed a list of significant statements. Significant statements (Creswell, 2013) are passages from interview transcriptions that described how participants practiced mindful acceptance. These statements could be, but were not limited to, descriptions of visceral, cognitive, emotional and behavioural experiences of mindful acceptance. While reading the transcripts and developing significant statements I also made notes that included my comments and initial interpretations.

Next, I grouped significant statements that reflected similar concepts, actions, or theoretical constructs directly related to mindful acceptance into thematic units. Each thematic unit reflected a particular pattern of meaning found in the data (Joffe, 2012). I developed these themes looking across significant statements from all the participants. I created a theme when two or more participants' accounts reflected the same construct or if the construct is significant for any particular participants. This significance is determined by 1) the frequency of the construct in participants' accounts, 2) participants' explicit indication that the construct is significant, 3) whether the construct represents a pattern in participants' accounts, and 4) whether the construct relates to existing theoretical and empirical concepts. I took these steps to distil participants' responses into a manageable set of information to write into my final narrative. In this way, themes are like common ideas that were shared among the participants. These themes reflected qualities such as focus and simplification of ideas (Creswell, 2007); meaning that I organized the raw data inductively by observing patterns emerging in the text during my read through (Joffe, 2012) and also used my theoretical understandings to distil raw data into coherent

meaning units. van Manen (1990) suggests that when developing themes it is helpful to ask the question: “what is this example an example of?” (p. 86). These themes were supported by specific examples from interview transcriptions.

While a theme captures a pattern or a meaning cluster around a central organizing concept, a subtheme is underneath the umbrella of a theme. Subthemes share the same central organizing concept as the theme but focuses on one particular aspect of that concept. For example, in this study awareness as a theme contained descriptions of participants’ awareness of difficulties in their session. They also described bringing awareness to distinct aspects of their difficulties such as thought, emotions, and physical sensations. These different objects of their awareness were created as sub-themes under the theme of awareness.

As I read the significant statements, I began conceptualizing and forming themes, and as these themes developed, I re-read the significant statements. These further readings shifted my initial conceptualization of the emerging themes. So, there was a constant shift between interviews as a whole and details within each interview. This process reflected the hermeneutic circle which asserts that parts can only be understood as a part of the whole and vice versa (Creswell, 2007). Inherent in this process were elements of subjectivity and interpretations. Reading participants’ descriptions of mindful acceptance for the first time I arrived at one form of understanding. As I stepped back and looked at the whole text in relation participants’ backgrounds and theories I brought to the research the initial understanding shifted. As my overall interpretation shifted I derived new meaning when re-reading specific parts of the texts. This meant that the findings were not simply direct transcripts of what the participants said but very much infused with my interpretive processes. Thus in my analysis, the participants’ descriptions of their lived experiences were tools for me to engage in an interpretive process to

construct new meaning out of what had been said. For example, one participant described sitting with her difficulties with non-judgment. Another participant described “breathing into” the difficult sensations. Using my vocabulary and experience in mindfulness I characterized these actions as attempts to befriend difficulties. When I re-read participants’ accounts with this new characterization there was a shift in my perspective. I compiled the final list of themes after making many passes in the hermeneutic circle in this way.

Some authors, such as Moustakas (1994), refer to the final product of phenomenology research as the “essence” of the phenomenon. For me, discovering the essence of an experience implies a certain epistemological stance, namely post-positivism. Without qualification, it may hint that what is constructed in this qualitative inquiry is a generalizable truth. To better align my research endeavour with my epistemological stance, I will refer to the end description as a thick description as defined by Denzin (1989). The end product of my research is simply a co-construction of meaning, an approximation of the ‘truth’ of the participant, which stands in contrast to the notion of generalizable truth.

Field notes. Keeping field notes was part of attending to the task of interpretation by monitoring participants’ various contextual influences as well as my own. So, as a part of my self-reflective process to recognize and acknowledge my influence on the research process I kept field notes throughout this study. The notes included significant internal commentaries, emotional reactions, insights, and observations. This process was helpful in reminding me of my intimate role in the research dynamics and helped me monitor my own biases and motivations when working with participants’ accounts and during data analysis.

Trustworthiness and Reflexivity

In qualitative research there is the intention to gain “understanding,” a complex structure of knowledge and meaning that comes from researcher’s personal interaction with participants (Creswell, 2013). In this study, I constructed an understanding of the practice of mindful acceptance of counselors and psychologists. But did I get it “right?” To answer this question is to reflect on the validity of this qualitative narrative.

Conventional quantitative research has a set of criteria that ensure its rigor. Reliability and validity are the standards of evaluation for quantitative inquiries. Agar (1986), among others, suggests that this set of standards is relative to the quantitative paradigm and do not fit the worldview of qualitative research. This is because the qualitative approach has a radically different set of axioms that guides its purpose and methods. For example, the qualitative approach views inquiry as inevitably value-bound and thus rejects the notion that a researcher can maintain objectivity in relation to the phenomenon under study (Schwandt, Lincoln, & Guba, 2007). In fact, inquiry is value-bound in many ways. The values of the researchers, the values of the participants, and contextual values are all inherent in an inquiry. Because the axioms of qualitative inquiry are a fundamental departure from the conventional paradigm, there exists the need for a different language that fits the qualitative worldview. Lincoln and Guba (1985) used the term *trustworthiness* in place of validity to adhere more to qualitative paradigms.

Trustworthiness refers to a qualitative study’s credibility, transferability, dependability, and confirmability (Creswell, 2007).

Credibility

According to Sandelowski (1986), a qualitative study is credible when it provides an accurate description or interpretation of an experience under study in the sense that people who share that experience would recognize the descriptions. Some of the key strategies to establish credibility are to conduct member checks, keep field journals (Lincoln & Guba, 1985), as well as ensuring that sound research methods are employed (Lincoln & Guba, 2000). In this study I conducted member-checks upon completing interview transcriptions. Transcriptions and summaries of participant accounts were sent out to participants to ensure accuracy. Also, I kept field notes throughout the study to engage in self-reflexivity and to triangulate data. Additionally, to apply rigor, I ensured that all steps taken in this study followed research methods found in the scientific literature. For example, I looked to the literature when developing significant statements (Creswell, 2007), conducting thematic analysis (van Manen, 1990), and establishing trustworthiness (Lincoln & Guba, 1985).

Transferability

Since qualitative research does not control variables and each finding is unique and context specific, it makes no claims that its findings are generalizable. Rather, qualitative studies can be transferable. Transferability refers to the degree to which the findings can be applied to other similar contexts or other persons or groups (Krefting, 1991). Lincoln and Guba (1985) posit that it is the researcher's responsibility to provide sufficient contextual description regarding the study so that the readers can determine transferability of its findings. When the readers are provided with adequate contextual knowledge of the findings then they are able to assess the potential applicability of this research to their own contexts. I took steps to ensure

transferability by providing background information on the participants which included their demographic information and professional background. Also, I provided a detailed description of my background and experience with the subject under study.

Dependability

Dependability refers to the consistency of data. It is an assessment of whether the findings would be consistent if the study is repeated with similar participants and contexts (Sandelowski, 1986). For a study to be dependable its procedures must be replicable and its research method clearly outlined (Lincoln & Guba, 1985). I ensured dependability of this study by providing a detailed description of the research methods, explicating coding procedures, as well as providing contextual information on the participants as well as myself.

Confirmability

Confirmability or neutrality, refers to the extent to which the findings reflect the participants' experiences and the conditions of research free of biases and motivations (Guba, 1981). This definition may be reminiscent of "objectivity" where the researcher is to keep proper distance between him or her and the participants thus minimizing bias. However, in qualitative research, values of findings are enhanced by decreasing distance between researchers and the participants (Krefting, 1991). Therefore, confirmability is not the neutrality of the researcher but rather the transparency of the research process (Lincoln & Guba, 1985). Since this study was a hermeneutic endeavor the product inevitably contains my interpretations and perspectives. However, my keen interest in mindfulness posed the risk of skewing participants' accounts beyond the process of interpretation. My motivations threatened the accuracy and confirmability of participants' accounts. Guba (1981) suggests that exercising awareness of the researcher's

influence on the data via reflexive analysis is a key strategy in ensuring confirmability. To ensure confirmability I kept field notes that tracked my judgments, reactions, and internal comments. In addition, I conducted member-checks to ensure that my understandings were accurate. Perhaps more important was my continuous practice of reflexivity that made me attentive of my relationship with the participants and their accounts.

Reflexivity

The central strategy that enhances a study's trustworthiness is the researcher's recognition and honoring of his contextual and enmeshed position relative to the participants (Krefting, 1991). Therefore, transparency and reflexivity are vital in establishing trustworthiness of this qualitative study. This chapter is a narrative of my reflexive process.

In qualitative research, the value-laden and intimate relationship between the inquirer and the inquired is a cherished and inherent characteristic. As Aamodt (1982) pointed out, the researcher is part of the research rather than separate from it. Paradoxically, it is this close relationship between the researcher and informants that threatens the trustworthiness of a qualitative study (Krefting, 1991). The researcher can become enmeshed with participants so that he or she can have difficulty separating his or her own experiences from theirs (Marcus & Fischer, 1986) and lose the ability to interpret findings. Therefore, to ensure the trustworthiness of a qualitative study, one needs to continuously engage in a reflexive process (Krefting, 1991).

Reflexivity refers to the recognition and evaluation of the influence of the researcher's background (Ruby, 1980). This is particularly important because the researcher's background determines the framework from which he or she will organize, study, and analyze the findings (Agar, 1986). This background includes all the resources and past experiences available to the

researcher to make sense of phenomena under inquiry. Upon engaging in research, “the researcher must continuously reflect on his or her own characteristics and examine how they influence data gathering and analysis” (Krefting, 1991, p. 218). For me, this was done by reflecting on my background in mindfulness, philosophically resolving how I can remain open to a familiar subject, and using my mindfulness practice as a tool to continuously engage in reflexivity. The following sections account my reflexive practices.

My mindfulness practice. Following the tradition of trustworthy qualitative research, I feel it necessary to reflect on my personal connection with mindfulness practice as well as the challenges that came while conducting this research project. I came to the practice of mindfulness two years ago. I found mindfulness in yoga ashrams and Buddhist temples in the Himalayan Mountains near Dharamshala, India. There I practiced intensive yoga and attended silent meditation retreats. I was exposed to a wide variety of mindfulness practices and philosophies. These included Hatha Yoga, Vipassana (insight) meditation, Shamatha (concentration) meditation, Metta (loving-kindness) meditation, as well as Buddhist and Vedantic philosophies. These experiences served as a transformative catalyst and propelled me on a spiritual journey. Not only did I adopt these practices as a part of daily living but I also embraced and absorbed the core values associated with these practices. Non-attachment, compassion, and generosity are now pillars of my value system. These practices and values had led me to a new way of being, a fundamentally different way of relating to my life. My mindfulness practice has taught me that clinging to and resisting experiences is the root of my suffering, and this suffering is further compounded by my lack of awareness and misunderstanding. Thus, I am engaged in an ongoing effort of cultivating an awareness that embraces all experiences without attachment or aversion. It is a repeated practice of the intention

to curiously explore all that arises without assumptions and defense. Shunryu Suzuki (1970) referred to this as “beginner’s mind”—an intentional awareness that is fresh and awake to many possibilities. He said: “In the beginner’s mind there are many possibilities, but in the expert’s there are few” (p.21). This awareness and the openness offered by my mindfulness practice were helpful in being reflexive throughout this project. However, it was both a blessing and an obstacle.

It was a blessing in that my admittedly rudimentary knowledge and experience with the practice allowed me to easily establish intellectual rapport with the participants. A presumed sense of shared understanding of the basic vocabularies of mindfulness and the experiential familiarity served as a point of connection. This gave the interview process a sense of efficiency and ease. It was unnecessary to discuss with the participants the posture of meditation or inquire about the philosophical tenets of the Buddhist psychology. Our discussions were able to be focused and penetrate deeper into participants’ embodied experiences.

The challenge lay in the fact it is precisely this sense of familiarity and presumptuousness that threatened to undermine the trustworthiness and richness of the study. My familiarity with the practice of mindfulness placed me at risk of arrogantly dismissing details as “common sense”, assuming I “knew” what they experienced due to our shared vocabulary, distorting participant accounts to accommodate my existing schemas—all of which would compromise my range of exploration of the participants’ experiences. Indeed in the beginner’s mind there are many possibilities but in the expert’s there are few. I am no expert, but adopting Shunryu Suzuki’s “beginner’s mind”, a sense of openness to experience unhampered by prior assumptions, was a challenge nonetheless.

Since mindfulness practice is such a familiar aspect of my life, it was especially challenging to remain curious and conduct inquiry with an open mind. How do I bring a fresh sense of naïveté and curiosity to a path well-travelled? This is a dilemma that I worked with throughout this project. This dilemma is well echoed in the philosophical discussion around bracketing in phenomenology and existential philosophy.

Bracketing. There are two opposing views in phenomenology around the relationship between a researcher's background and the phenomena under inquiry. The disagreement is on whether we can be free of our existing knowledge structures and assumptions when exploring a phenomenon. Edmund Husserl (1931), with his idea of bracketing, suggested that we can separate from our existing assumptions. Martin Heidegger (1962) rejected this and asserted that we cannot ever be free from our historical contexts.

Bracketing is a technique described as an attempt to suspend existing knowledge and beliefs about the phenomenon under study so that it can be perceived more clearly (Powers & Knap, 1995). Husserl (1931) discussed the notion of bracketing when differentiating the “natural attitude” and the “philosophical attitude.” Husserl (1931) described the “natural attitude” as the way a person goes about everyday business in his or her accustomed world. This world of physical objects, human endeavors, relationships, and even ideas are seen as real and simply existing (LeVassuer, 2003). This attitude is imbued with assumptions and schemas that shape what we perceive. Husserl (1931) spoke of a different attitude he called the “philosophical attitude” and it is the necessary precursor to phenomenological reduction. This attitude calls for a bracketing of one's natural attitude towards the world. It is a suspension and reflection of one's assumptions about the world so that the phenomena under study can be understood without prejudice (LeVasseur, 2003). “To the things themselves!” was Husserl's call to philosophical

reflection of the very essence of the phenomena of experience. Bracketing experience is not aimed to change it but to leave it unaltered perfectly as it is. Husserl (1931) contended that the end result of this process would eliminate assumptions regarding various things in the world but also of the world itself and the Self performing the bracketing.

For me, bracketing was a very appealing and relevant concept as it was a potential solution to my dilemma. If I could bracket off my assumptions, then I could truly become the “beginner’s mind” and “get to the things themselves.” If I could suspend all my understandings of mindful acceptance then I would be more able to truly understand participants’ accounts of it. However, my concern was what can I do to purge my mental understandings? Is this even possible? My concern was eloquently voiced by Martin Heidegger.

Subsequent to Husserl’s (1929/1973) notion of a purely reflective attitude towards lived experiences, existential phenomenology uniformly rejected his supposition. Heidegger, among others, asserted that we are “thrown” into existence, and that all thinking, including the reflective are embedded in our worldly involvement. For Heidegger (1962), consciousness could not be separated from “being in the world.” We are not able to completely separate from prior conceptions and knowledge because we are deeply embedded in our historical contexts. Thus, in existential and hermeneutic phenomenology, bracketing is considered an unrealistic project.

Thus, there exists the puzzling question of whether we can ever truly be free of our own conceptual understandings and our historical lineages. One way to reconcile the two sides is to consider bracketing as an extension of our “natural attitude” rather than a transcendental state of consciousness. Bracketing can be a reflective element added onto the ordinary lack of curiosity with which we conduct our lives. Perhaps we can think of bracketing as a practice of intentional

curiosity and a sense of opening of perception. As LaVassurer (2003) pointed out, in the act of being curious we do bracket prior understandings in important ways. That is to say, we have to assume in the moment that we do not understand in order to more richly comprehend. When we conduct inquiry in this way we become critical of our prior knowledge and adopt an intentional naiveté with a desire to know something anew. We momentarily become intentionally dispossessed of our knowledge structures by taking up a refreshing curiosity.

Reconciling the two sides, I was able to arrive at a compromise between Husserl's bracketing and Heidegger's critique of it. With this reconciled concept I was able to use mindfulness practice as a way to put the abstract discussion on bracketing to practice. Because mindfulness practice pays a great deal of attention to the act of attention itself, its practices are directly related to the complex issues raised by Husserl and Heidegger. For that reason, I believe it would be appropriate to explore my application of mindfulness practice to my research process as a way to provide a detailed account to the process of bracketing.

For example, mindfulness helped me become aware when I was closed to participant accounts and it helped me become aware when I was distorting participant descriptions to fit my own interpretations. It was a way for me to disrupt my habitual patterns of thought, so that I could be reflexive in relation to my background. And ultimately it helped me enhance the trustworthiness of my descriptions. As I was engaging in this practice, a number of isomorphic processes developed between me as a researcher and me as a mindfulness practitioner.

Isomorphism. The necessity of reflexivity and intentional curiosity became apparent during my first interview with a participant. As the participant was reflecting on mindful acceptance and describing her lived experiences, I noticed myself keeping a mental checklist, a

list of what I considered mindful acceptance to be, and I was using that list to check-off what was being said by the participant. I felt a sense of comfort and ease when participant disclosures agreed with my understanding, but a locked eye-brow appeared when they strayed from it. The directionality of my inquiry seemed to shift in an unintentional effort to assimilate participants' experiences into my existing schema— a clumsy act of jamming a square peg into a round hole. This was an example of how my familiarity with the subject under study was preventing me from exploring participants' accounts fully. There were also times when participants' accounts were at odds with my experiential knowledge. For example, one participant spoke of emotions as “waves of energy” inside the body. I was foreign to this idea and felt dismissive. Instead of inquiring more about it, I wanted to explore what *I* thought was relevant to our discussions. These instances signaled the importance of being reflexive in relation to my background and the need to recognize how it was impacting my research process. I then fully appreciated the need to engage in a practice of opening up to bring out a sense of curiosity towards all kinds of participant experiences, especially those that challenged my existing knowledge structures.

How I went about cultivating this curiosity and openness was through my existing practice of mindfulness. In what seemed like a step-like process, I would first recognize the moment of closing and resistance, turn towards it, be with it, and then intentionally re-engage with curiosity and openness. Thus, an isomorphic process developed between me as a meditator and me as an interviewer. How I relate to my experience in meditation was paralleling my experience conducting interviews. For example, in an instance of closing, a disclosure made by the participant might be labeled by my mind as “irrelevant”, “boring”, or “confusing.” I also noticed thoughts that arose as a result of closing, such as “what is she talking about” “I don't think this is what mindful acceptance is.” As in my meditation practice, I labeled these thoughts

as “judgments” or “thoughts of closing.” And in my body I took note of tension either in the chest or the hands. In an act of mindful acceptance, I elicited the intention to turn towards these sensations and to be with them with a kind disposition, momentarily taking notice of the breath and using it to help me stay with my embodied experiences. The tensions faded when I took notice of them and a natural sense of relaxing and opening followed. For me, these moments were moments of clarity, a moment when I was temporarily dislodged from my habitual patterns of thought. Although I can never fully step-out of my experience and background, instances like this offered me a temporary dispossession of my assumptions and allowed me to reengage with an intentional curiosity.

Another isomorphic process developed between me as a mindfulness practitioner and me as a researcher analyzing participants’ accounts. During the analysis of the interview transcriptions, my tendency was to assimilate new information into my existing knowledge structures. The sense of not knowing and the prospect of having to modify or abandon formed perspectives induced a discomfort. Sitting before the insurmountable number of lines of transcriptions, my instinct was to simplify and categorize using existing knowledge structures. Even in the first read-through of the transcriptions, I was already taking participants’ accounts and filing them into *my* categories of understanding. As a consequence, I noticed myself making premature interpretations and discarding significant statement that did not “fit.” As Lincoln and Guba (1985) pointed out, the researcher’s job is to present the realities revealed by the participants as adequately as possible. Relying on my background and pre-existing knowledge of mindfulness was a serious threat to the trustworthiness of my descriptions, for I was not representing the realities of the participants. What followed was my process of practicing being with the unknown and letting go of the familiar. So, I practiced acceptance and “beginner’s

mind.” I was recognizing the discomfort, allowing it to be, and befriending it with a kind attitude. And this had to be repeated again and again. Here a parallel process developed between my meditation experience and my data analysis process. Just like when I am practicing mindfulness, I recognized moments of discomfort and my attempt to avoid it, released the tension of the avoidance, turned towards the uncomfortable unknown, and befriending it with a kind disposition. Consequently, there was a fundamental shift from analyzing with concepts to a witnessing of the unfolding of participants’ experiences. What followed was a sense of curiosity. Since the unknown was less terrifying, there was less grasping onto formed knowledge for safety. It was in these spaces of openness that I was really able to intentionally look at the data anew with genuine curiosity.

Chapter 4: Results

The boundary of what we can accept is the boundary to our freedom-

Tara Brach

In this chapter I will present the results of this study. The results are presented as four themes. They are: recognizing, allowing, befriending, and evoking compassion (see Table 2 for a list of themes and subthemes). I will briefly summarize the themes before exploring them through participants' own words.

The participants' practice of mindful acceptance consisted of **recognizing** a present-moment experience that was difficult and challenging. This experience was interrupting in that it prevented them from receiving the client in an accepting space. The challenging experiences included judgments, criticisms, and frustration. Participants became aware of thoughts, physical sensations, and emotions related to these difficulties. Participants described **allowing** themselves to experience these phenomena without resistance or judgment. With this allowing attitude they directed their awareness toward the bodily sensations that was surfacing as a result of this difficulty and stayed present with these sensations. They experienced the sensations in a non-reactive way and **befriended** them with a welcoming attitude. This practice dislodged the therapists from their place of judgment and offered them a sense of opening and a shift in perspective. The participants came to an **accepting** and compassionate stance toward themselves and the clients by seeing their own humanness and the commonality between their own struggles and their clients'.

| Table 2 | |
|---|----------------------------------|
| <i>Overview of Themes and Subthemes</i> | |
| <u>Themes</u> | <u>Subthemes</u> |
| Recognizing | Internal awareness Labeling |
| Allowing | Turning towards Renunciation |
| Befriending | Physical felt sense Breathing |
| Accepting self and others | |

Recognizing

The participants described their practice of mindful acceptance in relation to difficulties in therapy sessions. Difficulties such as judgments and criticisms were interruptions in their accepting attitude toward their clients. The therapists described bringing awareness to the difficulties and noticing different aspects of the difficulty in themselves, such as thoughts, bodily sensations, and emotions. With this awareness, they mentally labeled or named their experience in the moment. The following is a description of their moments of awareness.

An aspect of mindful acceptance that was highlighted by all four participants in different ways was awareness—a clear recognition of what is here at this moment. After all, it is impossible to practice acceptance if we are not aware of what is there to accept. For Derek this awareness was:

In any given moment seeing what is here right now... to look at what is happening.

For Katherine, this awareness was:

Being present with whatever is [here], whatever actually shows up and presents itself, to be present with it...

Katherine explained that this awareness and recognition was a moment of pause and clarity. It was a moment of wakefulness that stopped whatever she was doing for a brief moment and allowed her to recognize the present reality.

Derek described his moment of clarity and recognition:

A shift to ask yourself what is here right now... a moment of suddenly becoming aware of what's going on. Turning inward in the middle of the session [and asking]: "what is here right now? Ah, I am really not okay with how things are right now, I am wanting things to be different."

Katherine described her moment of awareness:

It is a moment to take notice, to become aware, to become conscious of what's happening. "Ok, I am going to take a deep breath and ask where am I, what is going on within me?"

Sam explained that these moments of awareness are very important and unique because they are qualitatively different from his habitual patterns of being. According to Sam, when she is interacting with clients, her mind tends to be occupied with tasks of understanding client's concerns, theorizing, or getting caught in her own reactions and ruminations. Stepping out of these flows of experience gave her a shift in perspectives and intention. Derek said this awareness allowed him to shift from analyzing and "fixing" clients to observing and noticing

what is going on within himself. In addition, Katherine explained that becoming aware in the moment was an interruption in her flow of conscious experiencing, which can be cognitive and automatic, and allowed her to turn inward and experience with intentional awareness.

Derek remembered:

I had a strong urge to make her feel better, to change her from what she is feeling. When I wasn't fully aware of that, I was with her in problem-solving mode; I was doing Socratic questioning trying to get her to change. There was a discomfort within me. The shift came in for me in noticing what was happening for me within myself... it moved from 'how can I fix her?' to 'what is going on within me right now?'

Under the general theme of recognition I constructed the sub-theme of internal awareness, where the participants further explained the object and quality of their awareness.

Internal awareness. The participants described their practice of awareness in relation to various difficulties they faced in sessions. In a particular moment of difficulty Katherine became aware that she was feeling stuck in the therapy process and did not know what to do next:

I found myself feeling under pressure, needing to do something, I didn't know what questions to ask....nothing is working.

Sam, in her moment of difficulty, found herself rejecting her client and wanting to refer her out:

I couldn't direct her in any constructive direction. I just really found myself feeling how can I send her to somebody else.

In these moments of difficulty, participants described becoming aware of different aspects of the difficulty within themselves. These included thoughts, physical sensations, and emotions.

Derek described noticing his difficulty physically when his client was being resistant to making positive changes. He remembered it was the sensation in his body that alerted him to the difficulty:

It showed up physically, I leaned forward, I got tensions in my body. It was really subtle and was hard for me to notice.

Sam described a more intense physical experience when working with a client who was using offensive language:

This one feeling I got was nausea. It was a primal level response. Also a feeling of tension, a physical feeling in my body that I want to just push back against him, and wanting to say something to condemn.

Whereas Derek and Sam spoke of physical cues that alerted them to difficulties in a session, Susan said it was a thought that first caught her attention:

I noticed myself judging, especially someone that you have worked with for six months on the same things and they go back to the guy that is hitting them. What the heck is going on here? Why do you keep putting yourself in a situation where you are physically abused?

In addition to physical sensations and thoughts, Derek also noted the emotional aspect of his difficulty. He became aware of feeling irritated toward his client:

*I felt an emotional tone of irritation. She was not taking the steps required to change.
“Why aren’t you just doing something different?”*

Katherine and Susan said that these instances of “waking-up” gave them the opportunity to recognize the presence of a challenge, and prompted them to turn toward their own internal experiences. Katherine explained that these moments of awareness alerted her to start intentionally engaging in mindful acceptance and started her process of readopting an accepting attitude toward her clients.

Derek described that his instance of awareness not only alerted him to a difficulty it also offered him choicefulness:

This awareness of self is a good signal for me, if I become aware of a shift in body sensation like feeling tension that could be a real signal for me to check in and examine what’s going on. Then, I can make choices about what I want to do next.

In addition to the sub-theme of internal awareness I distilled the sub-theme of labeling to present participants’ practice of naming their internal experiences.

Labeling. One unique action, described in different ways by the participants, was to mentally label present-moment experiences.

Derek explained labeling as naming his experiences:

Whatever arises I try to bring my awareness to that, to see what is happening. Whether it is really focused, or distracted, or getting bored. I recognize it in the moment what is here, a sense of “ok boredom is here, or anger is here” ... Naming what’s actually happening is important and it is a way of turning toward the experience.

For Susan labeling was a self-acknowledgment of her experiences:

So I observe myself, Susan, having an experience. I can be almost a third-party observer witnessing what is here. The most important part is acknowledging, "I am feeling frustrated with her right now, and ok, this is me having an experience of anger."

For Susan, this was important as it helped her step-out of her experience and view it more objectively. She said that this conscious effort of recognizing and stepping-out also provided her the opportunity to recognize choices and recruit her intentions to act.

Sam reported a similar experience where present-moment awareness and labeling helped her activate her intentions to act:

When we learn to be fully aware of what's going on inside we don't have to be controlled by these passing sensations. Choices become available; we have choices to respond with intention and wise discernment.

All four participants described their various moments of recognition and wakefulness as the initial step of the practice of acceptance. Bringing awareness to the present-moment and acknowledging it gave the participants the opportunity to observe and name what was going on. For example, Susan said that instead of *being* the experience of anger or frustration, she observed herself *experiencing* anger and frustration. This shifted her role from being the experience to an observer of experience. Katherine and Sam talked about how this shift in perspective offered them freedom and choice. From this sense of choice, they intentionally engaged in a series of actions that helped them work with the challenges and readopt an accepting attitude towards their clients. In my understanding of participants' accounts, their awareness and intention were followed by turning toward their difficulties and allowing them to be.

Allowing

After recognizing and acknowledging their difficulties in sessions, the participants described intentional efforts to turn toward those difficulties and allowing them to be without judging or changing them. They described “turning-toward” and “allowing” as intentional attitudes as well as embodied practices. (The embodied practice will be described in the next section—befriending). Attitudinally, the participants gave themselves permission to be with the difficulties and invited themselves to curiously explore how the difficulties were manifesting in their bodies. This attitude of allowing was practiced alongside the attitude of renunciation—an intentional suspension or letting-go of their wish to control and change their experience. There are two sub-themes in this section describing allowing. They are “turning toward” and “renunciation.” In the following sections I will illuminate these practices with participants’ own words.

Turning-toward. In the first theme, “recognizing”, participants described their awareness and acknowledgement of their difficulties. This practice of awareness and acknowledgement was followed by turning toward their difficulties with non-judgment. Be it a thought, an emotion, or a physical reaction, the participants described greeting them with an attitude that is kind and open without harsh judgments or aversion.

For Sam turning toward her experiences meant not condemning or escaping them. She said:

I am just recognizing that this feeling is difficult, this feels bad. I allow that to come through. Not pushing it away, not defending against it, not reasoning my way out of it. I just allow myself to feel whatever it is that I am feeling.

Similarly for Derek, turning towards his difficulty involved a permission to feel, but for him there was also a self-acknowledgment of the unpleasantness of difficulty:

Part of acceptance is in any given moment seeing what is here right now, without reacting against it or pushing it away, or clinging really tightly to something. Allowing myself to feel what I feel without strong judgments of “I don’t like this” and “I want to get away from this.”

For Katherine, the process of turning toward was not limited to one particular aspect of her experience; she was not selecting particular experiences to turn toward, but rather it was about turning toward all aspects of herself:

We all have every aspects of the human condition in us. So we can be pretty angry one time, mean one time and very kind at other times. In a way, I am accepting all parts of myself, even parts that may not be pleasant. Allowing all of this to come up...and letting them come and pass.

Participants’ descriptions of turning toward difficulties was complemented by descriptions of renunciation—a letting go of control and manipulation.

Renunciation. In the previous sub-theme participants described the process of turning toward their difficulties. Complementing this process, they provided different descriptions of a letting go of control. There was a renunciation of their narrative of what should be eliminated and what should be clung to; a giving-up of their control to manipulate their experiences. With this renunciation, participants reported a sense of freedom and ease.

Katherine described her experience of renunciation as a letting go of control:

Sometimes you have the feeling of you have control over something, just knowing that I don't have to control everything and just let go. Once you let go of how you think things should be it can be very freeing.

For Derek, letting go of control meant not fixing his experiences:

There is a letting go, what I mean by that is that I am no longer trying to fix a problem, or wanting things to be different. I am experiencing this moment and this is okay. And it is such a different feeling that comes with that. It is a physical release of tension and there is the emotional shift to acceptance.

Susan described letting-go as an empowering and freeing process:

In a weird sense there is more control by letting go of control. I am no longer anger or frustration, but I am witnessing anger and frustration move through me. It is very empowering, as I feel a freedom from all the thoughts, emotions, and bodily sensations.

Katherine, like other participants, was clear to point out that this allowing and letting go was not a subtle way to change or avoid experiences, rather, it was a way of relating to experiences.

Katherine explained with an analogy:

It's almost like you go on stage and your heart is beating and you are sweating. All of that is not going to stop you from going on stage. You might go on thinking I shouldn't have these reactions and push against them. But the idea is that you don't need to change those reactions. Just being with them and experiencing them you are taking the power

away. You can be still experiencing them but you don't need to do anything about it. You are not reacting to it. You are doing what you choose to do.

Two things were highlighted by the participants in regards to allowing. First, the attitude of allowing and letting go was an intentional practice because their usual way of being is to avoid the unpleasant and cling to what is pleasant. Sam said that being in the therapist role, anger and criticism can be serious challenges in therapeutic relationships, and she, as a therapist, can be quick to meet these experiences with judgment or suppression. In contrast to this automatic reaction, she described making efforts to turn towards all experiences with the attitude of allowing, and at the same time released her instinct to judge or to dismiss. Second, the participants pointed out that this attitude of allowing and letting go was not an attempt to change the quality of their experiences or to eliminate them. Katherine explained that it was not a denial of the quality of the experience. If the experience was difficult, it was recognized as such and met with warmth and openness. Her intention was not to use this allowing attitude to lessen the intensity of experiences, rather, it was an attitude of relating to experiences as they were.

In this theme—allowing—participants described mindfulness practice in terms of their attitudinal shifts toward their experiences. Participants' accounts of their practice did not stop at this level of abstraction. Their descriptions also contained embodied practices in combination with the allowing intention. They undertook “actions” to actualize their intended attitude of allowing. The next theme, befriending, contains participants' descriptions of how they practice mindful acceptance on a concrete, physical level.

Befriending

For the participants, mindful acceptance was a practice that took place in the body. They used their bodily sensations in different ways to relate to their difficulties in therapy sessions. For example, when Sam and Susan noticed difficulties such as frustration, they turned toward the bodily manifestations of it and experienced it in their bodies with a welcoming attention. Sam and Susan referred to this practice as a “grounded practice” because it is grounded in their physical felt-sense. Their attitudes of allowing and letting-go presented in the previous section materialized in this grounded practice. The physical sensations were the objects of their kind and allowing awareness.

According to Katherine, shifting to the physical felt-sense gave her another place to stand during a difficulty. Instead of theorizing and thinking about what was taking place, she shifted to being and experiencing. Furthermore, there was a kind and warm quality that the participants brought to their experiencing. They described welcoming physical sensations with gentleness and kindness. Not only were they allowing experiences to come and pass within themselves, they were intentionally befriending them. Derek elaborated that this is qualitatively different from tolerating something, which has that “bear-and-grin” quality to it.

There were two skills that the participants had in common that facilitated their process of befriending. One was to bring an intentional kindness to the occurring sensations in their bodies, adopting an intentional stance of warmth toward them. This skill is described in the subtheme “physical felt-sense.” The other skill was using the breath to relax into the sensations and release the tensions of reactivity and aversion. This skill is described in the sub-theme *breathing*.

Physical felt-sense. Participants provided various descriptions of guiding their awareness to the physical sensations that arose as a result of a difficulty and turning towards those sensations with a sense of curiosity and inquisitiveness. These descriptions differ from those of the sub-theme of *internal awareness*. In the sub-theme of internal awareness, participants become aware of difficulties via different aspects of their experiences which included the physical felt-sense. These “cues” altered participants to their difficulties. In the sub-theme of physical felt-sense however, participants described turning toward and being with their physical felt-sense to practice acceptance. This sub-theme presents descriptions of how participants related to their difficulties.

For Katherine, tuning into the physical felt-sense meant experiencing her bodily sensations related to her difficulty without cognitive analysis.

I catch myself in that state of judging. I bring myself back, coming back into my own body [and] tuning into the sensations, being with the sensations. You are just allowing it and being comfortable with it. You don't have to get rid of it or make meaning. When you are doing something about it, it is mind work. The idea is you don't necessarily have to do anything about it... You are sitting back and observing all this.

Derek noticed an irritation arising within him and he directed his attention to his bodily sensations and while being open and curious of them:

For me, the irritation showed up physically, even just leaning in, my body-posture, a little tension in my chest. It would be really subtle at times which it's why it would be harder for me to notice it. There is an attitudinal element of “I am going to turn towards the

experience as it is right now.” Feeling the part of the body that has the tension and feeling it with an element of curiosity and kindness. “What is here right now?”

Sam described becoming aware of her bodily sensations, and sustaining her focus on them:

[For me], it is a very embodied practice, grounding to come into present. Allowing myself to feel the sensations, to feel it in a completely embodied way and staying with it. There is a natural arc of arising and passing of experience and it comes to resolution. So you are feeling it the whole way through.

Sam explained that coming into the physical felt sense was a way to suspend her rumination and shift modes of being from thinking to feeling. Other participants similarly reported that paying attention to the physical felt-sense meant shifting from thinking about an experience to feeling it. Susan described her experience of that shift:

Often times we turn our attention to our thoughts, because they seem to be so predominant and that’s our habitual way of being. I was thinking, “You shouldn’t feel frustrated, you are the therapist!” However, by shifting to an experiencing state, I am just sitting and feeling the sensations. “Ok this feels tight, this feels hot” it’s like observing the weather pattern. There is enough space to see the experiences arise, climax, and leave.

Susan elaborated on a subtle nuance in relation to her intention. She explained that she was intentionally turning toward what was difficult and she was not intending to diminish or eliminate the experience but embraced them. For her, it was a way to relate to her difficulty while not intending to terminate it.

Derek's experiences resonated with Susan's point. He explained that turning toward difficulties was not a subtle way to change them:

You don't need to feel great, you don't need to feel you are in that zone of loving kindness for all beings to practice acceptance.

In addition to the curious exploration of the physical manifestations of their difficulties some participants also described a compassionate or kind attitude toward their experiences. For example, Susan said:

Having the compassion...the Buddha said [it's like] holding a baby, tending to each thought, each emotion, [and] experience like you are holding a baby, the love you would have as a mother for that child

Sam similarly experienced a sense of compassion toward her difficulty:

...the compassion too. It's easy to lose compassion when you are having aversion or difficulty. You deal with your own sense of aversion, find that sense of compassion.

Participants described feeling a sense of balance and ease as a result of the shift from resisting and thinking to allowing and experiencing.

Sam described letting the emotion pass through her without being overwhelmed by it:

There is more balance, and the difficult emotions can flow through me, and you are not pummeled and stuck in the bottom.

Derek reported that shifting to the experiencing mode facilitated a release of tension and resistance:

There is a sense of letting go, I am no longer fighting my experience, fixing or changing them. I am experiencing this moment and this is okay. There is a release of tension and a shift to gentleness.

Derek clarified that this practice did not change the initial experience of irritation or anger but it did change how he related to what was already taking place within himself. He was no longer reacting to the difficulty but chose to be with it.

In addition to this practice of turning toward physical sensations, the participants also brought the sensations of their breath into their awareness. The breath was another tool that all four participants used to come into and befriend the present moment.

Breathing. Similar to their meditation practice, the participants used the sensations of their breath to come into the physical felt-sense in the present moment. It was a tool for them to feel grounded in their bodies and an aide to help them open up to and stay with difficult moments.

Derek used the breath to bring his awareness to the present moment:

“Oh, my mind has gone somewhere” and then I bring my attention back to my breath.

His awareness of his breath allowed him to move from fixing mode to being mode:

[There was a] move from the thought process of fixing to “now I am just going to explore what is here.”

Katherine used the breath to pause from analysis and become aware of her body:

I remember noticing my breath. I turned to the breathing, coming back to my body, coming back into the moment instead of being out there in my mind trying to work so hard. It was a way for me to feel grounded and start being aware of my body.

Katherine explained that the breath was used to interrupt her current mode of experiencing which was judging and recognize how she was reacting. Her breath was present to help her feel the sensation in the present-moment. She elaborated on this with an anecdote of when she was feeling anxious and not knowing how to help a particular client:

I can see myself just as intense about it. Wanting to do something, wanting to have the right answer... so in a sense being in a very anxious state...it's me taking a deep breath, coming back to my body. Slow myself down, I take a breath, try to get in touch with my sensations, like when I meditate. A lot of time when I am catching myself in that state of judging or having trouble communicating with the client. I come back to the breath.

Whereas Derek and Katherine used the breath to interrupt their experiencing and attend to their bodily sensations, Sam also used the breath to help her stay with her difficult feeling:

I feel all these stuff going on in my body. I allow them to come through. I use my breath to breathe through the sensation. For the tightness in my chest, I am directing the breath into that and through it. Breathing through that sensation in my chest, exhaling through there, and allowing that feeling to take up space. I am not pushing it away but giving it more space.

In their practice of mindful acceptance, the participants commonly described shifting to a stance of opening and a “willingness to experience” from aversion and reaction. They did this by intentionally bringing awareness to the physical manifestations of the difficulty in their bodies.

They held the sensations in their awareness with a sense of curiosity and gentleness, absent of judgment and aversion. Additionally, participants described using the breath to help them bring awareness to the body. The breath was also used to create a sense of opening and softening toward the physical sensations. Sam explained that these practices pulled her back from a place of aversion and reactivity so that she can relate to the client from a steady, kind, and accepting space. This leads to the last theme of the findings—evoking compassion—where participants describe their self-acceptance and acceptance of their clients.

Accepting Self and Others

In the previous themes, I presented participants' accounts of how they brought awareness to, allowed, and befriended their difficulties. Participants reported that these practices created experiences of self-acceptance in the moment and in turn led to acceptance of their clients. This theme, "self-acceptance and acceptance", presents participants' accounts of their self-acceptance leading to acceptance of their clients.

All four of the participants, in various ways, highlighted their experiences of extending acceptance to themselves before being able to extend it to others. For example, Sam explained:

I think that self-compassion and self-acceptance are really important pieces of getting to that state of acceptance [of clients] ...that's really the doorway ...that's how you start growth and change, to be in that place of self-acceptance, self-compassion, it's the first step.

Participants had various descriptions of what self-acceptance was about. For Derek, self-acceptance was being kind to himself when he reacted a certain way to a client

When we have an emotional reaction, they grip us. Sometimes we don't catch it, so this idea that with practice we can catch our reactions. It's partly about taking the pressure off of ourselves and saying "it's okay."

Katherine described self-acceptance as a withholding of self-judgment:

You are allowing things to show, without judging it or without trying to put it into a category. It's almost like you are observing how your ego shows itself.

She went on to explain that for her self-acceptance was about allowing all parts of herself to show regardless of valence:

We can be pretty angry one time, and mean one time, and very kind at other times. In a way, you accept all parts of yourself, even parts that may not be so pleasant. Part of acceptance is allowing all of this to come up.

For Susan, self-acceptance involved self-kindness where she acknowledges and accepts her flaws:

Accepting I am human here, even though I am in this professional role, I am still human, I still have frustrations, accepting my own humanness.

Similarly for Sam, her experience of self-acceptance also involved self-kindness.

I acknowledge [that] this is part of who I am, I got triggered in this way or whatever the situation was. I am acknowledging that this is part of me.

Participants then gave descriptions of how their self-acceptance gave rise to acceptance of their clients. Sam explained that by creating a space of acceptance for herself she was able to extend the same attitude to her client:

When I practice mindful acceptance, I can definitely pull myself back from a place of aversion or reactivity to be very steady and to speak from a kind and respectful place. I bring myself to a centered and accepting place. I am not pushing back or reacting out of my own emotions. It helps me to bring the same attitude to my client. I see that she is in a process of unfolding, and she is on her own journey. Seeing her on her path, there is no need to have any judgment about what she is doing right now. I look at her and I see this being who has been hurt, who has developed all these layers to protect herself. I see that in her and that calls a feeling of compassion in me.

Derek also reported that the accepting stance toward himself helped him to be with clients in a kind and accepting way. He was allowing his client to be without judgment, the same way he allowed his experiences to flow through him. Derek explained this using his experience working with a client who was resistant to change:

There is the cognitive element of "I am going to turn towards this experience as it is right now." There is a physical release of tension in the moment, an emotional element of curiosity and kindness...There is movement from being irritated and wanting to "fix" her to "now I am just going to explore what is here." I don't need to fix her. This is okay, where we are right now in the therapy process is perfectly ok, and the tension just changed...it's about bringing positive regard to this particular aspect of her experience...I don't need to change her behaviour and rid of her resistance right now.

Whereas Derek and Sam talked about how self-acceptance facilitated the acceptance of their clients, Susan described feeling a common humanity between her and her clients—the recognition that we are all human beings who face some of the same challenges in our lives.

Susan:

I worked for 20 years to have a good relationship with myself and I didn't have one when I was 16. It took me years to get to a place where I respect and have compassion for myself. And I look at my client; I can now understand and rationalize. She has a story and context just as I do. To really empathize with her and stand in her pain, appreciating what it would be like for her at her age with that history.

Sam similarly described this sense of shared humanness and it called up a sense of compassion for her client as well as the wish for her client to be well. Sam:

She is a struggling human being and she is on a challenging path. She has so much pain and suffering, and I don't wish that for her. I wish that she would be free of this suffering. I am relating to someone who really needs some care and tenderness.

In this chapter, I presented participants' accounts of what mindful acceptance was about for them. By observing emerging patterns in their descriptions and using my theoretical understandings I organized and presented their descriptions as four themes. They were: 1) recognizing, 2) allowing, 3) befriending, and 4) self-acceptance and acceptance. Within these themes I observed many processes that the participants had in common. These shared processes prompted me to establish links with existing theories and research which helped me further understand participants' practice of mindful acceptance. Although the participants provided rich descriptions of their practice of mindful acceptance, the mechanisms that underlie their practice

requires further discussion. Perhaps it is still unclear to the readers as to how their practice of mindful acceptance led to acceptance of clients. In the next chapter—discussions—I will further explore how acceptance is facilitated by discussing my interpretations of the psychological processes that underlie the participants' practice of mindful acceptance.

Chapter 5: Discussion

The question I asked at the beginning of this study was: *How is mindful acceptance practiced by psychotherapists inside a therapy session?* In other words, what are therapists with mindfulness experience “doing” to bring acceptance to their clients? The participants reported that mindful acceptance contained an intentional, non-judgmental, and kind awareness toward their internal experiences. This particular type of awareness helped them relate to their difficulties with skilfulness and extend acceptance to their clients. In various ways, the participants all pointed out the importance of this awareness. Derek for example explained that acceptance is not possible without awareness, for without awareness one would not know what is there to accept. From my perspective, awareness of one’s internal information, including bodily sensations, cognitions, and emotions was central to the experience of acceptance for the participants. However, how did this awareness lead to acceptance of clients? What were the qualities of this awareness that led to acceptance? In my interpretation, the link between awareness and acceptance was mediated by four processes: 1) decentering—a shift in perspective of one’s internal experiences, 2) exposure—a willingness to experience without avoidance, 3) affect regulation, and 4) self-acceptance.

Before I discuss the processes listed above in detail, I believe it would be useful here to reiterate the point made in the introduction relating to the internal aspect of acceptance as depicted by the participants. In the participants’ accounts, acceptance of clients was not something “done” to the clients. Rather it was a process of relating to the difficulties and reactions that arose within the therapists themselves when interacting with clients. For the participants, in coming to accept their internal events they were simultaneously accepting their clients. In other words, self-acceptance *is* acceptance of clients. I will expand on this point as I

discuss the specific processes that the participants undertook in their practice of mindful acceptance.

Decentering

The participants' accounts of mindful acceptance revolved around their processes of relating to difficulties that interrupted their acceptance of clients. These difficulties were reactions that participants had toward their clients. They included irritation, frustration, anger, criticism and anxious feelings.

In their accounts of mindful acceptance, the participants, in their own ways, described a shift where their relationship with experiences changed. More than one participant described shifting from *being* the experience to *observing* that experience. They reported being less enmeshed with the content (emotions, thoughts and sensations) of the experience and becoming more of an observer of those events. Susan, for example, described moving from *being* angry and frustrated to *observing* her experience of anger and frustration. Rather than being immersed in her mental and emotional contents she was able to dis-identify from them. This effectively gave her a more objective stand-point to relate to her internal experiences. Susan, similar to the other participants, did this by observing her internal events with a nonreactive awareness and acknowledging mental events as they came and went. This process of stepping-out and dis-identifying is comparable to the process of decentering.

Decentering is the capacity to shift to a dis-identified or objective stance on one's experience, including thoughts, and emotions (Fresco et al., 2007; Shapiro, Carlson, Astin, & Freedman, 2006). Safran and Segal (1990) defined decentering as the ability to "step outside of one's immediate experience" (p.117). Defusion, a similar construct, is defined as "the

recognition of thoughts, feelings, and bodily sensations as passing events without buying into the literal content of the temporal and evaluative language that accompanies these experiences” (Fletcher, Shoendoerf, & Hayes, 2010, p. 43). Decentering can also be understood as a rotation in consciousness where what was the “subject” is now the “object” (Shapiro et al., 2006). This shift in perspective requires metacognitive skills where one is able to be aware of his or her cognitive processes (Grabovac, Lau, & Willet, 2011). This awareness of internal mental processes allows the volitional interruption of a stream of experiencing and initiates a new set of mental events whose object is the preceding experience. The use and effects of decentering can be found in the psychotherapeutic literature.

The therapeutic implications of this concept was first discussed by Rogers, who wrote: “the thoughts and emotions that we take to be so real and are so worried about do not exist in the way that we imagine them... they do exist but we can know them in a way that is different from identifying with them” (Rogers 1959, as cited in Corcoran and Segal, 2008). This concept of decentering is a key component of cognitive behavioural therapies as well as Mindfulness-based therapies. For example, in MBCT the aim is to enhance clients’ metacognitive awareness and decrease rumination using mindful awareness (Segal, Williams, & Teasdale, 2013). ACT (Hayes, Luoma, Bond, Masuda, & Lillis, 2006) also uses the process of decentering via mindfulness practices as its key mechanisms for healing. There is also empirical data linking decentering to positive psychological outcomes (Fresco et al., 2007). In these therapeutic approaches, decentering is utilized to create awareness and cognitive distance between the mental events and the person. Decentering facilitated a similar effect in the participants’ practice of mindful acceptance.

The decentering process was commonly reported by the participants. For example, Derek described feeling a “shift” when he brought awareness to his feeling of irritation. He paused his stream of experiencing, and took a moment to recognize and acknowledge what he was feeling. For him, this effectively allowed him to step-out of his immediate experience of irritation and relate to it more objectively.

The process of decentering was highlighted by the participants’ practice of labeling mental events. Participants described tuning into the present moment and mentally recognizing what was presenting in their consciousness as well as their bodies. With this awareness they labelled internal events and observed them rising and passing. This is the same process as decentering described above where the stream of mental events was interrupted and became the object of one’s awareness. There was a shift in perspective where the participants were able to stand back and witness their experiences without being immersed in their content. As Shapiro et al (2006) put it, as we perceive *it*, we become more than *it*. Whether it was anger or criticism, instead of being defined and controlled by them, the shift in perspective allowed the participants to observe their experiences with relative objectivity. For example through her awareness and dis-identification, Susan realized, “this anger is not me” and this “judgment is not me.” She was able to say “anger is here” and “this is me having an experience of anger.” By labeling what she was feeling Susan was able to step back from her experiences and observe them as mental events. This led to an enhanced capacity for objectivity relative to her experience. This capacity to step-back and observe made it less likely for Susan to be engaged in automatic reactions and ruminations about her experience. The result was a meta-cognitive perspective that allowed for clarity and choice.

This decentered perspective facilitated the process of acceptance in two ways: 1) the phenomenon that until that point was lived, with limited objectivity and meta-cognitive awareness, was seen and recognized as an experience occurring within the participants. This allowed the participants the cognitive space to take up a chosen position relative to that experience. And in this case the position participants took was acceptance. 2) Decentering allowed the participants to see that the experience was not the only reality of the self but a passing phenomenon among others occurring through the self. With decentering there arises an experiential understanding that one can coexist with these phenomena without judgment or action for they are transient experiences. Knowing that this experience is not “I” but a fleeting object of awareness allowed the participants to relinquish their urge to avoid or reject and open up the space to accept.

Decentering can be mistaken for disassociation or disengagement from one’s experiences. On the contrary, this shift in perspective allows for a more intimate knowing of our internal events because we are relating to how the experience *is* and not our ruminations or narratives of it (Shapiro et al., 2006). Sam was clear to point out that this process of becoming aware and acknowledging her experience was not a way to escape or detach from reality. Instead, this process gave her an intentional choice as to how she would relate to her experiences.

Decentring and acceptance of clients. Participants’ process of decentering can be understood as the first step of adopting an accepting stance toward their clients. In the decentering process, the participants turned toward difficulties that interrupted their acceptance of clients. By being aware and decentering from these experiences the participants were able to pause and prevent tunnel vision that could occur when one is engrossed in a situation. For example, Derek noticed feeling irritated by his client’s unwillingness to make changes. He

described the irritation as being very subtle and hard to notice and it in part contributed to his wish to “change” the client by doing more Socratic questioning and so forth. But, when he brought awareness to his irritation he paused from his attempts to “fix” the client which was interrupting his acceptance for her.

Derek, similar to the other participants, engaged the practice of acceptance by relating to his internal experiences rather than “doing” something to his client. He started to accept his client by first examining his own reactions and processes. Derek’s example is directly related to my initial point about self-acceptance being one and the same as acceptance of clients. This process of relating to one’s internal experiences is a recurring theme in participants’ accounts that I will continue to point out and expand upon in subsequent discussions.

Impermanence. The practice of decentering enabled the participants to observe a phenomenon that is central to Buddhist teachings known as impermanence. Impermanence is the cornerstone of Buddhist psychology and an important insight that one gains through mindfulness practice. Buddhist teachings posit that all things perceived and understood by our consciousness are transient and fleeting (Dalai Lama, 1998). All things that came into existence will inevitably cease to exist. Pleasure, pain, thoughts, emotions, material things, and even our egos and bodies are not ever-lasting. When this is *experientially* understood, one ceases to grasp and avoid and learn to embrace and appreciate all things that come and pass. When one understands that all things will come and go on their own, it facilitates a sense of security and acceptance, for there is no need to avoid what is about to fade, and there is no need to cling to what is surely going to pass. The participants’ descriptions of decentering highlighted their insight into impermanence. By bringing awareness to the present moment and witnessing the rising and falling of experience from a dis-identified perspective, the participants were tapping into the insight of impermanence.

For example, Sam said “I am just sitting and feeling the sensations, there is enough space to see it arise, climax, and leave.” By witnessing the arising and fading of an experience she was reinforcing her experiential knowledge of impermanence. This insight of impermanence allowed Sam to turn toward and accept her experience because she understood that no matter how unpleasant an experience was it was by nature transient. This experiential knowledge of impermanence together with decentering facilitated for the participants a repeated process of turning-toward difficulties. And this led to another important psychological process—exposure.

Exposure

In the participants’ accounts of acceptance they described intentionally turning toward difficult experiences without judgment or avoidance. For example, Sam described intentionally turning toward her difficulties repeatedly in counselling sessions. This repeated process of turning toward experience, particularly unpleasant ones, is similar to the process of exposure.

Linehan (1993) and Kabat-Zinn (1982), among others, highlighted the importance of emotion exposure in mindfulness practice. As one engages in non-judgmental awareness of emotions, particularly unpleasant ones, without the attempt to avoid, escape, or change them, then a decrease in reactivity and avoidance occur through desensitization (Baer, 2009). By consistently observing one’s internal processes (i.e., thoughts, emotions, sensations) with an open and accepting intention, there is a reduction in the fear of those processes (Chambers et al., 2009).

In a study published on MBSR (Kabat-Zinn, 1982), Kabat-Zinn described the process of exposure via mindfulness practice in patients with chronic pain. In the program the participants were invited to pay attention to their painful sensations and adopt a non-judgmental attitude

toward them. They assumed an open and kind intention toward cognitions (“this is painful”), emotions (fear, anger), and urges (to escape, to condemn). The study suggests that the capacity to be with painful experiences with a non-attached way free of judgment and manipulation reduced the distress associated with the pain. Kabat-Zinn (1982) suggests that this non-attached disposition toward painful experiences served two functions: 1) sustained exposure to painful sensations without distressful or catastrophic ruminations leads to desensitization and a lessening of avoidance and 2) Mindfully observing painful experiences leads to a decrease in emotional reactivity. This is not to say that the physical pain was reduced by mindfulness, but rather the willingness to experience without judgment or avoidance led to a reduced emotional distress and suffering.

Linehan (1993), in her work with individual diagnosed with borderline personality disorders (BPD), also emphasizes the process of exposure in mindfulness practice. She describes individuals diagnosed with BPD as often avoidant and afraid of negative emotional states. Linehan (1993) contends that bringing awareness to arising thoughts and emotions without avoidance is a form of exposure and over time it lessens the fear elicited by those experiences. She suggests that mindfulness skills improved patients’ capacities to experience and cope with emotional states. Although managing pain and emotions with mindfulness in therapy is different from therapists practicing acceptance of clients, the underlying process of how one relates to difficult experiences is comparable.

What the literature suggests is that intentionally turning toward difficult experiences with openness can serve as a counter to the instinctive tendency to avoid or suppress them thus increasing exposure (Grabovac et al., 2011). And by turning toward difficult experiences again and again, we gradually learn that thoughts, emotions, and body sensations are not necessarily

overwhelming and frightening (Shapiro et al., 2006). Through open observation of our different mental states, a learning process occurs where we come to realize experientially that there is no need to fear and avoid experiences (Segal et al., 2013). As Goleman (1971) suggests, mindfulness practice is a process of “global desensitization” that is applicable to all aspects of our experience

In this study, participants engaged in practices that reflected the process of exposure. They intentionally turned toward difficult experiences and embraced them with openness. In Sam’s example, she intentionally turned toward her feeling of anger and sat with it. This turning-toward facilitated for her an exposure process where what had been instinctively avoided was openly received. This repeated process of exposure allowed a decrease in her emotional reactivity toward difficult experiences and lessened her instinctive aversion of them. With the help of exposure, Sam was more willing and able to stay with her anger in an accepting way. When the participants, like Sam, developed the experiential insight that their difficult experiences are not frightening and there is no need to avoid them, space opened for the emergence of acceptance.

Turning toward experiences was not simply an abstract idea for the participants. It was very much a “embodied practice” according to Sam. It is very difficult— perhaps impossible— to turn toward internal experiences at a conceptual level. For example, turning toward anger is almost an impossible thing to do in the mind as we just end up thinking about anger and how we got angry. But when we turn toward the manifestations of experiences in the body then it becomes a non-abstract practice. This is precisely what the participants did. They turned and felt the physical sensations of their difficult experiences. For example, Susan was able to bring her attention to the physical sensations of her frustration. She described tight sensations in her chest

and a feeling of heat in her face. She then sat with these sensations with the attitudes of letting-be and non-judgment. This equipped Susan with the ability to be with her difficulties and bring acceptance to those experiences in a concrete way.

This capacity to be with difficult experiences is an invaluable tool for therapists. In counselling, therapists and clients work with various emotions ranging in intensity which can be challenging for therapists. Therapists can respond in unhelpful ways if they cannot tolerate clients' difficult emotions or if they lack the capacity to relate to their reactions to clients' difficult experiences. If therapists lack the skill to relate to difficult experiences—theirs or their clients'— they risk losing objectivity and the care for their clients. What the participants have shown here, in a context-specific way, is that by systematically and consistently turning toward their difficult experiences, therapists can learn to limit the negative impact of those difficulties and remain helpful to their clients. This also suggests that therapists don't have to remove or eliminate their difficult experiences in order to work with clients effectively.

Exposure and acceptance of clients. Exposure is another facilitator of participants' acceptance of clients in addition to decentering. When participants turned toward their unpleasant experiences over and over again, there was a build-up of tolerance and a lessening of avoidance. Through this consistent process the participants accumulated experiential insights that allowed them to be with and observe unpleasant experiences without reflexively avoiding or suppressing them. Participants' capacity to be with and accept their own unpleasant experiences also allowed them to provide space for clients' difficulties and intense emotions. When clients presented intense emotions or challenging scenarios the participants were less likely to be avoidant, dismissive, or overly-engaged, because they cultivated the capacity to be with difficult experiences.

Katherine, one of the participants in this study, illustrated this point with one of her clinical encounters with a client. She worked with a client and introduced her to mindfulness practices. At the beginning, the results were promising, but one session the client came in very angry, saying that the practices are not working. Katherine described feeling anxious and judged, but she was able to make space for her anxiety by bringing an open and kind attention to her anxiety and feeling the sensations in her body. She explained that by letting the anxiety flow through her without avoiding it, she was able to lessen the intensity of the experience. When she created space for her discomfort she said she was also able to create the same space for her client's anger. She was able and willing to sit with her client's feeling the same way she did with her own.

Here, similar to the discussion on decentring, Katherine described acceptance of her client in terms of relating to her internal experiences that arose. This was also true of other participants, whose accounts suggest that their interactions with clients were mediated by their reactions and internal processes in relation to aspects of the clients. For the participants, bringing acceptance to clients meant relating to and accepting their reactions to the clients. I will revisit and expand on this point as the discussion expands further.

Control and renunciation. In the discussion on exposure I presented participants' practice of turning toward difficulties. This practice of turning toward and releasing tendencies to avoid involved the dual forces of control and letting-go of that control. Perhaps counter to our conventional understanding, the participants effected change by intentionally letting go of their control over their experiences. But how did this letting-go of control end up facilitating participants' goal of acceptance? To understand this paradox we can look to the literature on self-regulation.

Self-regulation is a “conscious, intentional effort to control one’s thoughts, emotions, or behaviours” (Leary, Adams, & Tate, 2006, p. 1803). Thus many theorists contend that in order to regulate one’s experience there is a need to attend to them and exert intentional control (Baumeister, Heatherton, & Tice, 1994; Mischel, 1996). However, trying to regulate one’s experience using maladaptive strategies such as rumination and suppression can backfire as in the case of depression and anxiety disorders. Empirical evidence suggests that attempts at self-regulation in the form of excessive ruminations about self and high levels of self-consciousness is a feature in many psychological disorders (Ingram, 1990; Segal et al., 2013). When this type of self-regulation (e.g., ruminations, suppressions) is engaged, the ego takes center stage, and narratives of “should” and “must” manifest. For example, Susan remembered thinking: “you are the therapist, you shouldn’t feel frustrated.” When this egoic self-consciousness takes place, one’s experience is held under scrutiny by the egoic narrative of what is normal, what should take place, and what should not. What ensues is the excessive effort to control and manipulate experiences so that they conform to personal standards. However, this ego-driven attempt to control thoughts and emotions is not only ineffective but also compounds the difficulty. Empirical evidence suggest that suppression can lead to further distress and is not beneficial for regulating one’s experience. For example, studies on panic disorder have demonstrated that suppression as a regulation strategy is ineffective in reducing panic symptoms and paradoxically increases distress (Liverant, Brown, Barlow, & Roemer, 2008). In contrast, acceptance-based strategies are correlated with decreases in fear, catastrophic thinking, and avoidant behaviours (Levitt, Brown, Orsillo, & Barlow, 2004).

Mindfulness practice is quite the opposite of egoic self-regulation in that there is a deliberate letting go of manipulation. Participants in this study described a relinquishing of their

expectations and a renunciation of control over their present-moment experiencing. Derek said: “There is a letting go. What I mean by that is that I am no longer trying to fix a problem, or wanting things to be different. I am experiencing this moment and this is okay.” All the other participants similarly outlined their intentions to be present with their experiential field without active control as well. This focused experiencing of the present moment leaves less room for self-conscious thoughts about “must” and “should” (Leary et al., 2006), and by whole-heartedly experiencing the present-moment the attentional capacity is used up so “there is no attention left over to think about anything irrelevant...and self-consciousness disappears” (Csikszentmihalyi, 1990, p. 71). Derek’s experiential attention reduced the engagement with self-conscious processes, supported a reduction in self-directed attention (i.e., analysis and ruminations), and facilitated a renunciation of his conscious manipulation over his experiences.

This allowing space is one of the factors that facilitated acceptance for the participants. By allowing the present moment to be and devoting attentional resources to the experiential phenomena the participants limited the additional distress brought on by analysis and ruminations and decreased self-conscious processes that judge and resist experiential phenomena. Thus for the participants, letting-be contributed to acceptance. At one level, this can be seen as a realization of Carl Rogers’ (1961) famous quote: “the curious paradox is that when I accept myself just as I am, then I can change” (p. 17).

Non-attachment. The process of letting-be is an extension of non-attachment. In Buddhist traditions, attachment is the root of suffering. Our clinging to what is pleasant and aversion to what is unpleasant creates unceasing frustrations and suffering (Dalai Lama, 1988). In our usual way of being, unpleasant thoughts or experiences must be acted upon to render them less distressing and more acceptable. Non-attachment, a practice and an ideal, is the antidote to

this suffering. In practice, non-attachment is about not clinging to experiences nor rejecting them, but welcoming all that arise, as they are, in an open and accepting way (Dalai Lama, 1998). In mindfulness practice, all phenomena are understood as transient mental events thus there is no need to change them. What is then developed is the capacity to allow these mental events to come and go (Chambers, Gullone, & Allen, 2009). This attitude of embracing and non-attachment was an integral part of participants' practice of mindful acceptance. When the participants became aware of difficulties they intentionally took up an allowing attitude. They invited themselves to feel the experience without judgment or defense and at the same time renounced their control to change the experience.

This attitude of non-attachment not only pertained to therapists' internal experiences but also facilitated their acceptance of clients. When the participants practiced this non-attached attitude, they described feeling less attached to their agendas of how therapy "should" be, or how clients "should" respond to interventions. They were able to accept the present states of their clients. For Derek, he was able to let go of his urge to "fix" his client who was resistant to change. Susan described a lessening of anger and frustration when she was able to be with her client's present state without the urge to "make her better." By practicing non-attachment, they were honouring where their clients were.

Once again, participants' acceptance of their internal processes gave rise to acceptance of clients. In terms of the processes, there were no separations between acceptance of participants' internal events and acceptance of clients. In this respect, there seems to be a collapse of individual and interpersonal processes in the practice of acceptance. For example, Derek described that his client's resistance to change led him to feel irritated. When practicing acceptance, Derek was not directly bringing acceptance to his client's reaction or to the client

himself but to his own reactions. By bringing acceptance to his irritation he simultaneously brought acceptance to his client's reaction and thus to his client. I will provide a detailed analysis of this in the sections below.

Emotion Regulation

In counselling, clients can express a range of intense emotions and counsellors can experience various emotions in reaction to them. Effective therapists remain empathic by staying between being emotionally cut-off from clients and being overwhelmed by clients' internal worlds (Bruce, Manber, Shapiro, & Constantino, 2010). To do this, therapists need to continuously monitor their emotions and regulate them when necessary. The lack of capacity to do so can result in a narrowing of attentional focus and a restricted response repertoire (Fredrickson, 2003) which detracts from therapists' goal of being helpful. In this study, participants described experiencing various difficult emotions that they encountered in counselling sessions. These emotions ranged from mild irritation to feelings of anger. Participants' descriptions of how they related to and accepted these emotions reflected a particular practice of emotional regulation where they were able to monitor and regulate their affects.

It is important to note that "regulation" in this discussion of mindful acceptance does not imply an active sense of control or manipulation as one might assume. Rather, it refers to an intentional position that one takes up relative to his or her emotional experience. In the case of mindful acceptance that intentional position involved a holding and cradling of emotions.

There are various emotion regulation strategies in the literature. Some emotion-coping strategies engage in changing the content of the experience (Chambers et al., 2009) and others

distract one's attention from problems (Lazarus, 1993). For example, interventions in CBT offer methods to change the quality and intensity of emotional experience by cognitive re-evaluation (Gross & John, 2003). In contrast, the non-judgmental awareness in mindfulness facilitates a change in a person's relationship to his or her emotions rather than the emotions themselves (Teper, Segal, & Inzlicht, 2013). As Williams (2010) suggests, mindfulness practice does not change the initial emotional experience but helps lessen negative consequences of its activation. Thus, the practice of mindful acceptance for the participants was a response-focused method of regulation where the focus was on the "how" of experiencing rather than the "what" (Hofmann & Asmundson, 2008). The emotional regulation strategies that the participants described involved 1) turning toward their emotions with a kind attitude 2) and paying attention to the somatic manifestations of their emotions.

The first aspect of the participants' process of emotion regulation was the quality of their attention. The participants met unpleasant events with awareness absent of judgment and resistance. This open awareness allows for the experiencing and expression of one's emotions (Bridges, 2004), without avoidance, suppression, or ruminations (Chambers et al., 2009). The non-judgmental awareness that the participants exhibited made it less likely for them to automatically react to their emotions (e.g., via rumination) or engage in maladaptive regulation strategies (e.g., suppression, avoidance) which can intensify the emotional experience and restrict their range of response (Chambers et al., 2009).

The second aspect of participants' processes of emotion regulation was being with the physical felt-sense. They facilitated emotion regulation by attending to the physical manifestations of emotions. They described tuning into the somatic sensations of emotions as a way to turn toward, stay with, and accept them. For example, Susan described experiencing the

sensations of anger. She felt tightness in the chest and hotness in the face. Paying attention to her body allowed Susan to view her experience with more objectivity and “mental space” as attending to physical sensations of emotions decreases one’s likelihood of engaging in habitual cognitive reactions (Brefczynski-Lewis, Lutz, Schaefer, Levinson, & Davidson, 2007). Instead of habitually focusing on the “story” of why and how anger was here, Susan turned to the primary physical sensations of anger. Experiencing her emotions on a physical level rather than the cognitive one prevented her from escalating her emotional experience with elaborations and reactions and allowed her to be with the emotions as they were. Using the body as a way to regulate and accept one’s emotional experience is a method taught in MBCT. In MBCT (Segal et al., 2013), the body is considered “another place to stand” other than the mind during an emotional experience. Practitioners are taught to turn to the sensations in their bodies as a way to stop avoiding and/or ruminating about the experience and begin bringing acceptance to it.

The participants also used the breath to similar effect. When they tuned into the sensations of their breath during an emotional experience, they were effectively interrupting their stream of mental events, stepping-out of the over-identified way of experiencing (i.e., ruminations, elaborations) and grounding themselves in the present moment. Over-identification is when one is engrossed in his or her emotional reactions and is too enmeshed to step back from the situation to access alternative emotional and behavioural responses (Bennett-Goleman, 2001). The participants used the breath as a way to step back from situations and gain objectivity so that they could access available options and skilfully respond.

The participants used their breath and bodily sensations to turn away from ruminations and habitual reactions and used their bodies as objective vantage points to experience emotions and thus effectively regulate them. The breath and physical sensations are unique in that they: 1)

are always available to one's awareness and 2) offer an experiential way to approach emotions rather than abstractly thinking about them, which tends to increase the intensity of the experience. When the participants brought awareness to the physical sensations of their emotions, the sensations became the object of their acceptance. They were able to practice their accepting attitude in a concrete way. In their bodies, acceptance was no longer an abstract idea, but a physical grounded practice.

Although participants' practice of mindful acceptance was based on the attitude of allowing and letting be, paradoxically there was a change in their experience as a result of these attitudes. The participants reported that by bringing an open and kind attention to their difficult emotions and directing that attention to the somatic manifestations of those emotions they felt a degree of ease, balance, and acceptance. Cathy said: "there is more balance. The difficult emotions can flow through me and [I am] not pummelled and stuck in the bottom." In the practice of receiving emotions in an open and kind space the participants effectively regulated their difficult emotions. This process not only served as a way for the participants to regulate emotions but also a way to accept emotions as they were. The link between mindfulness practice and emotion regulation is beginning to be established in the scientific literature, with some studies finding significant relationships between mindfulness and emotion regulation (Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007; Gratz & Roemer, 2004; Kabat-Zinn, 1994).

In sum, by experiencing their emotions in their bodies in an open and non-judgmental way, the participants were able to: 1) prevent the escalation in the intensity of emotions by stepping out of their "story" about their experience; 2) turn toward and be with emotions physically, absent of rumination and abstractions; and 3) accept their experiences and themselves in a non-abstract way.

Self-Acceptance and Acceptance of Clients

As mentioned in the beginning of this chapter and throughout the discussions, participants spoke about acceptance of clients from an internal perspective. It was a recurring theme that participants' practice of acceptance involved relating to the reactions and processes that surfaced as a result of certain aspects of their clients (e.g., rude and not-engaged). Acceptance of clients for the participants did not involve doing something to the client, but almost solely focused on relating to their own internal processes. This brought me to examine the nuanced process of accepting someone or something.

The information that we perceive via our senses are gathered and processed by our minds and inevitably cause us to react one way or another. We may like it, we may dislike it, or we feel neutral about it. The nature of these reactions dictates whether we accept and embrace or we reject and turn away. What this means is that between us and the things that we perceive always lie our mental processes. There is no going around this intermediary process. We, as the subject, are restricted to our internal processing of the objects that we perceive. In a way, we are not directly interacting with the world. We do so through our interpretations and reactions to it. The questions arise then, what does it mean to accept something or someone? Can we truly accept the things themselves or can we merely accept our reactions to them?

In Derek's account, he described his client as resistant to change and that gave rise to irritation in him. Between his perception of his client's resistance and him was his reaction—irritation. Via his mindfulness practice he was able to change his response from being irritated to being "okay with how things are." By doing so he "accepted" his client's reaction. But Derek could never accept his client directly because his experiences were mediated by his reactions

internal processes of his client. He only had access to his own internal processes. In other words, he could only modify his response to the trigger and not the trigger itself. Like the Tibetan story told at the beginning of this thesis, instead of covering the road with leather, Derek made leather shoes. Derek related to and accepted his internal processes and by doing so in part facilitated the acceptance of his client's reaction that was triggering his internal process. This suggests that acceptance of aspects of self and acceptance of others is the same process. For the participants accepting their own internal processes *is* acceptance of clients. This point was made clear by Sam:

It's when we can really allow this is who I am right now, this is where I am, then all that possibility opens up...that's the doorway to, that's how you start growth and change, to be in that place of acceptance.

The connection between accepting aspects of the self and acceptance of others was voiced by Carl Rogers (1961):

I have found it effective, in my dealing with people, to be accepting of myself...to be able to realize I am angry, or that I do feel rejecting toward this person. All of these attitudes are feelings which I think I can listen to in myself. One way of putting this is that I feel I have become more adequate in letting myself be what I am... If I can accept the fact that I am angry or annoyed at this student, then I am also more likely to be able to accept his feelings in response. (p. 10).

Rogers (1961), later on in the same article emphasized that: "It is only when I can be myself, when I can accept myself, that it is possible for me to understand others and accept others" (p. 19).

Carl Rogers was clear in his point that to accept ourselves is to accept others. However, Rogers did not provide detailed explanations as to why self-acceptance facilitates the acceptance of others, or how this self-acceptance can be done. The participants' descriptions of mindful acceptance helped to extend Rogers' initial discussion by illuminating the practice of acceptance, and at the same time illustrated how self-acceptance and acceptance of others are connected.

In addition to the grounded practice of mindful acceptance, participants' accounts also reflected self-compassion and compassion for others.

Compassion

A salient and reoccurring theme in the participants' accounts of their practice of mindful acceptance was the intention to be kind and accepting toward their experiences. When this attitude was combined with the grounded practice of bodily awareness of sensations it facilitated the participants' acceptance of their moment-to-moment experiences. This practice not only reflected a particular type of self-acceptance but also self-compassion. For the participants, this self-compassion in turn facilitated compassion and acceptance of their clients.

Compassion is the awareness of and feeling of the suffering of others (Paré, 2013). It is the opening of one's awareness to the pains of others without avoiding or disconnecting from it, so that kindness toward others and the wish to alleviate others' suffering emerge (Wisper, 1991). When this feeling is directed toward oneself, it becomes self-compassion. Kristen Neff (2003) defined self-compassion as:

being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness...[and]

offering non-judgmental understanding to one's pain, inadequacies and failure, so that one's experience is seen as part of the larger human experience (p. 87).

Neff (2003) went on to present the three facets of self-compassion. They are: 1) self-kindness—extending kindness and understanding to oneself absent of judgment and criticism, 2) common humanity—recognizing that one's experience is part of the larger human experience, and 3) mindfulness—embracing one's painful experiences with a balanced awareness. As we can see, these three facets of self-compassion are also prominent themes in the participants' practice of mindful acceptance. Firstly, the participants were using mindfulness to hold their experiences in balanced awareness; secondly, they were extending kindness and gentleness to their experiences; and finally, they described the feeling of common humanity when they came to accept their own difficulties. Thus, inherent in the participants' practice of mindful acceptance was the process of self-compassion. By allowing their experiences to rise and pass without judgment and resistance and embracing them with kindness and gentleness they were practicing self-compassion. And by being compassionate and kind toward the self the participants were offering themselves understanding and empathy—the willingness to stand in their own suffering and be kind and understanding. When they offered this space to themselves they were more likely to offer the same to their clients. Carl Rogers (1961) notes the link between self-compassion and acceptance of others:

So I find it effective to let myself be what I am in my attitudes: to know when I have reached my limit of endurance or of tolerance, and to accept that as a fact; to know when I desire to mold or manipulate people, and to accept that as a fact in myself. I would like to be as acceptant of these feelings as of feelings of warmth, interest, permissiveness, kindness, understanding, which are also a very real part of me. It is when I do accept all

these attitudes as a fact, as a part of me, that my relationship with the other person then becomes what it is, and it is able to grow and change most readily (p. 18).

The Buddhist teachings resonate with Rogers' thought. From the Buddhist perspective, the capacity to hold one's experience in compassionate awareness facilitates the extension of compassion to others (Hofmann, Grossman, & Hinton, 2011). In fact, Buddhist psychology asserts that there is no real difference between concern for ourselves and concern for others as the distinction between self and other is a misunderstanding of our interconnectedness (Hahn, 1997). There is empirical evidence supporting the link between self-compassion and compassion for others. In a recent study, Neff and Pommier (2013) found a significant association between self-compassion and empathic concern for others. Also, using fMRI, Longe et al. (2009) found that when individuals are being self-compassionate the neuronal activity was similar to what occurs when they are showing empathy for others.

Participants' accounts reflected various instances of extending compassion to themselves and their clients. For example, Sam said: "I acknowledge this is part of who I am, I got triggered this way...I am acknowledging that this is part of me." When Sam extended compassion to herself she was also able to do the same for her client:

I look at her face and I try to see past all the black eye-liner and everything, I just see this being, this is a very conscious process. I see this being in there who has been hurt. I see that in her and that calls a feeling [of] compassion in me.

Sam's practice of self-compassion opened up the space for her to stand in her client's suffering. Similarly, Susan reported that being compassionate to herself allowed her to be with

her client in their sufferings: "... to stand in in their pain, what it would be like to be her at that age with that history... It's the practice of love, to be able to show care and love for all beings."

Furthermore, the participants described a feeling of common humanity where they saw their challenges as part of a larger mosaic of human experiences. They recognized the ubiquity of suffering and the shared human struggles in themselves and their clients. This sense of common humanity recognized that all humans are imperfect and all face challenges. The compassionate understanding of one's flawed condition connects the individual to the broader human existence (Neff & Pommier, 2013). From this feeling of shared humanity, the participants were able to be more accepting and empathic to their clients. They were more able and willing to stand in their clients' suffering and offer them kindness and acceptance.

Implications

The findings of this study highlighted the key processes of the practice of mindful acceptance based on the accounts of the four participants. This study is qualitative in nature thus it makes no claim that these processes are generalizable to all practitioners. However, the findings do suggest four key points that may be transferable: 1) acceptance of clients is more than an attitude or an idea, it is a practice and a skill that can be cultivated; 2) Mindfulness skills can help therapists to intentionally adopt an accepting attitude toward their clients; 3) mindful acceptance is a present-moment practice that can be done inside therapy sessions; and 4) acceptance is not something therapists "give" to their clients, rather it is a practice of opening-up to themselves. The more therapists can keep their hearts open to themselves the more they have available to give to their clients. These key points have implications for therapist training and self-care.

Implications for therapist training. In counselling, the therapeutic relationship remains one of the most significant healing factors (Bien, 2008). However, some of the core pillars that support the therapeutic relationship such as acceptance remain a difficult topic to teach. Most forms of instruction are at the theoretical level without insight into the concrete methods of practice. Even Carl Rogers, the great pioneer in the humanistic approach, did not leave us systematic ways to practice his therapeutic ideals. The findings of this study suggest that mindfulness practices can potentially fill this gap. This study demonstrated that therapists with mindfulness skills were able to use them to practice acceptance in therapy sessions. Their accounts described a way of “doing” acceptance. Via the processes of decentering, exposure, emotion regulation, and self-compassion, the participants demonstrated a systematic way of performing acceptance. There are a number of studies done in the past that demonstrate the benefit of mindfulness practice for therapists’ clinical work (Aggs & Bambling, 2010; Christopher et al., 2011; Grepmaier et al., 2007; McCollum & Gehart, 2010). With additional empirical research we can gain more understanding of mindfulness practices and assess the possibility of incorporating them into therapist training programs.

Implication for therapist self-care. Therapists often engage in emotionally demanding work with clients that require them to balance being empathic and being emotionally overwhelmed. As a result of the demanding nature of their work, therapists can experience compassion fatigue which reduces their capacity to bear the sufferings of others (Figley, 2002). The processes highlighted by the participants’ practice of mindful acceptance can suggest ways therapists can conduct self-care.

The important processes in mindful acceptance highlighted by this study were decentering, exposure, emotion regulation, and compassion. Not only were these processes

important to the participants' practice of acceptance of clients, they also have significant implications for therapist self-care. The awareness practiced in mindfulness serves to decenter experience from the individuals and prevented over-identification. This decentering can enhance self-care by decreasing rumination, maladaptive coping habits, and the escalation of negative affect (Shapiro et al., 2006). Also, by paying attention to their emotions in a kind and accepting way, therapists can effectively regulate their negative affect and decrease automatic reactivity which can intensify emotions (Chambers et al., 2009). Because this type of emotional awareness decreases automatic reactivity, therapists' response repertoires become less constricted in the moment and more adaptive coping strategies become available. Furthermore, Klimecki and Singer (2011) posit that the cultivation of compassion for self and others protects health professional against burnout. They argue that compassion increases clinicians' ability to empathize with clients' suffering and at the same time protects clinicians against over-identification with their feelings (Klimecki & Singer, 2011). Thus, cultivating compassion gives therapists the ability to empathize with and contain their own negative feelings which enhances empathy and at the same time decreases the risks of burnout (Shapiro, Brown, & Biegel, 2007).

Limitations

There are several limitations that constrained the findings of the study. One of the limitations is the retrospective nature of this inquiry. Although the descriptions of participants' mindful acceptance practice were drawn out using specific instances in their therapy sessions, these instances are past events nonetheless. Recounting complex intrapersonal as well as interpersonal events retrospectively can impact the accuracy and the level of detail in the participants' accounts. Participants might have recalled events that happened hours before the interviews or events that took place years ago. This then poses threats to the accuracy of the

accounts. One potential remedy for this drawback is to use approaches such as Interpersonal Process Recall (IPR; Larsen, Flesaker, & Stege, 2008), which can increase accuracy by limiting the retrospective aspects of the interviews.

Additionally, the hermeneutic nature of this inquiry meant that there was a focus on understanding the implicit meanings in participants' practice of acceptance. There is the possibility that the descriptive discussions on internal processes between the participants and I brought forth events that were not intentionally performed. The events that were dissected could have been attributed to the past as conscious and intentional events, whereas during the unfolding of those moments in the therapeutic encounter, no such processes were consciously applied by the participants. Thus in the process of making the implicit explicit, there is the possibility that unconscious processes were read and interpreted as intentional practices.

Recommendation for Future Research

The findings of this research provide a description of the process of mindful acceptance. This study can be improved upon by using other methods of data collection that limit the impact of retrospection, such as IPR.

In this study, the interview questions inquired about specific instances in which participants practiced mindful acceptance. Inherent in these questions was the implication of a "successful" practice where they were able to bring acceptance to their experiences and their clients. This line of inquiry excludes moments when participants employed their mindfulness skills and were not "successful." What did they do then? This area of inquiry might potentially enrich the existing accounts but was unexplored in this study.

Additionally, since the participants in this study has extensive background both as clinicians and as mindfulness practitioners, an interesting question to follow up on could be: is the participants' skill in practicing acceptance primarily a function of their training in mindfulness? Or did their training in mindfulness furnish their descriptions with rich vocabulary for processes that they might be doing nevertheless?

Finally, future studies promise the possibility of developing models of the processes of mindful acceptance. A theoretical model offers the option to develop testable hypothesis to be empirically examined. Our enhanced understanding of the processes of mindful acceptance holds great potential in improving the effectiveness of therapists. Furthermore, the link between self-compassion and compassion for others is a rich field for exploration that can reveal ways to cultivate therapist self-care as well as ways to improve therapists' capacity to provide care.

Summary and Conclusion

For this study, I posed the question: *How is mindful acceptance practiced by psychotherapists inside therapy sessions?* Using the framework of hermeneutic phenomenology I constructed four themes that highlighted the participants' practice of mindful acceptance. They are: recognizing, allowing, befriending, and accepting self and others. I also discussed how important psychological processes underpinned these themes and facilitated the process of acceptance. They are: decentering, exposure, emotion regulation, and self-acceptance and compassion. From the analysis of the participants' accounts, I suggested that the participants' individual processes of acceptance and their interpersonal processes of acceptance are one and the same. For the four participants, the practice of relating to and accepting their own internal

processes *is* the practice of acceptance of their clients. The findings also suggest that acceptance of clients can be more than an abstract concept. It can be a systematic and embodied process that can be practiced inside counselling sessions. The findings of this study not only have implications in therapists training but also in therapist self-care.

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Appendices

Appendix A: Recruitment Letter

Greetings,

My name is Shaofan Bu, a Master's student at the University of Ottawa supervised by Dr. David Paré. I am currently recruiting participants for my thesis research project. The purpose of my research is to explore the phenomenon of acceptance during therapy sessions and I would be happy to hear from you if you are interested in the study. This study has been approved by the Research Ethics Board at the University of Ottawa.

Purpose:

Therapists' sense of acceptance towards clients is vital to the construction and maintenance of the therapeutic relationship. Mindfulness practices such as meditation show promise for cultivating a sense of acceptance for therapists. However, there is little knowledge as to how acceptance happens in therapy sessions. This study seeks to take a close look at the behavioural, cognitive, and emotional aspects of mindful acceptance by interviewing mindfulness practitioners

Inclusion Criterion:

If you are a: **a)** a certified, currently practicing counsellor, registered psychologist or social worker, and **b)** have a regular meditation practice for at least three years, and are **c)** incorporating mindfulness skills and principles in your work with clients, (this does not mean you have to work from a mindfulness-based therapy approach, but are personally using mindfulness when relating to clients), then you qualify for this study.

Your Participation:

Your participating involves engaging in a one-hour long interview either in person or via skype. The interview will be audio recorded.

Confidentiality:

All information you provide will be kept confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission, anonymous quotations may be used. Confidential data collected during this study will be retained for the purpose of this research for five years. There are no known or anticipated risks to you as a participant or your client in this study. Both you and your client can withdraw from the study at any time by contacting me or my supervisor directly. Upon withdrawal, all material collected from you and

your client will be destroyed. However, after the thesis is formally submitted, materials can no longer be withdrawn.

Benefits:

The results of this research have implications in improving clinical training for future counsellors. Additionally, this study provides an opportunity to develop your own practice by reflecting on the roles of mindfulness and acceptance in your work with clients. This is an opportunity for you to gain more insight into how your personal meditation practice interacts with your professional work with clients.

If you have further questions feel free to contact me at [REDACTED]
[REDACTED]

My supervisor Dr. David Paré can be reached at [REDACTED]
[REDACTED]

Thank you very much for your consideration,

With regards,

Shaofan Bu

Appendix B: Consent Form

Project Title: A Hermeneutic Phenomenological Exploration of Psychotherapists' Practice of Mindful Acceptance

Names of researchers and contact information

Bu, Shaofan
Master's student
Faculty of Education

University of Ottawa
[REDACTED]

Paré, David, Ph.D.
Professor
Faculty of Education
University of Ottawa

[REDACTED]

Invitation to Participate: I have been invited to participate in a research project conducted by Shaofan Bu under the supervision of Professor David Paré as part of Mr. Bu's Master's thesis

Purpose of the Study: The purpose of the study is to learn more about the practice of mindful acceptance in a therapy session.

Participation: My participation will consist of engaging in an extended, audiotaped interview with Shaofan Bu. During the interview I am invited to ask questions and raise concerns when I see fit. The time needed for this interview is approximately 1 hour. The location and time of the interview will be chosen by me. Shaofan Bu will audio-record my responses.

Assessment of risks: My participation in this study entails no foreseeable risks. However, if I experience any discomfort, Shaofan Bu has assured me that he will make every effort to minimize this discomfort. I may decide to stop the interview at any time. I do understand that I cannot withdraw after the thesis has been submitted and published

Benefits: By sharing my experiences with mindful acceptance, I will contribute to an increased knowledge as to how mindful acceptance is practiced in therapy. This contributes to the potential of mindfulness practice being incorporated into future therapist training.

Privacy of participants: I have received assurance from Shaofan Bu that the information I share will remain strictly confidential. My anonymity will be protected, as will the anonymity of my client, who will not appear on the video recording and whose identity and contact information will not be shared with the researcher. Any potentially identifying information about me or my client will be removed or altered to preserve confidentiality.

Confidentiality and conservation of data: The data will be used for the purpose of Shaofan Bu's Master's Thesis and subsequent publications and dissemination. I have been assured that the audio recordings of our interview will be kept in a locked cabinet in the researcher's office during the course of the research and during the conservation period. The data will be kept secure for five years by Mr. Bu's. After the thesis is submitted, all material data will be kept for five years, after five years all materials will be shredded and electronic data will be securely erased.

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 data gathered until the time of withdrawal will be destroyed. Data will not be included if the client in my video recording withdraws.

Acceptance: I, _____ [Name of participant], agree to participate in the above research study conducted by Shaofan Bu as part of his Masters research, at the Faculty of Education, University of Ottawa under the supervision of Professor David Paré

If I have any questions about the study, I may contact the Mr. Shaofan Bu or Professor Paré at the above contact locations.

If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research Ethics and Integrity, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5
Tel.: [613] 562-5387
Email: ethics@uottawa.ca

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

Appendix C: Participants Screen Protocol

- How many years have you been providing therapy and/or counselling to clients?
- What is primary mode of delivering psychotherapy/counselling
- Which theoretical orientation do you draw from in your work with clients?
- What kind of client populations do you work with? (e.g., Immigrants, students)
- How often do you meditate? And how long has this regular practice been a part of your life?
- What tradition of meditation do you practice?
- Is there a specific branch of religion or spirituality that you identify with?

Appendix D: Interview Protocol

Name:

Date:

- How would you describe acceptance in mindfulness practice. Is it different from other types of acceptance?
- How do you practice mindful acceptance or the attitude acceptance during meditation?
- Can you think of an instance or an anecdote of you practicing mindful acceptance inside a therapy session with a client?
- What are some things you noticed in the client that prompts you to engage in mindful acceptance practice
 - Were there any particular thoughts going through your mind when in engaging in mindful acceptance?
 - Do you recall any physical sensations?
 - What were you feeling in those moments?
- Are you aware of any changes in the session as a consequence of this moment? If so how would you describe them?
- If you were to teach someone else how to do what you're doing in this moment of mindful acceptance, what would you tell them?
- Are you aware of any changes in the session as a consequence of this moment? If so how would you describe them?
- If you were to teach someone else how to do what you're doing in this moment of mindful acceptance, what would you tell them?
- Is there an internal dialogue that guides your performance of acceptance? If so what are these dialogues about?

Appendix E: Member Check Instructions for Participants

Attached to this email is a transcription and summary of our interview. Please read through the summary and make changes and comments as you see fit. You can make specific comments on the Word document itself by using the “review” function. Or you can reply to this email with general comments about the summary. Your feedback is important to my analysis of the data as it ensures my interpretations of your responses do not deviate from your intended meanings. If you prefer to receive this document on paper, please kindly provide me with a mailing address and I will mail a copy to you. Please return your feedback within one week of receiving this email.

If you have any questions feel free to contact myself or my supervisor Dr. David Paré

Thank you for your participation,

Sincerely,

Shaofan Bu

Bu, Shaofan
Master's student
Faculty of Education

University of Ottawa



Paré, David, Ph.D.
Professor
Faculty of Education
University of Ottawa

